



Carpenters Southwest Administrative Corporation

ADMINISTRATIVE OFFICE: 533 S. Fremont Ave. • Los Angeles, CA 90071-1706 • Tel: (213) 386-8590 • Toll Free (800) 293-1370

www.carpenterssw.org

Revoke / Terminate a Prior HIPAA Authorization

I, _____, hereby revoke/terminate an authorization that I made on _____, 20____ regarding the use or disclosure of my health information.

1. Specific person, organization, or class of persons who was authorized to **provide** the information:

2. Specific person, organization, or class of persons who was authorized to **receive** and use the information:

3. Specific **description of the information that was allowed to be used or disclosed.**
(include dates as appropriate):

4. I understand that the revocation/termination is only effective **after** it is received and logged by the Privacy Officer. I understand that any use or disclosure made prior to the date of this revocation/termination will not be affected by this revocation/termination request.

Signature of Individual

Date

Or

Signature of Personal Representative

Date

If a Personal Representative executes this form, that Representative warrants that he or she has authority to sign the authorization form on the basis of:

A signed Personal Representative Form

Other: _____

Acknowledgement by the Privacy Officer: _____ Date: _____