## HEALTH CARE AGENCY

## **REVOCATION OF AUTHORIZATION**

## TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION (PHI)

PHOTOCOPY/FACSIMILE COPY MAY USED AS AN ORIGINAL

CLIENT(PATIENT	NT) INFORMATION:					
NAME:	Last	First	MI			
AKA:	Last	Tilot	IVII			
SOC. SEC.#:		DATE OF BIRTH:	1			
I hereby REVO	KE the authorization to use	or disclose the named indivi	dual's Protected	Health Information as	described here.	
Individual or orga	anization originally authorized	TO USE OR DISCLOSE PHI:	Complete Addre	SS:		
☐ County of Orange, CA – Health Care Agency				Street Ad	dress	
Other- Specify:				0":		<del></del>
	'	rganization, Facility)		City	State	Zip
Individual or orga	anization originally authorized	d TO RECEIVE the information:	Complete Addre	SS:		
☐ County of Orange, CA – Health Care Agency				Street Ad	dress	
Other- Specif	y:			0'4-	01-1-	<b>7</b> '
	·	rganization, Facility)		City	State	Zip
Initials	EDICAL RECORDS/PHI (California Civil Code 56.10, TITLE 17, Health  Initials  Treatment Date(s):  Facility Locat			Any and All  Specific Record(s)/Info: (Please Indicate Below)		
PSYCHIATRIC/I	MENTAL HEALTH/INCLUDII Treatment Date(s):	NG PSYCHOTHERAPY NOTE  Facility Locati		Type of Record(s)/Information to be Released  Any and All Specific Record(s)/Info: (Please Indicate Below)		
ALCOHOL/SUB	STANCE ABUSE TREATME	ENT PHI (Section 42 Part 2 Co	de of Federal Re	egulations)		
Initials	Treatment Date(s):	Facility Locati			d(s)/Information to be	Released
				☐ Urine Test Red☐ Dates of Atten☐ Other:	_	in Treatment
HIV RESULTS/A Initials	RESULTS/AIDS TREATMENT PHI (Health and Safety Code 120980 itials Treatment Date(s): Facility Local		n(s) Type of Record(s)/Information to be Released		Released	
				☐ Any and All ☐ Specific Recor	rd(s)/Info: (Please Inc	dicate Below)
Limits of Revocauthorization I		nis revocation will not apply to	o information tha	at has already been rel	eased based on the	•
TODAY'S DATE	:	SIGNATURE:				
PRINTED NAME	<b>:</b>					
RELATIONSHIP	: Choose One: Client(Pa	atient) 🗌 Parent 🗌 Guardia	n Representa	tive Conservator [	☐ Other:	
COMPLETE				TELEPHON	IE# ( ) -	
ADDRESS	Street Address	City St	ate Zip C	Code	_ , _ ,	

Please return this completed form for processing to the Custodian of Records office at 200 W. Santa Ana Blvd, Ste 125, PO Box 355, Santa Ana, CA 92702 Phone (714) 834-3536; Fax (714) 835-9312