University Health Services – UC Berkeley
2222 Bancroft Way, Berkeley, CA 94720
510.642.1804 – Fax: 510.642.1801

Revocation of Authorization for Release of Medical Information

You have the right to revoke a previous authorization for release of health information.

To do so, you must fill out this form and return it to University Health Services (accepted in person, via fax, or by mail): Fax: (510) 642-1801 or by Mail: ATTN: Health Records, 2222 Bancroft Way, Berkeley, CA 94720.

Patient Name: _____ Date of Birth: _____

SID: _____

I wish to revoke my authorization for release of protected health information from University Health Services to:

_____
(Please list person(s) or place(s) to which records should not be disclosed.)

Date of original release being revoked (if known): _____

This Revocation is given freely and with the understanding that:

- Disclosures made in good faith may have already occurred based on my previously issued authorization and that this revocation cannot apply retroactively to such disclosures.
- I understand that the disclosure of health information may be required by law in certain limited instances despite this revocation.
- The revocation becomes effective once it is received by UHS.
- The facility, its employees, officers and physicians are hereby released from any legal liability for disclosure of the information previously authorized.

Patient Signature: _____ Date: _____

Patient Name (please print): _____ Patient Phone #: _____

If you believe your privacy rights may have been violated, you may file a complaint with the University Health Services. To file a complaint with UHS, please write the Privacy Officer, UHS, 2222 Bancroft Way, Berkeley, CA 94720-4300. **You will not be penalized for filing a complaint.**

For UHS Staff use only:

Date Received: _____ Time: _____ Received by (Initials): _____