



**REVOCAION OF AUTHORIZATION TO RELEASE  
PROTECTED HEALTH INFORMATION (PHI)**

I, \_\_\_\_\_, hereby revoke the authorization to release information I provided to Mount Sinai that allowed Mount Sinai to use and disclose my PHI as I outlined on the authorization form, which I signed on (Date) \_\_\_\_\_ for release of my PHI to \_\_\_\_\_ (facility/person).

I understand that this revocation does not apply to any action that Mount Sinai has taken in reliance on the authorization I signed earlier. This revocation does not revoke any other previous authorizations to release information that I have provided to Mount Sinai.

**Special Provisions**

In this section, the individual should outline any special provisions regarding the revocation of the authorization.

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Patient  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Personal representative  
Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Authority: \_\_\_\_\_ Tel. No: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

{ Personal Representative to sign only if patient is a minor or unable to sign on his/her own behalf }