I hereby revoke my authorization previously given to the Dartmouth Health to disclose my protected health information to:

__________________________________________________________________________________________________________________________________________________________________________________

I understand that this revocation will not affect disclosures made before any Dartmouth Health member organization received this written revocation.

Please check appropriate documents(s):

- CareEverywhere consent form dated ____________________________
- Designation of Personal Representative form dated ____________________________
- Permission to Share Patient Health Information form dated ____________________________
- Other ____________________________ dated ____________________________

Signature of Patient or Legal Representative ____________________________ Date ____________________________

Printed Name of Patient or Legal Representative ____________________________ Legal Authority of Representative ____________________________

“Dartmouth Health (DH)” is the corporate parent of the covered entities listed below, each of which is an individual corporate entity legally separate and distinct from Dartmouth Health. Member organizations include: Alice Peck Day Memorial Hospital, Cheshire Medical Center, Mary Hitchcock Memorial Hospital and Dartmouth Hitchcock Clinic, operating jointly as “Dartmouth Health,” Mt. Ascutney Hospital and Health Center, New London Hospital, Hanover Psychiatry and Visiting Nurses and Hospice for VT and NH. The DH ACE is comprised only of DH members who are currently using a single, integrated electronic medical record system, referred to sometimes as “eD-H”.

Health Information Services Approval: 7/11/2919 EFMC Approval: 7/11/2019

Scan to: Revocation /DPR/Authorization/CE and the corresponding document type along with the original document.