Revocation of Protected Health Information (PHI) Minor Child

I/We, the legal parent(s) of ___________________________, revoke my/our authorization previously given to the Dartmouth Health to disclose my/our child’s protected health information to:
__________________________________________________________

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

Please check appropriate document(s):

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

Both legal parents (if applicable) of the minor child must sign this form for the revocation to take effect.

Signature of Parent Date Printed Name Relationship

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*Please return completed form to:

Dartmouth Health
Attn: Health Information Services

“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 “eDH.”

Information Services Approval: 2/09/2024 EFMC Approval: 2/09/2024
Scan to: Revocation /DPR/Authorization/CE and the corresponding document type along with the original document