



**Revocation of Protected Health Information (PHI) Minor Child**

MRN: \_\_\_\_\_

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

Two identifiers needed

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 \_\_\_\_\_

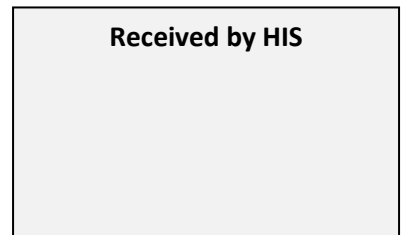
**Both legal parents (if applicable) of the minor child must sign this form for the revocation to take effect.**

Signature of Parent	Date	Printed Name	Relationship
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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