



Revocation of Protected Health Information (PHI)

MRN: _____
NAME: _____
DOB: _____

Two identifiers needed

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 document(s):

- Care Everywhere 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

***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".

Health 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