Dartmouth Health **Revocation of Protected Health Information (PHI) Minor Child**	MRN (optional):_____ Patient Name: _____ Date of Birth: _____ Two identifiers needed or Patient Label

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 _____

<u>Both</u> 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

Received by HIS

"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, Dartmouth Health Home Care, Mary Hitchcock Memorial Hospital and Dartmouth Hitchcock Clinic, operating jointly as "Dartmouth Hitchcock", Hampstead Hospital, Hanover Psychiatry, Mt. Ascutney Hospital and Health Center, New London Hospital and Valley Regional Hospital 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: 8/18/2026 EFMC Approval: 9/10/2026
Scan to: Revocation /DPR/Authorization/CE and the corresponding document type along with the original document