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

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

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."

Health 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