



Patient Label or Patient Identifiers

Student Health Center Vanderbilt University Medical Center

Revocation of Authorization

Authorization (E) Restrict Use or Disclosure of Patient Information

How to REVOKE your Authorization of Release of Medical Information:

You have the right to revoke your Authorization for Release of Medical Information. To do so, you must fill out the following form and return to the Student Health Center at the following address:

Vanderbilt Student Health Center
Zerfoss Building/MCN
Station 17
Nashville, TN 37232-8710
Phone (615) 322-2427
Fax (615) 322-4983

Name: _____

Date of Birth: _____

Address:

I, _____, wish to revoke my Authorization for Release of

Medical Information to: _____
(person of place records should **not** be sent)

I understand that in the event that these records have already be released by a valid authorization that these records cannot be retracted

Patient/Legal Representative Print Name: _____

Patient/Legal Representative Signature: _____

Relation: _____ Date: _____ Time: _____