MAYO CLINIC

Revocation of Authorization for Disclosure/Release of Protected Health Information

(complete fields or place patient label here)

Patient Name *(First, Middle, Last)*	
Birth Date *(mm-dd-yyyy)*	Room Number (if applicable)
Mayo Clinic Number	

TO BE SCANNED

Form content retained in medical record.
Route to HIMS Scanning.

This form is used to revoke Mayo Clinic authorizations as well as authorizations from outside entities.
Instructions: Complete, sign, and direct form to one of the following:

- Inperson Health Information Management Services (HIMS) – Release of Information at your local Mayo Clinic facility
- Email RSTROIRESREV@mayo.edu
- Fax 507-284-0161
- Mail Mayo Clinic, HIMS, Attention: Release of Information
  200 First Street SW
  Rochester, MN 55905

Patient Information

Phone	Street Address	City	State	ZIP Code

I understand that action may have already occurred based on the previously signed authorization.
I hereby revoke the authorization(s) denoted below.

Initials	**Revocation of Authorization to Disclose/Release Protected Health Information** I revoke my authorization for Mayo Clinic to disclose Protected Health Information to the following individual(s) and/or entity/entities:
1.	
2.	

Attach a copy of the authorization, if possible, or enter the approximate date that you signed the authorization.

_____
(mm-dd-yyyy)

and/or

Denote the entity or organization where you signed and submitted the authorization to:

Entity or organization name _____

City_____ State _____

Signature

Patient or Representative Signature ▶	Date *(mm-dd-yyyy)*	Time *(hh:mm)* ☐ am ☐ pm
Representative Printed Name *(First, Middle, Last)*	Relationship to Patient	

HIMS ROI Staff Use Only

☐ Processed by RST HIMS ROI TOC
☐ Processed by site/region _____
☐ Processed by HIMS ROI and routed to RCM. Date *(mm-dd-yyyy)* _____ Initials_____

Authorization Type 1	Date Signed *(mm-dd-yyyy)*
Authorization Type 2	Date Signed *(mm-dd-yyyy)*
Authorization Type 3	Date Signed *(mm-dd-yyyy)*
Authorization Type 4	Date Signed *(mm-dd-yyyy)*

ENTERPRISE: Applies to Mayo Clinic locations in Arizona, Florida, Rochester and Mayo Clinic Health System.