

Patient Name: _____ DOB: _____

USMD Hospital at Arlington Health Information Exchange Services Revocation of Authorization

Patient Address: _____

I, the undersigned, hereby revoke the authorization I had previously provided which allowed USMD Hospital at Arlington's health information exchange services to release my health information to other health information exchange participants.

I understand that this revocation does not apply to any action my healthcare provider has taken in reliance on the authorization signed earlier. This revocation applies to releases by the health information exchange services only and does not revoke any other authorizations to release information that I have provided to my healthcare providers.

I understand that this request revokes future access to medical information through the health information services from visits to my providers (past and present) and is effective after the date of this signed revocation. After receiving this form, the Interoperability team may take up to 72 hours to finalize your revocation.

Date: _____

Signature: _____

Patient or Legally Authorized Representative

For departmental use: MRN/Acct # _____

Relationship to Patient _____

A "legally authorized representative" is: 1) a legal guardian, 2) an agent authorized in a medical power of attorney or directive to physicians, 3) an attorney appointed by a court, 4) an attorney retained by the patient or the patient's legally authorized representative, 5) a parent or legal guardian of a minor, or 6) a person authorized under the Texas Consent to Medical Treatment Act: the patient's spouse, adult child, a parent of the adult patient, a person clearly identified in advance of incapacity to act for the patient, the nearest living relative, or a member of the clergy. NOTE: Written evidence of legally authorized representative status must be presented to the provider prior to release of any information.

Internal Use Only:

HIE document list flag added. Date: _____ Name: _____

Route the form to USMD Hospital at Arlington's Health Information Management Department after adding the HIE document list flag with a status of "Patient Refused".

Address: 801 West Interstate 20 Attn: HIM Department, Texas 76017 Fax: (817) 472-2820

Send encrypted e-mail to: medical.records@usmdhospital.com