



Children's
of Alabama®

CHILDREN'S OF ALABAMA REVOCATION OF AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION (PHI)	
Patient Name (Please Print):	
Date Requested:	
Medical Record Number:	
Birth Date:	
Parent/Legal Guardian Name:	
Parent/Legal Guardian Address to Contact:	
Parent/Legal Guardian's Phone Number(s) to Contact:	
Comments:	
Original Authorization Date:	
About release of protected health information to my insurance company:	
Date Original Authorization Signed by You:	For Release of PHI To: Do you want revoke this authorization to release protected health information to your insurance company? This means the patient's Protected Health Information when this revocation is received and accepted from that point forward will not be released to your insurance company. You will be responsible for your own payment (self-pay). I am requesting to do this revocation to my health insurance company: _____ (initial)

Revocation Statement:

I hereby represent that I am the parent/legal guardian of this patient. I hereby revoke (take back/withdrawal) my authorization that allowed Children's of Alabama to use and disclose the patient's PHI (Protected Health Information/confidential patient information) as indicated on the authorization form. The revocation will be deemed received when received by COA Health Information Management.

I understand that this revocation does not apply to any action has already taken in reliance on the authorization or if otherwise prohibited by law. By law, COA may release this Protected Health Information to other treating facilities in the event of an emergency to the patient or to receive payment for services. However, if you do not want the PHI to be released to your insurance company for payment, this means that you will be responsible for your own payment (self-pay), please indicate in section titled "about release to my insurance company" and you solely will be billed.

I have fully read this form and understand and have had the opportunity to ask any questions.

Parent/Please:

Signature:

Date:

Witness:

Date:

PLEASE RETURN TO: CHILDREN'S OF ALABAMA, HEALTH INFORMATION MANAGEMENT
1600 7th Avenue South, Birmingham, AL 35233 Fax: (205) 638-5367; Phone: (205) 638-9728