PTHA REVOCATION OF CONSENT

Name of Patient – First/MI/Last (Please print)		
Street Address		
City	State	Zip
Date of Birth	Phone Number	

I, _____ (patient or representative), revoke authorization for Puyallup Tribal Health Authority (PTHA), their physicians, nurses, medical assistants, dentists, hygienists, dental assistants and other personnel to discuss all health and payment information in person or by telephone, with the following **individuals directly involved in my medical care.**

Name (Please print)	Phone Number	Relationship
1)		
2)		
3)		
4)		

I UNDERSTAND THAT THIS REVOCATION OF CONSENT IS limited to verbal and telephone conversations and does not change or revoke any family, guardianship, or representative status with regards to any of the individuals named above.

I understand that this written revocation will not affect any disclosures of my medical information that the person(s) and/or organization(s) listed on this authorization have already made, in reliance on this authorization, before the time I revoke it.

PTHA will not condition treatment, payment, and enrollment or benefit eligibility on my signing this document. This document has been explained to me and all of my questions have been answered satisfactorily.

This revocation is effective immediately (unless a date or event is specified here): Date/Event: _____

_____ _____
Signature of Patient Date/Time

*Legal Authority: _____ _____
Signature of Legal Authority/Representative Relationship

** If signed by person other than the patient, print name and identity relationship.*

WHO MAY SIGN THIS AUTHORIZATION

1. Generally, all patients 18 years of age or older must sign for communication of their own health information unless the patient lacks capacity. Minor consent authority is outlined below.
2. All persons signing for communication of health information on behalf of the patient must state their relationship to the patient and provide proof of legal authority of their capacity to act for the patient.

CONSENT FOR MINOR

A signature of a minor patient is required if the minor is 13 or older.