

THE UNIVERSITY OF TEXAS AT DALLAS
CALLIER CENTER FOR COMMUNICATIUN DISORDERS

REVOCATION OF AUTHORIZATION

Name: _____ Daytime Phone # _____

Address: _____

DOB: _____ Email address: _____

By my signature below, I hereby revoke (Check one):

1. ☐ The authorization attached or of which a copy is attached
2. ☐ The authorization for the access, use, or disclosure concerning the records of the above named person dated _____ which was for (specify the information that was the subject of the authorization, the person authorized and the purpose of the authorization in sufficient detail to identify the authorization being revoked) _____

I understand that if Box (1) is checked, this revocation will not become effective unless the authorization or a copy of the authorization being revoked is attached.

Signature: _____ Date: _____

If the revocation is signed by a Personal Representative of the individual:

Printed name of Personal Representative: _____

Representative's authority to act for the individual: _____

If signed by a Personal Representative of the individual, verification that you are currently this individual's representative under state law for purposes of filing this Revocation of Authorization is required before it can be acted upon. Please enclose any documents that support this authority (Power of Attorney, Court Order, etc.). As this person's representative, can you be contacted at the address, e-mail or phone number listed above? ☐ Yes ☐ No

If not, please provide your mailing address, e-mail address and phone number:

Address: _____
(street) (city) (state) (zip)

Phone: _____ Email address: _____

This form should be delivered to the following:

HIPAA Privacy Officer
UT Dallas Callier Center
1966 Inwood Road
Dallas, TX 75235

For Callier Center Use Only

Person processing request: _____

Date revocation request received: _____

Revoked authorization form attached? ☐ Yes ☐ No

Callier Center or other office informed on _____

Approved? ☐ Yes ☐ No

Medical Records Dept notified on _____