Central Carolina Surgery, P. A.
1002 N. Church St., Suite 302
Greensboro, NC 27401
336 387-8100

REVOCATION OF CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Revocation of Consent

This notice revokes the consent to use and disclosure of protected heath information for:

_____
Patient Name (print)

That was signed on _____.
Date of consent

Effect of Revocation

Protected health information that is collected on or after the date on which this form is received by Central Carolina surgery, P. A. will no longer be used or disclosed by Central Carolina Surgery, P. A. for the purposes of treatment or payment, or to support day-to-day operations of the practice as described in the authorization form.

This revocation of authorization will not limit the ability of Central Carolina Surgery, P.A. to seek payment for services that it provided under an earlier consent, including the consent specified above or to meet legal obligations related to those services, nor will it affect uses or disclosures that occurred prior to the effective date of this revocation.

It is the policy of Central Carolina Surgery, P. A. that it will not continue to provide treatment for a patient who revokes consent to the use and disclosure of his or her protected health information for purposes of treatment, payment or health care options.

Effective Date of Revocation

This revocation of consent to use or disclose protected health information is effective _____.

_____SS#_____ _____
Name of Patient (print) Date

_____ _____
Signature of Patient Date

_____
Relationship of Patient Representative to Patient