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

REVOCATION OF AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Revocation of Authorization

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

_____
Patient Name (print)

That was signed on _____.
Date of authorization

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 not be used or disclosed by Central Carolina Surgery, P. A. for the purposes specified in the authorization that is revoked..

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 authorization, nor to meet legal obligations related to those services, nor will it affect uses or disclosures under the revoked authorization that occurred prior to the effective date of this revocation.

Effective Date of Revocation

This revocation of authorization 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