I hereby revoke my authorization previously given to the Dartmouth-Hitchcock Affiliated Covered Entity (D-H ACE) to disclose my protected health information to:

__________________________________________________

I understand that this revocation will not affect disclosures made before any D-H ACE member organization received this written revocation.

Please check appropriate documents(s):

- [ ] CareEverywhere consent form dated ________________________________
- [ ] Designation of Personal Representative form dated ________________________________
- [ ] Permission to Share Patient Health Information form dated ________________________________
- [ ] Other ________________________________ dated ________________________________

__________________________
Signature of Patient or Legal Representative

__________________________
Date

__________________________
Printed Name of Patient or Legal Representative

__________________________
Legal Authority of Representative

"Dartmouth-Hitchcock Health (D-HH)" is the corporate parent of the covered entities listed below, each of which is an individual corporate entity legally separate and distinct from Dartmouth-Hitchcock Health. Member organizations include: Alice Peck Day Memorial Hospital, Cheshire Medical Center, Mary Hitchcock Memorial Hospital and D-H Clinic, operating jointly as “Dartmouth-Hitchcock,” Mt. Ascutney Hospital and Health Center, New London Hospital, and the Visiting Nurses and Hospice for VT and NH. The D-H ACE comprises only of D-HH members who are currently using a single, integrated electronic medical record system, sometimes referred to as “eD-H.”

Health Information Services Approval: 7/11/2019
EFMC Approval: 7/11/2019
Scan to: Revocation /DPR/Authorization/CE and the corresponding document type along with the original document