



Dartmouth-Hitchcock Health

Revocation of Protected Health Information (PHI)

NAME:

DOB:

Two identifiers needed

MRN:

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