



**REVOCAION OF AUTHORIZATION TO USE OR DISCLOSE  
PROTECTED HEALTH INFORMATION (PHI)**

I, \_\_\_\_\_, hereby cancel the authorization to release information I provided to Palmetto Health that allowed Palmetto Health to use and disclose my PHI as I outlined on the authorization form, which I signed on (date) \_\_\_\_\_ for the release of my PHI to \_\_\_\_\_ (person/facility).

I understand that this cancellation does not apply to any action Palmetto Health has taken in reliance on the authorization I signed earlier. This cancellation does not cancel any other previous authorizations to release information that I have provided to Palmetto Health.

**Special Provisions:**

In this section, the individual should outline any special provisions regarding cancellation of the authorization.

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\_\_\_\_\_  
Signature of Patient or Legally Qualified Representative

\_\_\_\_\_  
Date