

Revocation of Consent to Release Medical Information

From:

To:

Date: _____

Dear Dr _____,

As of the above date, I hereby revoke all prior signed consents to release medical information to any entity, including insurance companies, other providers, family members or legal entities. Even if you receive a request that has a copy of my signature, do not release any information from this chart.

This Revocation of Consent to Release Information includes verbal information about me or my records, as well email communications. It will remain in effect indefinitely, unless I personally contact you to request otherwise.

Sincerely,

_____(signature)