



COUNTY OF PLACER

Client Authorization Revocation

This notice revokes the authorization for the use and disclosure of Protected Health Information (“PHI”) and other confidential information for:

Client Name: _____ I.D.#: _____ DOB: _____
(print)

Agency(ies) or Individual(s) Name To Revoke Authorization From:

Any additional agencies or persons not listed above, continue to be authorized to receive the information per my prior release.

Date of Authorization: _____

Date Form Received: _____

Effective Date of Revocation: _____

PHI and other confidential information that is collected *on or after the date this form is received* by Placer County Dept. of Health and Human Services (“Placer County”) will not be used or disclosed by Placer County for the purposes specified in the authorization that is revoked. This revocation of authorization will not limit the ability of Placer County to seek payment for services that are 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.

Signature of Client/Client Representative: _____

Date: _____