



Revoke Your Consent



You may revoke your written authorization or consent to share your information at any time in writing by mailing your request to the address listed below. If you revoke your written authorization or consent, it will be effective for future uses and disclosures of your protected information. Once your authorization has been revoked, we will render your record inaccessible and our referral partners will no longer be able to see your information in our system. However, the revocation will not be effective for information that we have used or disclosed to a referral partner in reliance on your authorization or consent and prior to receipt of your written revocation. After revocation, we will continue to store and use your information internally for our own business purposes, including auditing, accounting, training and quality improvement.

First Name: _____ Last Name: _____

Date of Birth: _____ Phone Number: _____

Email: _____

Organization/Agency working with you:

Reason for Revoking Consent (This helps us improve our consent process):

Mail to: The North Coast Health Improvement and Information Network (NCHIIN)
2315 Dean St.
Eureka, CA 95501