**REVOCATION OF AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION**

**Policy**

An individual may revoke an authorization at any time, provided that the revocation is in writing. The Health Science Center shall not be liable for any information released in good faith prior to the revocation. The Health Science Center will stop providing information based on a patient’s authorization as soon as possible.

**Procedure**

An individual has the right to void a prior authorization to use and disclose protected health information. An initial authorization form is completed with the medical record custodian. In the case of a patient requesting a revocation of a prior authorization, the Revocation of Authorization to Release Protected Health Information form will be administered by the medical record custodian. The revocation form should be used to ensure that the requirements of this section are met.

Once notified by the medical record custodian of the revocation, the departments or individuals are responsible for ensuring the patient’s protected health information is no longer subject to further use or disclosure.

**Records Retention**

The Health Science Center must retain authorizations and revocations for a minimum of six (6) years.