

Revocation of Consent

This form is being provided based upon your request. It may be used to revoke your consent to share your information and make referrals.

If you revoke this consent, no further disclosures of your information will be made following the effective date, which is the date the fully completed form is received by our agency. Revocation will have no effect on disclosures previously made with your consent.

To revoke consent to share any of your information which is contained in the Statewide Client Data System maintained by the New York State Office for the Aging, check the first box below and complete all fields. If you wish only to revoke your consent to make referrals to and share information with certain entities, check the second box below and use the space provided to list those specific entities. To revoke your consent to release your information in the event of an emergency to those responding to the emergency, check the third box in addition to any other box checked. If this form is being completed on behalf of the person whose information is stored by his or her legal representative, please indicate this in the space provided. All fields should be completed using the contact information on file for the individual whose information is stored. Revocation of consent by a legal representative will only be effective if our agency has received verification of such legal representative.

Once completed, please mail this form to our agency at the address below. If you have any questions or concerns, please feel free to contact us at the telephone number provided.

Address:

(AGENCY NAME)

Attn:

(CONTACT UNIT OR INDIVIDUAL)

(ADDRESS)

(ADDRESS)

(City/State/Zip)

Telephone:

(CONTACT UNIT OR INDIVIDUAL)

() _____

(phone)

I hereby revoke my consent to share or disclose any of my personal information that is stored in the Statewide Client Data System for purposes of making referrals. I understand that this will have no effect on disclosures made prior to the effective date of this revocation.

I hereby revoke my consent to share or disclose my personal information with the following entities:

I hereby revoke my consent to disclose any of my personal information for purposes of responding to an emergency

Is this form being completed and signed on behalf of a client by his or her legal representative? Please check:

YES NO

If yes, complete the following (please print):

Name of Legal Representative

(_____)
Telephone Number

Address (Street, Town, State, Zip)

CLIENT INFORMATION

Client Name (print): _____

Address: _____

Telephone Number: (_____) _____

Client ID# (if applicable): _____

Signature

Date

Name (Print)