

Informed Consent Revocation

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

If you revoke this consent, no further disclosures of your information will be made following the effective date, which is the date this completed form is received by our agency. Revoking consent 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 Client Data System maintained by the New York State Office for the Aging check the first box on the form that follows on Page 2 and complete all items requested.

If you wish only to revoke your consent to 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 other than basic contact information in the event of a disaster or emergency to those responding, check the third box.

If this form is being completed on behalf of the person whose information is stored by his or her legally authorized 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 legal authority has been verified by our agency.

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:

Telephone:

☐ I hereby revoke my consent to share or disclose any of my personal information that is stored in the Client Data System, including for purposes of making referrals. I understand that this will have no effect on disclosures made before 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 regarding special risk factors for purposes of responding to a disaster or emergency.

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

YES / NO

If yes, complete the following (please print):

Name of Legal Representative

()

Telephone Number

Address (Street, Town, State, Zip)

The remainder of this form, including the signature line, must also be completed.

CLIENT INFORMATION

Client Name (print): _____

Address: _____

Telephone Number: () _____

Signature

Date

Name (Print)