

<p><b><u>INTERNAL USE ONLY:</u></b></p> <p>MRN: _____</p> <p>Date of Receipt: _____</p>
---

## AUTHORIZATION CANCELLATION NOTICE

According to the Uniform Health Information Act for the State of Washington, records shall be released within fifteen days after receipt of a signed, dated release form. Since records are usually handled within 2 – 3 days after receipt, The Everett Clinic will not be held responsible for any release of medical information accomplished before receipt of a written notice of cancellation. Revocation takes place from the date of receipt of written request in the Health Information Management department.

A letter or the form below may be used to cancel a request in writing. Once the letter or form is complete it can then be mailed, faxed, or brought into any one of our convenient locations.

**Instructions for Canceling a Request:**

1. You must provide a written request to the Health Information Management department asking for revocation/cancellation of the original record release.
2. We need to have your complete name, date-of-birth, telephone number (home/work) and the name of the person/agency that you authorized to receive the medical information.
3. After receipt of the notice by the Health Information Management department, telephone confirmation will acknowledge your withdrawal of authorization.
4. If the release has been accomplished, you will be notified by a representative of the Health Information staff. The release will be revoked for any further disclosure.
5. If you have any questions concerning the cancellation process, call the Health Information Management (Medical Record) Department (425) 339-5426.

Date of Notice: \_\_\_\_\_

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Telephone Number (Home) \_\_\_\_\_

(Work) \_\_\_\_\_

\*Due to confidentiality, no recorded message will be left.

Name of Person/Agency to whom disclosure was authorized:

\_\_\_\_\_

\_\_\_\_\_

Patient signature \_\_\_\_\_

Date \_\_\_\_\_

Mail/Fax this form to:           The Everett Clinic  
   Health Information Management Department  
   3901 Hoyt Avenue  
   Everett, WA 98201-4988  
   Fax: 425-339-5439