

**Bellingham Health**  
1116 Key Street Suite 106, Bellingham, WA 98225  
Phone: 360-756-9793 Fax: 360-752-9007  
BellinghamHealth.com

**Revocation of Release of Information**

**Section A: Statement of Revocation**

I revoke my previous authorization, or part of my previous authorization, for the Bellingham Health use and disclosure of my health information records. I understand that this revocation of my authorization will *not* affect any action Bellingham Health or others took in reliance on my authorization before receiving this written notice of my revocation.

Initials: \_\_\_\_\_

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

Address: \_\_\_\_\_

City, State, ZIP Code: Phone Number: \_\_\_\_\_

Copy of authorization attached: Please circle: YES or NO

Date of original authorization (if known): \_\_\_\_\_

**Section B: Description of Authorization Revoked**

**Do you wish to revoke all of the previous authorization or only part of the previous authorization?**

Select one of the boxes below and complete all information on this form.

- Please revoke the entire previous authorization
- Please revoke only part of the authorization:

**Health Information:** Describe the health information, including and the dates of the records that were previously authorized for the use or disclosure by Bellingham Health:

\_\_\_\_\_

\_\_\_\_\_

**Person or Organization Authorized to Use or Disclose:** Name or specifically identify the persons or organizations, including Bellingham Health, previously authorized to make use of or disclose the health information described above:

**Name: Bellingham Health**  
**Address: 1116 Key St, Suite 106**  
**Bellingham, WA 98225**  
**Phone Number: 360-756-9793**

**Person or Organization to Receive and Use:** Name or specifically describe the persons or organizations who had authorized Bellingham Health to disclose or let use the health information described above:

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

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Section C: To the patient – Please sign the form.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_