University of Colorado
Denver | Anschutz Medical Campus

Office of Regulatory Compliance

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HIPAA Policy 3.5

Title:	**Revoking Authorization**
Source:	**Office of Regulatory Compliance**
Prepared by:	**Assistant Vice Chancellor for Regulatory Affairs**
Approved by:	**Vice Chancellor for Research**
Effective Date:	**July 1, 2013**
Replaces:	**02/26/03**
Applies:	**All UCD campuses**

Introduction

Purpose

The purpose of this policy is to provide members of the UCD workforce with guidance as to when an otherwise valid authorization may be revoked by the individual who initially provided the authorization and the process by which the authorization may be revoked.

Reference

45 C.F.R. § 164.508

Applicability

It is the responsibility of any member of the UCD workforce who is approached by an individual who wishes to revoke an otherwise valid authorization to advise that individual that the authorization may be revoked under the circumstances set forth in this policy.

Policy

An individual may revoke an authorization provided that:

1. the individual submits the attached form; and

2. the UCD has not taken action in reliance on the original

authorization; or

3. if the original authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.

Procedures

Revocation of Authorization Form attached.

Revocation of Authorization

I, _____, (patient's name) want to revoke the authorization that I gave to _____ (list name of person or unit or department of the University of Colorado Denver that you gave authorization to, if known) on or about _____(date) which gave UCD the right to give my information to _____ (name of recipient of information, if known).

_____

Patient's signature

_____

Date