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