Prestera Center

REVOCATION

Authorization to Release of Information

Coordination of Care Release of Information

I hereby REVOKE my authorization to release information from the person or organizations noted below as of today _____.

Person or Organization: _____

_____

_____

_____

Reason for Revocation: _____

*Please note a request to revoke an authorization to release information will not affect any actions taken before the provider receives the request.

_____ _____

Consumer Signature Witness Signature

_____ _____

Parent/Legal Guardian/Legal Representative Signature Relationship if not the consumer

Please note, we must have legal documentation if representative and not consumer

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3375 US Rt.60 - Huntington, WV 25705 P: 304-525-7851 F: 304-529-0163
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