Revocation for Release of Individually-Identifiable Health Information

Purpose: Revocation of electronic exchange of individually-identifiable health information between the Department of Veterans Affairs (VA) and VA Approved Nationwide Health Information Network Participants.

Patient Full Name (print)**:** ______________________________

Last four digits of SSN: ______________________________

REVOCATION:

1. I am requesting to discontinue my participation in the electronic exchange of my health information.
2. I understand that you will no longer share any of my health information with VA Approved Nationwide Health Information Network Participants.
3. I understand that information already exchanged between both parties prior to this revocation will continue to be used as discussed in the authorization I signed when I elected to participate in this electronic exchange of my health information.
4. I understand that withdrawing from this program does not change my relationship with my health care providers, my future care, or have any effect on my VA benefits.
5. I understand that the VA will respond to this revocation in writing informing me that they have confirmed my request and the effective date of this revocation.

RE-ENROLL: I understand if I decide to re-enroll in the project at a later date, I will be required to start the enrollment process all over again.

SIGNATURE: This revocation has been explained to me and I have been given the opportunity to ask questions.

I hereby revoke the sharing of individually-identifiable health information as described in this form.

Signature of Patient	Date
Signature of Legal Representative (if applicable) To Sign for Patient (Attach authority to sign: Health Care Power of Attorney or Legal Guardian	Date
Name of Legal Representative (please print)	Date

VA FORM
JAN 2011 **10-0484**