FIRSTCARE MEDICAL CENTERS, LLC

REVOCATION OF CONSENT TO DISCLOSURE OF HEALTH INFORMATION

Full Legal Name: _____

Address: _____

Telephone: _____ Birth Date: _____

TO THE PATIENT – PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY.

NOTICE OF PRIVACY PRACTICES: Our Notice provides a description of the uses and disclosures of your protected health information to carry out medical treatment, payment activities, and our internal healthcare operations. A copy of our Notice accompanies this form.

We reserve the right to change our privacy practices as described in our Notice of Privacy Practices. If we change our privacy practices, we will issue a revised Notice of Privacy Practices, which will contain the changes. Those changes may apply to any of your protected health information that we maintain.

You may obtain a copy of our Notice of Privacy Practices, including any revisions of our Notice, at any time by contacting:

The Privacy Compliance Officer
FIRSTCARE MEDICAL CENTERS, LLC,
1301 Huffman Road, Suite #205
Anchorage, AK 99515
Phone (907) 345-2050

RIGHT TO REVOKE: You will have the right to revoke this Consent at any time by giving us written notice of your revocation submitted to the compliance officer. Please understand that if you revoke Consent it will **not** affect any action we took in reliance on prior Consent before we received your revocation, and that we may decline to treat you or to continue treating you if you revoke Consent.

REVOCATION OF CONSENT

I revoke my Consent for your use and disclosure of my protected health information for treatment, payment activities and healthcare operations.

I understand that revocation of my Consent will **NOT** affect any action you took in reliance on my Consent before you received this written Notice of Revocation. I also understand that you may decline to treat or to continue to treat me after I have revoked my Consent.

SIGNATURE

Signature: _____ Date: _____

YOU ARE ENTITLED TO A COPY OF THIS FORM AFTER YOU SIGN IT.
Include completed form in the patient's chart.