<date>

<patient name>

<patient address>

Re: Request to Revoke Authorization for Use or Disclosure of Protected Health Information

Dear <patient name>:

Your request to revoke the authorization previously signed on <date signed>, authorizing the use or disclosure of your protected health information by <department name> to <entity to whom disclosure was authorized>, has been processed. The authorization has been revoked as of <date revoked> and no further use or disclosures will be made pursuant to that authorization, after that date.

If your intentions were to modify the authorization, a new authorization will need to be provided to <department> at <address>. You may use Purdue's authorization form, found at: <https://www.purdue.edu/legalcounsel/HIPAA/authorizationtouseordisclose.pdf> or contact us if you have additional questions, at <phone number>.

Sincerely,

# HIPAA Liaison or designee name

# department and title

contact address and phone