



REVOCATION OF RELEASE

This form is to revoke an authorization to release information. Completing and submitting this revocation to The Diversity initiative Privacy Officer allows you to rescind your original authorization to release information

Please type or print neatly.

1) State of Revocation: Please select the option that fits your need.

____ I hereby revoke **my authorization** for release of protected health information.

____ I hereby revoke **my authorization** for release of photographs, recorded video, recorded audio, and/or other media

____ I hereby revoke **my authorization** for other (Please Specify):

2) At my request, I want to revoke the release of my protected health information to:

A. Name of Individual or Organization: _____

B. Name of Individual or Organization: _____

c. Name of Individual or Organization: _____

I understand that by signing this form, I am confirming that The Diversity Initiative, Inc. may no longer use and/or disclose my protected health information to the persons and/or organization named in this form.

Signature: _____ **Date:** _____

If the person signing this revocation is not the member, or the parent/guardian of a dependent under the age of 18, you must attach a full copy of the official document indicating your legal authority to sign on behalf of the Consumer (i.e. Power of Attorney, Court Assigned Guardian, Personal Representative, etc.).

Please keep a copy of the revocation for your records. Please mail or fax this revocation form to:

John Pribanic, BA, BS, CBTAC President/CEO

Telephone: (813) 850-4736

Address: 1000 N. Ashley Dr. Suite 805, Tampa, FL 33602

Phone (813) 443-0727 Secure Fax: (877) 276-3064 Toll Free (888) 255-9817

E-mail: john.pribanic@tdiworks.org