

CAMERON UNIVERSITY
Health Plan

ROUTE TO:

**Revocation of Request for Restrictions on Use and Disclosure of
Protected Health Information –Health Plan**

I, _____ do hereby revoke my Request for Restriction on Use and Disclosure of PHI, effective on the date of my signature. I understand that my Revocation may take up to two weeks to process. I understand that this Revocation applies to any and all Requests for Restrictions I may have been granted by the Cameron University.

Signature	Printed Name (and Title, if Legal Representative*)	Date
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For Department Use Only:

Revocation Processed by _____ on _____ 20____ .

*May be requested to show proof of representative status