

University of Colorado Health Sciences Center  
HIPAA Policy

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I. Purpose, Reference, and Responsibility

A. Purpose

The purpose of this policy is to provide members of the UCHSC workforce with guidance as to when an otherwise valid authorization may be revoked by the individual who initially provided the authorization and the process by which the authorization may be revoked.

B. Reference

45 C.F.R. § 164.508.

C. Responsibility

It is the responsibility of any member of the UCHSC workforce who is approached by an individual who wishes to revoke an otherwise valid authorization to advise that individual that the authorization may be revoked under the circumstances set forth in this policy.

II. Applicability and Definitions

A. Applicability

This policy shall apply to efforts by an individual to revoke any and all types of previously submitted valid authorizations for the use or disclosure of PHI.

B. Definitions

Authorization  
Protected Health Information (PHI)  
Workforce

University of Colorado Health Sciences Center  
HIPAA Policy

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III. Policy

A. General

An individual may revoke an authorization provided that:

1. the individual submits the attached form; and
2. the UCHSC has not taken action in reliance on the original authorization; or
3. if the original authorization was obtained as a condition of obtaining insurance coverage, other law provides the insurer with the right to contest a claim under the policy or the policy itself.

**Revocation of Authorization**

I, \_\_\_\_\_, (patient's name) want to cancel the authorization that I gave to \_\_\_\_\_ (list name of person or unit or department of the University of Colorado Health Sciences Center that you gave authorization to, if known) on or about \_\_\_\_\_(date) which gave UCHSC the right to give my information to \_\_\_\_\_ (name of recipient of information, if known).

\_\_\_\_\_  
Patient's signature

\_\_\_\_\_  
Date