Radiology Ltd P.L.C., & RLC, LLC HIPAA Restriction Revocation Form

Purpose: This form is used to revoke or confirm a previous restriction. You may revoke a previous restriction at any time by providing written notice to Janet F. Rosales R.H.I.T., Privacy/Security Officer, Radiology Ltd., 677 N Wilmot Rd., Tucson, AZ 85711 or via email, janet.rosales@radItd.com.

SECTION A: Individual Information

Identify the individual whose information was restricted.

Name:	Social Security Number: XXXX-
Address:	Date of Birth:
	Telephone Number:

SECTION B: Individual Statement

I revoke restriction for the use and/or disclosure of the protected health information described below. I understand that this revocation will not affect any previous restrictive action. A copy of the original restriction is attached:

Yes

No (complete section C.)

Radiology Ltd Revokes the Restriction. Reason: ___

SECTION C: Description of Restriction (complete if restriction is not attached)

Date of Restriction: ______ The restriction to be revoked applies to the following Protected Health Information: <u>Specific description of restricted information or non-disclosure</u>: Example: "*All information for the exam dated 03/10/2000 is not to be release to my spouse, Bob Smith".*

SECTION D: Individual Signature

To be valid, this Restriction Revocation must be signed and dated by the individual listed in section A. If signed by a parent, guardian or power of attorney please include the name and relationship to the individual listed in section A.

I, Restriction Revocation.	, have read and understand the contents of this
Signature:	Date:
Representative's Name:	
Relationship to Individual:	

Please contact the Security/Privacy Officer at 520.545.1798 or toll free number 866-683-2199 with any questions.

KEEP A SIGNED COPY OF THIS FORM FOR YOUR RECORDS