

**Revocation of Release of Information
Authorization or Patient Directed
Request**

Patient Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone number: (_____) - _____ DOB: _____ / _____ / _____

I, _____
(Patient name or personal representative & relationship, if applicable)

wish to revoke the following authorization to release protected health information from my records held by Middlesex Hospital.

Authorization/Request date: _____ / _____ / _____.

I understand that by revoking the authorization or patient directed request, it will not have an effect on information used or disclosed by Middlesex Hospital prior to the date below.

Patient Signature: _____ Date: _____

MUST be signed by patient requesting revocation for release of health records.

Statement of Nondiscrimination and Taglines

English: Middlesex Health System complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak a language other than English, are deaf or hard of hearing, language assistance services are provided free of charge. Call 1-860-358-6000 or TTY 1-860-358-4499.

Español (Spanish): Middlesex Health Systems cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-860-358-6000 TTY: 1-860-358-4499.

Polski (Polish): Middlesex Health Systems postępuje zgodnie z obowiązującymi federalnymi prawami obywatelskimi i nie dopuszcza się dyskryminacji ze względu na rasę, kolor skóry, pochodzenie, wiek, niepełnosprawność bądź płeć. UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-860-358-6000 TTY: 1-860-358-4499.

Italiano (Italian): Middlesex Health Systems è conforme a tutte le leggi federali vigenti in materia di diritti civili e non pone in essere discriminazioni sulla base di razza, colore, origine nazionale, età, disabilità o sesso. ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-860-358-6000 TTY: 1-860-358-4499.