

Jewish Hospital & St. Mary's HealthCare

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|--------------------------------------------------|-------------------------------------------------|---------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Jewish Hospital | <input type="checkbox"/> JH Shelbyville | <input type="checkbox"/> Frazier Rehab Institute | |
| <input type="checkbox"/> JH Medical Center East | <input type="checkbox"/> VNA Nazareth Home Care | <input type="checkbox"/> Frazier Rehab Outpatient | <input type="checkbox"/> Our Lady of Peace |
| <input type="checkbox"/> JH Medical Center South | <input type="checkbox"/> Sts. Mary & Elizabeth | <input type="checkbox"/> JH Meade Co. | <input type="checkbox"/> Employed Physicians |

JEWISH HOSPITAL & ST. MARY'S HEALTHCARE, INC. REVOCATION OF HIPAA AUTHORIZATION

I, _____, born _____
Name Date of Birth

and residing at _____,
No. Street City State Zip Code Telephone #

hereby request Jewish Hospital & St. Mary's HealthCare, Inc. (JHSMH) to revoke the following authorization(s):

- Date(s) authorization(s) signed: _____
- Person(s) or organization(s) authorized to receive the information: _____

I understand that this revocation of HIPAA authorization does not apply retroactively and will not affect any actions that JHSMH took before it was received.

Signature of Patient: _____ **Date:** _____

If patient is unable to sign, secure authorization of Legal Representative and indicate reason below:

- Minor Incompetent Other

Signature of Legal Representative: _____ **Date:** _____

Relationship to Patient: _____

JHSMH Representative Signature: _____ **Date:** _____

Title: _____

Please return to the JHSMH Privacy Officer, 200 Abraham Flexner Way, Louisville, KY 40202

