



healthcurrent

REVOCAION OF CONSENT TO RELEASE SUBSTANCE ABUSE INFORMATION

Pursuant to federal law (42 C.F.R. Part 2), a patient may orally or in writing revoke (take back) his or her consent to share substance abuse treatment information at any time, except to the extent that action has been taken in reliance on the consent. If a patient has revoked consent, complete this form and fax it to Health Current.

Patient Name: _____

Date of Birth: _____

The patient listed above has revoked consent for **the following organization** to receive the patient's substance abuse information:

Name of Organization	Phone Number
Address	City
	State
	Zip

The patient listed above has revoked consent for **any organization** to receive the patient's substance abuse information.

Provider Office: This section must be completed before sending via secure fax to Health Current.

Organization/Provider: _____

Print Name: _____ Date: _____

Signature: _____ Phone: _____