

**THE UNIVERSITY OF TEXAS SYSTEM ADMINISTRATION
HIPAA PRIVACY MANUAL**

Revocation of Authorization

Name: _____ Daytime Phone # _____

Address: _____

DOB: _____ Benefits ID #* _____ Email address: _____

By my signature below, I hereby revoke (Check one):

1 The authorization attached or of which a copy is attached

2 The authorization for the access, use or disclosure concerning the records of the above named person dated _____ which was for (specify the information that was the subject of the authorization, the person authorized and the purpose of the authorization in sufficient detail to identify the authorization being revoked) _____

I understand that if Box (1) is checked, this revocation will not become effective unless the authorization or a copy of the authorization being revoked is attached.

Signature: _____ Date: _____

If the revocation is signed by a Personal Representative of the individual:

Printed name of Personal Representative: _____

Representative's authority to act for the individual: _____

If signed by a Personal Representative of the individual, we must verify that you are currently this Individual's representative under state law for purposes of filing this Revocation of Authorization before we can act on it. Please enclose any documents that support this authority (Power of Attorney, Court Order, etc). As this person's representative, can you be contacted at the address, e-mail or phone number listed above? If not, please provide your mailing address, e-mail address and phone number:

* You can look up your UT System Benefits ID number at:
<https://utdirect.utexas.edu/nlogon/sgwww/SGPNIBID.WBX>

Please Complete Entire Form

*NEED HELP? EMAIL Privacyofficer@utsystem.edu
Form Revocation of Authorization*

This form should be delivered to the following:

Privacy Officer, Office of Systemwide Compliance,
The University of Texas System
201 West 7th Street, Suite 300
Austin, Texas 78701
FAX NUMBER (512) 579-5085

For System Use Only

Person processing request: _____

Date revocation request received: _____

Revoked authorization form attached? Yes
 No

OEB or other office informed on _____

* You can look up your UT System Benefits ID number at:
<https://utdirect.utexas.edu/nlogon/sgwww/SGPNIBID.WBX>