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
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 ________________________________

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https://utdirect.utexas.edu/nlogon/sgwww/SGPNIBID.WBX