

Revocation of Authorization to Release Protected Health Information



Revocation of authorization for the Release of: Pharmacy Information Vision Center/Optical Information
 Care Clinic

What is the Purpose of this Revocation?

This form is used by you or your personal representative to revoke a prior authorization to allow Walmart and Sam's Club Pharmacies, Vision Centers/Opticals or Care Clinics (collectively "Walmart") to release Protected Health Information ("PHI") to an individual or organization not otherwise authorized by law to receive this information, as required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and other state and federal privacy laws.

Section 1: Patient Information

Patient Name (last, first, middle initial):		Date of Birth (mm/dd/yyyy):	
Address:			
City:	State:	Zip:	Phone:

Section 2: Revocation Information

I, _____, hereby revoke the Authorization to Release PHI, which I signed on (date) _____, that allowed the Pharmacy, Vision Center/Optical or Care Clinic to release my PHI to the recipient and for the purpose listed below. I understand that this revocation does not apply to any PHI released by Walmart prior to receipt of this revocation. This revocation does not revoke any other Authorizations to Release PHI that I have previously provided to the Pharmacy, Vision Center/Optical or Care Clinic.
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Section 3: Recipient of PHI

Recipient Name:		Phone:	
Name of Organization:			
Street Address:			
City:	State:	Zip:	Phone:
The purpose of this Authorization is:	<input type="checkbox"/> At the request of the Patient / Patient's personal representative <input type="checkbox"/> Other (state reason): _____		

Section 4: Signature

_____ Signature of Patient or Personal Representative	_____ Today's Date
If you have signed this form as a legally authorized representative of the Patient, please print your name and relationship to the Patient below.	
_____ Name of Personal Representative (please print)	_____ Relationship to Patient (parent, legal guardian, etc.)

For Office Use Only

Store/Club Number
Fax this form to Health & Wellness Compliance at (866) 340-0602.

