



Authorization to Release Information- Part 2 Revocation

Client Name: _____ DOB: _____

Address: _____ Phone: _____

Right to Revoke

If you no longer want IAG Behavioral Health Center to share your health information, please sign this revocation and return it to:

IAG Behavioral Health Center
30 Phelps Ave.
Romeoville, IL 60446
Phone: 630-755-0053
Fax: 630-755-0054

I understand that:

- In the event my information has already been shared by the time my authorization is revoked, it may be too late to cancel permission to share my health information. Revocation will only apply to future transactions.
- Once information has been shared with another entity, IAG Behavioral Health Center cannot guarantee that the entity in question will not further share your information
- I understand that I do not need to give any further permission for the information shared with the provider in part 1.

I no longer want IAG Behavioral Health Center to share my health information with the person or entity indicated above (in part 1).

Client / Guardian Signature

Print Name

Relationship to client

Date

Time