Kenneth Young Center

Together We Thrive.

Written Notice of Revocation of Authorization to Release Health Information

Revised 1/26

Client Name: _____Date of Birth: _____

I hereby revoke:

☐ The written consent previously executed by me on _____ (date), OR
☐ Any and all prior written consents previously executed by me.

This revocation applies to any mental health, substance use disorder (42 CFR Part 2), HIV/AIDS, or other protected health information previously authorized for release by Kenneth Young Center.

Recipient(s) of Records Being Revoked

I no longer authorize the release of information to:

_____

_____

(Person, agency, or program records should not be disclosed to)

I understand and acknowledge that:

- This revocation does not apply to disclosures already made in reliance on my prior authorization(s).
- For substance use disorder treatment records, 42 CFR Part 2 prohibits unauthorized redisclosure of records once released.
- Certain disclosures of health information may still be required by law despite this revocation.
- Records already released by a valid authorization cannot be retracted.
- The revocation becomes effective once received by Kenneth Young Center.
- Kenneth Young Center, its employees, officers, and physicians are released from liability for disclosures made in good faith before this revocation was received.

Acknowledgment

Client Signature (Required for minors 12-17 in addition to parent/guardian):

_____ (Print): _____ (Signature) Date: _____ / _____ / _____

Parent, Authorized Representative, Legal Guardian Signature (if applicable):

_____ (Print): _____ (Signature) Date: _____ / _____ / _____

Effective Date (if different from today's date): _____

Return to:
1001 Rohlwing Road Elk Grove Village, IL 6007 or
Fax: (847) 585-0124
Attn: Medical Records