UCMERCED Student Health Services

H. Rajender Reddy Health Center,
5200 North Lake Rd.,
Merced, Ca, 95343
Phone: (209) 228-2273
Fax: (209) 228-7650

REVOKE AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION

This revocation of authorization is for the release of financial and insurance related information only. Release of medical records requires completion of a separate authorization.

Patient Information

Last Name: _____ First Name: _____ Initial: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Student ID: _____ Date of Birth: _____

Authorization

Patient hereby requests to revoke authorization for the staff of UC Merced Student Health Services to release financial information regarding Patient's Student Health Insurance, waiver, and medical claims, to:

Name: _____ Phone: _____
Address: _____ Fax: _____
City: _____ State: _____ Zip Code: _____

Patient Rights

This revocation will take effect when UC Merced Student Health Services receives it, except to the extent that UC Merced Student Health services or others have already relied on it.

_____ _____
Signature of patient or patient's legal representative Date

_____
Printed name of signatory

_____
Relationship to patient (if signed by other than patient)