

**Radiology Ltd. P.L.C., & RLC, LLC****HIPAA REVOCATION OF ALTERNATIVE MANNER & METHOD OF PHI COMMUNICATION FORM**

**Purpose:** This form is used to revoke or to confirm revocation of a previous Alternative Manner & Method of PHI Communication. You may make this revocation at any time by giving written notice to a Privacy Contact listed on our Notice of Privacy Practices. You may only revoke an Alternative Manner & Method of PHI Communication you made for yourself or your minor child. This revocation of this Alternative Manner & Method of PHI Communication will not affect any action we took in reliance on the initial Alternative Manner & Method of PHI Communication prior to receiving this notice.

**SECTION A: Individual revoking the Alternative Manner & Method of Communication**

This section is used to identify the individual who is the subject of the information, usually yourself. (If you are a parent, you may also revoke any Alternative Manner & Method of PHI Communication for your minor child.)

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_ Telephone Number: \_\_\_\_\_  
\_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SECTION B: Individual's statement of revocation**

I revoke my Alternative Manner & Method of PHI Communication for the use and/or disclosure of the protected health information.

I understand that this revocation will not affect any action Radiology Ltd., PLC, RLC, LLC, or others took in reliance on my previous Alternative Manner & Method of Communication and before receipt of this written revocation.

**SECTION C: Description of ALTERNATIVE MANNER & METHOD OF PHI COMMUNICATION revoked.**

**Date of THE ALTERNATIVE (if known):** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Specific description of the Alternative to be revoked.** (Examples: Fax all reports to my personal fax# xxx-xxx-xxxx)

**SECTION D: Individual's signature**

To be valid, this Revocation of Alternative Manner & Method of PHI Communication must be signed and dated by the person listed in Section A. Parents may sign this Revocation of Alternative Communication on their minor child(ren). If you are signing this form in the capacity of the patient's personal representative, such as a parent, guardian or power of attorney, you must also include your name and relationship to the person listed in Section A.

I, \_\_\_\_\_, have had full opportunity to read and consider the contents of this Revocation of Alternative Manner & Method of Communication.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If this Revocation of Alternative Manner & Method of Communication is being signed by a personal representative on behalf of the individual, please complete the following:



Radiology Ltd.

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Personal Representative's Name: \_\_\_\_\_

Relationship to Individual: \_\_\_\_\_

**AFTER YOU HAVE SIGNED THE REVOCATION OF ALTERNATIVE MANNER & METHOD OF PHI COMMUNICATION, KEEP A COPY FOR YOUR RECORDS** and send to Crystal C. Atwell, HIPAA Privacy/Security Officer, Radiology Ltd., 677 N. Wilmot Rd., Tucson, AZ. 85711 or via email [crystal.atwell@radltd.com](mailto:crystal.atwell@radltd.com)

**If you have questions about completing this form, contact our HIPAA Privacy/Security Officer at 520.545.1798**