

**Kids Care Pediatric Associates, P.C.**

2266 Dutch Broadway, Elmont, NY 11003  
176 Hempstead Ave, Lynbrook, NY 11563  
T: 516-775-0493/516-599-6230  
F: 516-775-0424  
Email: info@kids-care.com

**WRITTEN NOTICE OF REVOCATION  
OF  
AUTHORIZATION TO USE AND DISCLOSE HEALTH INFORMATION**

<b>Individual's</b> <b>Name:</b>	_____		
	Last	First	Middle
<b>Home Address:</b>	_____		
<b>Home Telephone:</b>	_____		
		<b>Date of Birth:</b>	
		_____	

I hereby revoke the authorization generated by me on \_\_\_\_\_  
[insert date], a copy of which is attached to this form.

I understand that this revocation will not be valid to the extent that the Practice  
has already acted in reliance upon my authorization.

_____	_____
Signature of Patient (or Personal Representative)	Date

\_\_\_\_\_  
Printed Name of Personal Representative

Relationship to Patient: \_\_\_\_\_

**Instructions to Patient (or Personal Representative):**

Mail, fax or bring this Written Notice of Revocation to the Practice’s Office  
Manager at 2266 Dutch Broadway, Elmont, NY 11003, facsimile number: (516) 775-  
0493. If you have any questions regarding this form, you may contact the  
Office Manager in person, by telephone at (516) 775-0493 or by email at [privacy@kids-  
care.com](mailto:privacy@kids-care.com)

**For the Practice’s Internal Use Only:**

The date on which this Written Notice of Revocation was received by the Practice  
is: \_\_\_\_\_. A copy of this Written Notice of Revocation shall be placed in the  
medical record.