

**ALLIANCE AMBULANCE, INC.**

**REVOCATION OF AUTHORIZATION TO RELEASE  
PROTECTED HEALTH INFORMATION (PHI)**

I, \_\_\_\_\_, hereby revoke the authorization to release information I provided to Alliance Ambulance, Inc. that allowed Alliance Ambulance, Inc. to use and disclose my PHI as I outlined on the authorization form, which I signed on (date)\_\_\_\_\_ for release of my PHI to \_\_\_\_\_(facility/person). I understand that this revocation does not apply to any action Alliance Ambulance, Inc. has taken in reliance on the authorization I signed earlier. This revocation does not revoke any and all previous authorizations to release information that I have provided to Alliance Ambulance, Inc.

\_\_\_\_\_  
Patient Name or Personal Representative

\_\_\_\_\_  
Date

**Special Provisions**

In this section, the individual should outline any special provisions regarding the revocation of the authorization.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Patient Name or Personal Representative

\_\_\_\_\_  
Date