



Therapy for Individuals and Couples

David Sanders Counseling, LLC
Redmond WA · (971) 220-5797
License #: MC60189034

REVOCATION OF AUTHORIZATION FOR RELEASE OF HEALTH CARE INFORMATION

Client Name:	Client Date of Birth:
--------------	-----------------------

I no longer want David Sanders to use and disclose health care information about me for treatment, billing and payment, and health care operations.

I understand that:

- This request only applies after I sign the document.
- David Sanders may have already taken action based upon my earlier permission.
- David Sanders is allowed by law to use and disclose my health care information to complete treatment, billing and payment, and health care operations already in progress. I agreed to this when I signed the "Authorization for Release of Health Care Information."
- David Sanders is allowed or required by law to release health care information without my permission under certain situations.
- David Sanders does not have to provide any further health care services to me.

Signature of Client or Legally Authorized Individual

Date

Relationship to client if signed on behalf of the patient by parent, legal guardian, personal representative, etc.