

Brett Yamane MD, PLLC
1817 Queen Anne Ave N, Suite 406
Seattle, WA 98109
Ph (206) 755-8899

Revocation of Authorization to Release Protected Health Information

I, _____, hereby revoke the authorization to release information I provided Brett Yamane MD that allowed her to use and disclose my protected health information as I outlined on the authorization form, which I signed on (date) _____ for release of my protected health information to (individual/organization) _____. I understand that this revocation does not apply to any action Brett Yamane MD has taken in reliance on the authorization I signed earlier. This revocation does not revoke any and all previous authorization to release information that I have provided to Brett Yamane MD, PLLC.

Patient Signature: _____ Date: _____

Printed Name (patient): _____

Please submit the completed form to Brett Yamane MD, PLLC via one of the following:

Fax to: (206)267-1347 Or

Mail to: Brett Yamane MD, PLLC
1817 Queen Anne Ave N, Suite 406
Seattle, WA 98109