Department of Veterans Affairs

REVOCATION OF RESTRICTION FOR RELEASE OF INDIVIDUALLY-IDENTIFIABLE HEALTH INFORMATION THROUGH eHEALTH EXCHANGE

Purpose: Revocation of all restrictions requests on the electronic exchange of individually-identifiable health information between the Department of Veteran Affairs (VA) and non-VA health care provider organizations participating in the eHealth Exchange. By revoking all restrictions requests, the sharing of your electronic health information to non-VA health care provider organizations through the eHealth Exchange is no longer restricted or limited in any way.

Patient Full Name
Last: (print) _____ **First:** _____ **Middle:** _____

Last four digits of SSN**:** _____

REVOCATION OF RESTRICTION REQUEST:

1. I request and authorize VHA to revoke ALL restrictions I previously submitted on the release of my individually identifiable health information for treatment purposes to non-VA health care provider organizations through the eHealth Exchange.
2. By signing this request, I certify that this revocation of restrictions request has been made freely, voluntarily and without coercion.
3. I understand that revocation of my previous restrictions will result in my VA electronic individually- identifiable health information being shared with all non-VA health care provider organization(s) through eHealth Exchange.

SIGNATURE: This revocation of my restriction request has been explained to me. I hereby revoke all of my restrictions.

_____ _____
Signature of Patient Date

_____ _____
Signature of Legal Representative (if applicable) Date

_____
Name of Legal Representative (please print)