

MAIN LINE HOSPITALS
Revocation of Authorization for Use and Disclosure of
Protected Health Information for Research

I hereby revoke authorization to Main Line Hospitals and the person(s) or class of persons authorized in the Authorization Form for Use and Disclosure of Protected Health Information for Research (MLHHPA Form 006) to use and/or disclose my protected health information.

Subject's Name _____

Home Address _____

Home Telephone _____

Title of Research: _____

Principal Investigator: _____

MLH File Number: _____

I understand that the disclosures made in good faith may have already occurred in reliance upon my previously issued authorization and that this revocation cannot apply to earlier disclosures.

Uses and/or disclosures of protected health information may be made if (1) required by law, (2) the use and/or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, and (3) the disclosure is made to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat to the health or safety of a person or the public. The facility, its employees, officers, clinical investigators, research personnel and physicians are hereby released from any legal responsibility or liability for disclosure of the information I authorized previously.

Signature of Research Subject or Research Subject's
Personal Representative

Signature of Principal Investigator

Printed Name of Research Subject's or Research Subject's
Personal Representative

Printed Name of Principal Investigator

Personal Representative's Relationship to Research
Subject

Date

Date