



Punjabi Community Health Services

Appendix C

Client Revoking Consent Form

(Request to Remove Agencies from My IAR Database)

In the event that a client revokes consent, he/she must complete this form.

Name: _____

Address: _____

Services provided: _____

I _____ (Name) would like to revoke my consent. PCHS

may not provide my Personal Health Information (PHI) to _____

(identify who shall not receive the PHI). I also understand that there could be a

disruption in the services which I am currently enrolled in but, PCHS would not refuse

those-services you are currently receiving.

The client understands that under certain circumstances (as is permitted by law) the client information will be shared with appropriate authorities such as Children's Aid Society.

Signature of client: _____ Date: _____

Signature of Case Manager:	Signature of Supervisor:
Name of Case Manager:	Name of Supervisor:
Date:	Date: