

Revoke Consent
Consent Revoke Information

The following consents for Jak, Sherlin are hereby revoked at midnight the night of **11/11/2009**.

Discloser	Disclosee	Date	Consent Document Number

Signatures

Party other than client is signing the authorization

The person listed below is legally authorized to use or disclose the health information for the client identified in this authorization

Legally Authorized Representative

None Selected

Client Signature

Signature Date

mm/dd/yyyy