



HEALTH AND HUMAN SERVICES
OUTAGAMIE COUNTY GOVERNMENT CENTER LEVEL 3
320 S. WALNUT ST. APPLETON, WISCONSIN 54911
TELEPHONE 920.832.4741 Fax 920.832.5164

Revocation of Consent to Release Substance Use Disorder (SUD) Records

I, _____, hereby revoke the Consent to Release Substance Use Disorder (SUD) Records signed by me on _____.

I no longer authorize Outagamie County DHHS to disclose or use my substance abuse records to anyone without a new consent signed by me or my legal representative.

I understand that my substance use disorder records remain protected under federal law, including the federal regulations governing the confidentiality of substance use disorder patient records, 42 CFR Part 2, and the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 45 CFR Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise allowed by the federal regulations.

I understand this revocation does not affect any actions taken by Outagamie County DHHS or others in reliance on my prior authorization and before receiving this written revocation.

I have been provided a copy of this form upon my request.

Client Signature

Date

Parent/Guardian signature

Date

Date Revoked: _____

Staff signature