

**South Riding Acupuncture, LLC**  
4229 Lafayette Center Drive  
Suite 1900  
Chantilly, VA 20151  
(703)209-3106

## **RIGHT TO REVOKE AUTHORIZATION**

You have the right to revoke this AUTHORIZATION, in writing, at any time. However, your written request to revoke this AUTHORIZATION is not effective to the extent that we have provided services or taken action in reliance on your authorization.

You may revoke this AUTHORIZATION by mailing or hand delivering a written notice to the Privacy Official of **South Riding Acupuncture**. The written notice must contain the following information:

Your name, and date of birth;  
A clear statement of your intent to revoke this AUTHORIZATION;  
The date of your request; and your signature.

The revocation is not effective until it is received by the Privacy Official.

The AUTHORIZATION is requested by **South Riding Acupuncture** for its own use/disclosure of PHI.  
(Minimum necessary standards apply.)

You have the right to refuse to sign this AUTHORIZATION. If you refuse to sign this AUTHORIZATION, **South Riding Acupuncture** will not refuse to provide treatment.

You have the right to inspect or copy the PHI to be used/disclosed.

- A COPY OF THE SIGNED AUTHORIZATION WITH BE PROVIDED TO YOU

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Print Name

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Signature (or parent if a minor)

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Date