

Alamance System of Care for Children & Families
Revocation of Consent

Written Revocation

I do hereby request that the authorization and/or agreement noted below and signed on _____ be rescinded, effective _____. I understand that any action taken on this authorization prior to the rescinded date is legal and binding.

I hereby withdraw my consent/authorization to:

- Release and exchange information with the Alamance System of Care
- Participate in the Alamance System of Care Evaluation

Signature of Parent/Legal Guardian	Date

Signature of Parent/Legal Guardian	Date

Signature of Witness (Optional)	Date

Verbal Revocation

(To be completed by service staff/provider)

I do hereby attest to the verbal request for revocation of the:

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Note specific authorization being revoked from above\

Authorized by

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(Name of parent/legal guardian)

On

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Date

The parent/legal guardian has been informed that any action taken on this authorization prior to the rescinded date is legal and binding.

 Signature of Service Provider/Staff Agency Date

 Signature of Witness (optional) Date

- Copy must be given to family.
- Copy must be filed with responsible agency's documentation.