



I. 11.3.3 Revocation of Authorization to Use or Disclose Protected Health Information

Chapter 11 - Patient Privacy	Original Effective Date: April 2003
Section: 11.3 Individual Rights in Regard to Privacy of Protected Health Information	Date Last Reviewed: January 2023
Responsible Entity: Chief Compliance and Privacy Officer	Date Last Revised: January 2023

II. Purpose

An individual may revoke an authorization at any time, provided that the revocation is in writing. UT Health San Antonio shall not be liable for any information released in good faith prior to the revocation.

III. Scope

This policy applies to all faculty, staff, students, residents, healthcare providers, researchers, contractors, or any other individual (collectively, Workforce Member, including employees and non-employees) who has direct or indirect access to patient protected health information (PHI) created, held or maintained by any UT Health San Antonio controlled affiliate, including, but not limited to its clinics, hospitals, and research operations.

IV. Policy

A. Revocation of a Prior Authorization

1. An individual has the right to void a prior authorization to use and disclose PHI. An initial authorization form is completed with the medical record custodian. In the case of a patient requesting a revocation of a prior authorization, the [Revocation of Authorization to Release Protected Health Information form](#) will be administered by the medical record custodian. The revocation form should be used to ensure that the requirements of this section are met.
2. Once notified by the medical record custodian of the revocation, the departments or individuals are responsible for ensuring the patient's PHI is no longer subject to further use or disclosure as soon as possible.

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B. Records Retention

UT Health San Antonio must retain authorizations and revocations for a minimum of six (6) years. See Institutional Handbook of Operating Policies policy [2.2.1 Records Management](#) for guidance.

V. Definitions

Terms used in this document have the meaning set forth in the [Patient Privacy Policies Glossary](#) unless a different meaning is required by context.

VI. Related References

For questions regarding this policy, contact the Privacy Program Director at 210-567-2014 or at compliance@uthscsa.edu.

VII. Review and Approval History

The approving authority of this policy is the University Executive Committee.

Effective Date	Action Taken	Approved By	Approved Date
04/2003	Policy Origination		
02/2006	Policy Revision		
03/2013	Policy Revision		
01/2023	Policy Review	ICPO	01/04/2023