



Client Full Name _____

Client Date of Birth _____

Requestor _____

I hereby revoke permission for Ellie Mental Health to share or receive personal information from _____ . I understand that information about me/my child(ren) already in the database will remain in the system and that revoking my authorization will not change information that has already been given out or actions already taken, but the revocation will be effective as of the date this is signed. I also understand that this revocation applies only to the information specifically described in the above-referenced entity. I understand a new release of information will need to be signed if I would like my clinician to communicate with the entity above.

I understand that this revocation will become effective upon receipt of my signature.

X _____

Signature of Client/Parent/Guardian

Date