

Children's Aid and Family Services, Inc.

REVOCATION OF CONSENT AND/OR AUTHORIZATION

I am immediately revoking the following document(s) signed by me on the noted date(s), to the extent that Children's Aid and Family Services, Inc. (CAFS) has not relied upon the authorization and/or consent:

- Consent for Use/Disclosure for Treatment, Payment and/or Health Care Operations, dated: _____
- Authorization for Release of Health Information, dated: _____

Dated: _____ Signature: _____

Print Full Name: _____

If you are the legal representative of the person listed above, please check off the basis for your authority:

- Power of Attorney (attach copy)
- Guardianship Order (attach copy)
- Parent of Minor
- Other: _____

<p style="text-align: center;">For Office Use Only</p> <p>Client Id No.: _____</p> <p>Case Manager: _____</p>
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