

My written revocation must be submitted to the privacy officer at:

**Portage County Special Needs Registry
C/O Portage County 911 Dispatch Center
Attn: Katie Royer, Communications Supervisor
8240 Infirmery Road
Ravenna, Oh 44266**

Signed by:

Print Patient's Name

Date:

Signature of Patient, Parent, or Legal Guardian, if applicable Relationship to Patient

Print Name of Patient, Parent, or Legal Guardian, if applicable

Email Address: _____

Address: _____

Phone: _____

This Authorization must be returned to:

**Portage County Special Needs Registry
C/O Portage County 911 Dispatch Center
Attn: Katie Royer, Communications Supervisor
8240 Infirmery Road
Ravenna, Oh 44266
330-296-5100**

kroyer@portageco.com

No PHI will in any way be accepted, used, released, and/or disclosed until an original signed copy of this form is received and logged in by SNP Coordinator or his designee.