



Kewa Pueblo Health Corporation

P.O. BOX 340 85 W. HIGHWAY 22
SANTO DOMINGO PUEBLO, NEW MEXICO 87052
TELEPHONE (505) 465-3060 FAX (505) 465-1178

REVOKING THE RIGHTS OF THE AUTHORIZATION TO APPOINT A PERSONAL REPRESENTATIVE

Your Right to Revoke: You may revoke the right to your previous Personal Representative at any time by giving Santo Domingo Health Center a written notice to or completing a new Authorization to Appoint a Personal Representative Form authorizing new Personal Representative.

Revoke the rights to all my PHI to the person listed below:

Personal Representative Information:

_____	_____	_____
First Name	Middle	Last Name
() _____	() _____	_____
Home Phone Number	Alternative Phone	
_____	_____	_____
My Representative's Relationship to the Patient	Effective Date	

By signing this form I, _____ formally request to revoke the right to my			
Patient Printed Name			
previous Appointed Personal Representative _____.			
Personal Representative			
_____	_____	_____	_____
Patients/ Legal Guardian Signature	Patient Name (Print)	Date of Birth	Date
_____	_____		
SDHC Staff/Witness Signature	Date		

Cancellation of this authorization will not affect any action we took prior to receiving your written notification.