





I understand that I have the right to revoke this Authorization at any time by sending a written notice of revocation to the Quality Improvement Department at 1922 The Alameda San Jose CA 95126. I understand that the revocation will become effective upon receipt. I understand that any information disclosed pursuant to this Authorization before the effective date of a revocation will not be subject to the revocation.

I revoke this Consent to Release Confidential Health Information as of:

Signature:

Date