



Vanessa C. Cantu, Ph.D., LPC
 4940 Broadway Street, Ste. 136
 San Antonio, TX 78209

REVOCAION OF AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby revoke my authorization dated _____ previously given to Dr. Cantu to disclose my individually identifiable health information to:

 _____. I understand that this revocation will not affect any actions taken before the receipt of this written revocation.

Print Client Name	Date of Birth	Social Security Number
Date(s) of service (if known):		

Signature of Client or Client’s Representative	Date
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Printed Name of Client’s Representative

Relationship to Client	or	Legal Authority (attach supporting documentation)
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