



**Revocation of Release of
Information Authorization or Patient
Directed Request**

Patient Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone number: (____) _____ - _____ DOB: _____

I, _____
(Patient name or personal representative & relationship, if applicable)

wish to revoke the following authorization to release protected health information from my records held by Middlesex Health.

Authorization/Request date: ____ / ____ / ____.

I understand that by revoking the authorization or patient directed request, it will not have an effect on information used or disclosed by Middlesex Health prior to the date below.

Patient Signature: _____ Date: _____

MUST be signed by patient requesting revocation for release of health records.

Statement of Non Discrimination and Taglines

English: Middlesex Health System complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak a language other than English, are deaf or hard of hearing, language assistance services are provided free of charge. Call 1-860-358-6000 or TTY 1-860-358-4499.

Español (Spanish): Middlesex Health Systems cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-860-358-6000 TTY: 1-860-358-4499.

Polski (Polish): Middlesex Health Systems postępuje zgodnie z obowiązującymi federalnymi prawami obywatelskimi i nie dopuszcza się dyskryminacji ze względu na rasę, kolor skóry, pochodzenie, wiek, niepełnosprawność bądź płeć. UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-860-358-6000 TTY: 1-860-358-4499.

Italiano (Italian): Middlesex Health Systems è conforme a tutte le leggi federali vigenti in materia di diritti civili e non pone in essere discriminazioni sulla base di razza, colore, origine nazionale, età, disabilità o sesso. ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-860-358-6000 TTY: 1-860-358-4499.

Português (Portuguese): Middlesex Health System cumpre as leis de direitos civis federais aplicáveis e não exerce discriminação com base na raça, cor, nacionalidade, idade, deficiência ou sexo. ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-860-358-6000 TTY: 1-860-358-4499.

Français (French): Middlesex Health Systems respecte les lois fédérales en vigueur relatives aux droits civiques et ne pratique aucune discrimination basée sur la race, la couleur de peau, l'origine nationale, l'âge, le sexe ou un handicap. ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-860-358-6000 TTY: 1-860-358-4499.

繁體中文 (Chinese): Middlesex Health Systems 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-860-358-6000 TTY: 1-860-358-4499。

Kreyòl Avisyen (French Creole): Middlesex Health Systems konfòm ak lwa sou dwa sivil Federal ki aplikab yo e li pa fè diskriminasyon sou baz ras, koulè, peyi orijin, laj, enfimite oswa sèks. ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis ed pou lang ki disponib gratis pou ou. Rele 1-860-358-6000 TTY: 1-860-358-4499.

Deutsch (German): Middlesex Health Systems erfüllt geltenden bundesstaatliche Menschenrechtsgesetze und lehnt jegliche Diskriminierung aufgrund von Rasse, Hautfarbe, Herkunft, Alter, Behinderung oder Geschlecht ab. ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-860-358-6000 TTY: 1-860-358-4499.

हिंदी (Hindi): Middlesex Health Systems लागू होने योग्य संघीय नागरिक अधिकार कानून का पालन करता है और जाति, रंग, राष्ट्रीय मूल, आयु, विकलांगता, या लिंग के आधार पर भेदभाव नहीं करता है। ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-860-358-6000 TTY: 1-860-358-4499 पर कॉल करें।

Русский (Russian): Middlesex Health Systems соблюдает применимое федеральное законодательство в области гражданских прав и не допускает дискриминации по признакам расы, цвета кожи, национальной принадлежности, возраста, инвалидности или пола. ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-860-358-6000 телетайп: 1-860-358-4499.

العربية (Arabic): يلتزم Middlesex Health Systems بقوانين الحقوق المدنية الفدرالية المعمول بها ولا يميز على أساس العرق أو اللون أو الأصل الوطني أو السن أو الإعاقة أو الجنس. ملحوظة: إذا كنت تتحدث بالغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-860-358-6000 (رقم هاتف الصم والبكم: 1-860-358-4499).

Αλληνικά (Greek): Η Middlesex Health Systems συμμορφώνεται με τους ισχύοντες ομοσπονδιακούς νόμους για τα ατομικά δικαιώματα και δεν προβαίνει σε διακρίσεις με βάση τη φυλή, το χρώμα, την εθνική καταγωγή, την ηλικία, την αναπηρία ή το φύλο. ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-860-358-6000 or TTY 1-860-358-4499.

Tagalog (Tagalog - Filipino): Sumusunod ang Middlesex Health Systems sa mga naaangkop na Pederal na batas sa karapatang sibil at hindi nandiskrimina batay sa lahi, kulay, bansang pinagmulan, edad, kapansanan o kasarian. PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-860-358-6000 or TTY 1-860-358-4499.

Tiếng Việt (Vietnamese): Middlesex Health System tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính. CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-860-358-6000 TTY: 1-860-358-4499.

Shqip (Albanian): Middlesex Health Systems vepron në përputhje me ligjet e zbatueshme federale të të drejtave civile dhe nuk ushtron diskriminim mbi baza si raca, ngjyra, prejardhja etnike, moshë, aftësia e kufizuar ose gjinia. KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-860-358-6000 TTY: 1-860-358-4499.

Kiswahili (Swahili): Middlesex Health Systems ametimiza mahitaji ya sheria za serikali kuu na hana ubaguzi wakikabila, rangi, asili, umri, ilemavu ama jinsia. KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-860-358-6000 TTY: 1-860-358-4499.

فارسی (israF):

Middlesex Health Systems از قوانین حقوق مدنی فدرال مربوطه تبعیت می کند و هیچگونه تبعیضی بر اساس نژاد، رنگ پوست، اصلیت ملیتی، سن، ناتوانی یا جنسیت افراد قابل نمی شود. توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-860-358-6000 تماس بگیرید.

How to File a Complaint of Discrimination:

It is your right to file a complaint. Registering a complaint will not change our commitment to provide you the best quality of care. It is the policy of Middlesex Health not to discriminate due to age, sex, race, color, religion, sexual orientation, income, education, national origin, ancestry, marital status, culture, language, disability, gender identity, or who will pay the bill. Middlesex Health has an internal grievance procedure providing for prompt and equitable resolutions of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its' implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services.

1. Contact the Compliance Coordinator in the Quality Improvement Department at 860-358-6151. Office hours are Monday through Friday 8:30 a.m. - 4:00 p.m. When the office is closed, you may leave a voicemail, and a staff member will return your call on the next business day.
2. In situations that require immediate assistance contact the department manager or contact the hospital operator (by dialing "0" internally or when calling from home dial 860-358-6000) and ask to speak to the nursing supervisor. You may also contact the U.S Department of Health and Human Services, Office of Civil Rights. A person can file a complaint of discrimination electronically through the Office of Civil Rights Complaint Portal, which is available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail at: U.S Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination.