

Dr. David R. Winchester, D.M.D., P.C.
**Cancel Appointment of Personal Representative for Disclosure
of Healthcare Information**

This form is to cancel the appointment of a personal representative to whom you were previously instructed to disclose *all* of my healthcare and/or personal information that you maintain. Appointment of

as a personal representative is hereby revoked and all rights and privileges granted under the appointment as personal representative of patient

are hereby cancelled immediately.

Signature _____ Date _____

If this form is signed by a personal representative of the patient, please, complete the following:

Personal Representative's Name _____

Relationship to Patient _____

Mail or deliver the completed form to:

Dr. David R. Winchester
Suite 100
2500 Center Point Parkway
Center Point, AL 35215