

## Revocation declaration for the electronic patient record at Post Sanela Health Ltd (operator organisation of the Sanela reference community)

Patient details:	
Surname:	
First name:	
Date of birth:	
Gender: (male/female/other)	
Street	
Postcode and place of residence	e:
Country:	
Email address:	
Mobile phone number:	
OASI number (13 digits):	
I hereby revoke my consent to organisation of the Sanela refe	the electronic patient record held by Post Sanela Health Ltd (operator rence community).
original documents in the pract	the deletion of all documents in my EPR but not in the deletion of the tice and clinic information systems of the healthcare institutions. We d and save all documents before revoking your consent.
	ny time after a revocation. During this process, you will be assigned a new Your new EPR will not contain any documents when you set it up.
Your revocation declaration wil	ll be kept for 10 years.
Enclosure:	
☐ Copy of ID received	
Date	
Signature	
To be completed by the central	I services of the reference community:

**Post Sanela Health Ltd** 



Revocation received on (date and time)

Revocation carried out (PADM, date, signature)

Letter to patient with confirmation of revocation