

Revocation of Consent for Use and Disclosure of Personal Information

General Data Protection Regulations (GDPR) provides an individual the right to revoke a previous authorization to disclose information at any time. By completing this form, you are requesting a restriction to any further disclosures of your personal information by the FMF & AID Global Association.

I, _____

(Print your name)

hereby revoke any previous authorizations to disclose my protected personal information.

I understand that by signing below, revokes previous authorizations given to the FMF & AID Global Association to disclose my protected information.

I understand that no revocation of this consent shall be effective to prevent disclosure of records and/or communications until it is received by the person otherwise authorized to disclose records and communications.

I further understand that the revocation will only apply to further disclosures or actions regarding my personal information and cannot cancel actions or disclosures made while the disclosure was previously in effect and valid.

I will retain a copy of the revocation form for personal reference, and the original will be kept on file for the period of time designated for such retention.

Signature of Individual

Date

25-08-2018