

NH Care Connections



Sample Message NH Closed Loop Referral System (CLRS): Individual Request for Platform Consent Revocation

To Whom It May Concern:

I, **[Insert Individual's Full First Name and Full Last Name as it appears in the system]**, am submitting this message as my written revocation of my individual consent to allow the NH Closed Loop Referral System (NHCLRS) through the Unite Us platform to use, share, and store my information from this point forward. Please feel free to reach out to me directly should you need additional information to process my request (**[Insert Individual's Preferred Contact Method – Telephone and/or Email Address]**).

I understand that this revocation only applies to future use, sharing, and storage on the NHCLRS through Unite Us and that the processing of this request can take up to seven (7) business days. Additionally, personal data and information may be retained by Unite Us only as required by law.

Sincerely,

[Insert Individual's Full First Name and Full Last Name as it appears in the system]

For Sample Purposes Only:

To Whom It May Concern:

*I, **Pebbles Flintstone**, am submitting this message as my written revocation of my individual consent to allow the NH Closed Loop Referral System (NHCLRS) through the Unite Us platform to use, share, and store my information from this point forward. Please feel free to reach out to me directly should you need additional information to process my request (603-999-9999).*

I understand that this revocation only applies to future use, sharing, and storage on the NHCLRS through Unite Us and that the processing of this request can take up to seven (7) business days. Additionally, personal data and information may be retained by Unite Us only as required by law.

Sincerely,

Pebbles Flintstone

NH Care Connections



Sample Message NH Closed Loop Referral System (CLRS): Individual Request for NHDHHS Information Access Consent Revocation

To Whom It May Concern:

I, [Insert Individual's Full First Name and Full Last Name as it appears in the system], am submitting this message as my written revocation of my individual consent to allow NHDHHS access to my information shared and stored on the NH Closed Loop Referral System (NHCLRS) through the Unite Us Platform. Please feel free to reach out to me directly should you need additional information to process my request ([Insert Individual's Preferred Contact Method – Telephone and/or Email Address]).

I understand that this revocation only applies to future access and information sharing through the NHCLRS and Unite Us Platform and that the processing of this request can take up to seven (7) business days. Additionally, personal data and information may be retained by Unite Us only as required by law.

Sincerely,

[Insert Individual's Full First Name and Full Last Name as it appears in the system]

For Sample Purposes Only:

To Whom It May Concern:

I, **Pebbles Flintstone**, am submitting this message as my written revocation of my individual consent to allow NHDHHS access to my information shared and stored on the NH Closed Loop Referral System (NHCLRS) through the Unite Us Platform. Please feel free to reach out to me directly should you need additional information to process my request (**603-999-9999**).

I understand that this revocation only applies to future access and information sharing through the NHCLRS and Unite Us Platform and that the processing of this request can take up to seven (7) business days. Additionally, personal data and information may be retained by Unite Us only as required by law.

Sincerely,

Pebbles Flintstone

NH Care Connections



Sample Message NH Closed Loop Referral System (CLRS): Provider Request for Platform Consent Revocation

To Whom It May Concern:

I, [Insert Network Participating Provider Name] with [Insert Network Participating Organization Name], am submitting this message on behalf of my client, [Insert Individual's Full First Name and Full Last Name as it appears in the system], as their written revocation of their individual consent to allow the NH Closed Loop Referral System (NHCLRS) through the Unite Us platform to use, share, and store their information from this point forward. Please feel free to reach out to me directly should you need additional information to process this request ([Insert Individual's Preferred Contact Method – Telephone and/or Email Address]).

The client and I understand that this revocation only applies to future use, sharing, and storage on the NHCLRS through Unite Us and that the processing of this request can take up to seven (7) business days. Additionally, personal data and information may be retained by Unite Us only as required by law.

Sincerely,

[Insert Network Participating Provider Name]

For Sample Purposes Only:

*I, **Wilma Flintstone** with **Slate Medical Group**, am submitting this message on behalf of my client, **Barney Rubble**, as their written revocation of their individual consent to allow the NH Closed Loop Referral System (NHCLRS) through the Unite Us platform to use, share, and store their information from this point forward. Please feel free to reach out to me directly should you need additional information to process this request (603-999-9999).*

The client and I understand that this revocation only applies to future use, sharing, and storage on the NHCLRS through Unite Us and that the processing of this request can take up to seven (7) business days. Additionally, personal data and information may be retained by Unite Us only as required by law.

Sincerely,

Wilma Flintstone

NH Care Connections



Sample Message NH Closed Loop Referral System (CLRS): Provider Request for NHDHHS Information Access Consent Revocation

To Whom It May Concern:

I, [Insert Network Participating Provider Name] with [Insert Network Participating Organization Name], am submitting this message on behalf of my client, [Insert Individual's Full First Name and Full Last Name as it appears in the system], as their written revocation of their individual consent to allow NHDHHS access to their information shared and stored on the NH Closed Loop Referral System (NHCLRS) through the Unite Us Platform. Please feel free to reach out to me directly should you need additional information to process this request ([Insert Individual's Preferred Contact Method – Telephone and/or Email Address]).

The Client and I understand that this revocation only applies to future access and information sharing through the NHCLRS and Unite Us Platform and that the processing of this request can take up to seven (7) business days. Additionally, personal data and information may be retained by Unite Us only as required by law.

Sincerely,

[Insert Network Participating Provider Name]

For Sample Purposes Only:

To Whom It May Concern:

*I, **Wilma Flintstone** with **Slate Medical Group**, am submitting this message on behalf of my client, **Barney Rubble**, as their written revocation of their individual consent to allow NHDHHS access to their information shared and stored on the NH Closed Loop Referral System (NHCLRS) through the Unite Us Platform. Please feel free to reach out to me directly should you need additional information to process this request (603-999-9999).*

The Client and I understand that this revocation only applies to future access and information sharing through the NHCLRS and Unite Us Platform and that the processing of this request can take up to seven (7) business days. Additionally, personal data and information may be retained by Unite Us only as required by law.

Sincerely,

Wilma Flintstone