



State of California -
Health and Human Services Agency



California Department of Public Health

Revocation of Special Power of Attorney



Office of AIDS



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Revocation of Special Power of Attorney

I, _____, of sound, mind, and of my own free will,
hereby revoke the AIDS Drug Assistance Program (ADAP) Special Power of Attorney

dated, _____, under which, _____ was appointed to
act on my behalf for the purpose of conducting my ADAP – related affairs. I declare that the power
and authority conferred by the ADAP Special Power of Attorney is now revoked and withdrawn by me
and effective immediately.

Dated _____, at _____, CA.

Client Signature: _____

Witness Signature: _____

Witness Name Printed: _____

Address: _____

Date: _____

Important Note

The Revocation of Power of Attorney must be signed by you AND it must be presented to the agent in
order to provide evidence of your intent to revoke the ADAP Special Power of Attorney.

Because the agent must be given a copy of the Revocation, it is recommended that the Revocation
be mailed to the agent via certified mail. If you don't send the Revocation of Power of Attorney notice
by certified mail with a return receipt, you don't have proof the notice was given to the agent.
Alternately, a copy of the Revocation may be hand delivered to the agent, in which case, the agent
should sign a receipt acknowledging that the agent received the Revocation.

You should retain a copy of the Revocation of ADAP Special Power of Attorney document for your
files, as well as any evidence that the agent received the original copy of the Revocation.

Mail This Form to:

Office of AIDS, MS 7700, P.O. Box 997426, Sacramento, CA 95899-7426