MYCHART PROXY REVOCATION

SOURCE: HIM – Release of Information

Date _____

I, _____, hereby revoke MyChart proxy authorization

for, _____, effective immediately.

This includes, but is not limited to, access to receive verbal and/or written medical information on my behalf.

Please print your name and sign below.

Patient name _____ Date of birth _____

Patient signature _____ Date/time _____

This institution is an equal opportunity provider and employer.