

St. Margaret's Health-Medical Records
600 East First Street
Spring Valley, IL 61362
Fax: 815-664-1169

REVOCAION OF PROXY AUTHORIZATION

How to REVOKE your MyCare Patient Portal Authorization.

I understand that I have a right to revoke the MyCare Patient Portal Consent at any time. It is my responsibility to revoke proxy access by requesting that the proxy account be deactivated if I no longer wish this individual to access my information. I understand that the revocation will not apply to information that has already been viewed. Disclosures made in good faith may have already occurred based on my previously issued consent and that this revocation cannot apply retroactively. Please send this written revocation to the St. Margaret's Hospital Medical Records Department. The proxy access will remain in effect until your revocation has been processed. Please mail or fax to the address above.

PROXY INFORMATION: All information is required. **PLEASE PRINT CLEARLY**

Name of proxy (the person whose access you are requesting to be revoked from patient portal account).

Last name: _____	First name: _____
Proxy's email address: _____	
Proxy's date of birth: _____	Today's date: _____
Proxy's street address: _____	
Proxy's City: _____	State: _____ Zip Code: _____
Primary phone number: _____	Secondary Number : _____

The facility, its employees, officers and physicians are hereby released from any legal responsibility or liability for disclosure of the information I authorized previously.

Signature of Patient/Legal Representative: _____

Patient/Legal Representative Phone Number: () _____

Relationship to Patient*: _____ Date: _____

**Legal authority must be verified when an individual is signing on behalf of the patient.*

FOR Medical Record Use Only	
Documentation Verification:	
Court Order Custodian of Patient	
Minor : _____	
Durable Power of Attorney for Healthcare	
Conservatorship	
Date Rec'd: _____	Date Revoked: _____
Employee: _____	Date: _____

