

MyChart Proxy REVOCATION Form

MyChart is a service provided by OSF HealthCare System.

1. I am the patient. I wish to revoke Proxy access that I previously authorized as indicated below.

2. I am a proxy. I wish to revoke Proxy access that was granted to me for the patient identified below.

3. I am an adoptive parent. I wish to revoke Proxy access that was previously granted to previous parent/legal guardian.

4. I am an employee and am revoking Proxy access for the below stated reason(s):

Please enter **Patient's Information** below: (All fields are required – please **print** clearly)

Name (*last, first, middle initial*): _____

Date of Birth: _____ Gender: _____ Male _____ Female

Street Address: _____ City: _____ State: _____ Zip: _____

Proxy's Information: (All sections are required - please **print** clearly)


Name (*last, first, middle initial*): _____


Date of Birth: _____ Phone Number: _____


Street Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____

Per the agreement I signed on the Proxy access to an MyChart Account form, I submit this request to revoke the above named proxy's access to the above named patient's MyChart account. I understand it may take up to 7 days for the proxy's access to be cancelled. I further understand, if I am not the proxy, it is my responsibility to notify the proxy of this revocation. Your provider will not notify the proxy.

 _____
Requestor Print Name

 _____ / _____
Requestor Signature Date (Required)

 _____ / _____
Witness Signature (anyone other than the parent or patient may witness)
(Witness is required for options 1-3 above) Date (Required)