For internal use only:

Medical Record #_____

ROI # _____

Proxy Photo ID Verified:_____

Legal Guardianship Verified: _____

Revoke Proxy Access to Patient Portal Authorization

* This form must be completed in order to revoke proxy access to your patient portal *

Patient Name: _____ Date of Birth: _____

Address: _____City_____State_____Zip Code_____

Phone Number:_____ Email Address:_____

I request the following individual to be revoked as my Proxy in The Pediatric Center's Patient Portal.

Proxy Name: _____

Relationship to Patient_____ Date of Birth: _____

Proxy Email address _____

By signing this authorization, I am requesting The Pediatric Center and/or Boulder Community Health revoke the above named proxy from being able to access MyChart Health Services Patient Portal. I understand that this revokes my proxy online access to my personal health information. My proxy will no longer be able to view information contained within MyChart Health Services Patient Portal that I am able to view.

I understand that The Pediatric Center and/or Boulder Community Health will revoke the proxy access of this user to MyChart Health Services Patient Portal and any use of my personal patient portal.

The previously signed authorization granting Proxy Access is no longer valid and is revoked by me. I understand that this written request is necessary to revoke or cancel this authorization. However, I understand that revocation will not be effective immediately but on the next business day. I realize that the information used and/or disclosed prior to this revoked proxy authorization may be subject to re-disclosure and no longer protected by federal privacy laws.

Patient Acknowledgment

_____ _____ _____

Signature of Patient or Legal Representative (include relationship to patient) Date Time

For questions or to present forms with identification in person: The Pediatric Center, 303-442-2913, 4745 Arapahoe Ave. STE 310, Boulder, CO 80303. Monday - Friday 8:30-4:30. You can also email at frontdesk@thepediatriccenter.net

☐ Verbal permission has been obtained. Reason verbal revocation is necessary_____

Name of staff completing_____ on date _____time _____ of the revocation.

A signed/notarized Revoked Proxy form must be forwarded to BCH as soon as possible even if verbal permission has been obtained.