

MyChart Proxy Revocation Form

- In a proxy relationship, two people are involved. One of these is the person whose chart is being accessed. This person is called the **Patient**. The other is the person who needs access to medical information in order to help manage the care of another. This person is called the **Proxy**.
- Completing this form will terminate the proxy relationship previously granted. The patient chart will no longer be accessible through the proxy's MyChart record.

Patient Information (All sections required - please print clearly)

Patient Name: _____

Social Security # (last 4 digits): _____ Date of Birth: _____

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

Email: _____ Phone Number: _____

Proxy Information (All sections required - please print clearly)

Proxy Name: _____

Social Security # (last 4 digits): _____ Date of Birth: _____

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

Email: _____ Phone Number: _____

Written Revocation

By signing below I hereby revoke my authorization to grant access to all of my health and billing information in my MyChart Record to the proxy listed above. The power and authority granted to my MyChart proxy is revoked and withdrawn and this document provides notice of such revocation.

▶ **Signature of Patient:** _____ **Date:** _____**Where to send your request:**

Owensboro Health Regional Hospital
PO Box 20007
Owensboro, KY 42304-0007
Attn: Health Information Management
Fax: (270) 417-6809
Email: MyChart.Proxy@Owensborohealth.org

If you need additional help completing this form

call (270) 417-6800, Option #5