

Revoking proxy access to your medical information in the Patient Portal:

- A proxy is a person who can access your Patient Portal account information as if they were you.
- A spouse or a caregiver may be granted full access to your Patient Portal account with proxy access.
- Authorization for proxy access to an adult patient's account is valid until revoked by the patient, death, or any statutory or regulatory requirement automatically allows the authorization to expire.
- Proxy access to a minor's Patient Portal account is automatically terminated at the patient's 12th birthday.

PATIENT INFORMATION *(patient for which proxy access is being revoked)*

First Name: _____ Last Name: _____ Sex: M F

Date of Birth: _____ Last 4 Digits of your Social Security #: _____

Address: _____

Previous Names (if applicable): _____ Phone #: _____

PROXY INFORMATION *(person for whom proxy access to the Patient Portal should be revoked)*

First Name: _____ Last Name: _____ Sex: M F

Date of Birth: _____ Last 4 Digits of your Social Security #: _____

Address: _____

Previous Names (if applicable): _____

Authorization to Revoke Access to my Protected Health Information in the Patient Portal:

I authorize HaysMed and/or Pawnee Valley Community Hospital to revoke access to medical information via the Patient Portal to the designated proxy named above.

The following information applies to the Patient Portal Proxy Access Revocation. Any and all information as allowed through the Patient Portal (note: the Patient Portal may not contain your complete medical record).

- I understand that I have a right to revoke proxy access.
- I understand that the revocation will not apply to information that has already been released in response to this authorization.
- I understand that the information in my health record may include information relating to reproductive concerns, sexually transmitted infections, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse. I revoke the release of this information via the Patient Portal.
- I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact the Health Information Management Department at 785-623-5824.
- I understand this authorization must be filled out completely and signed, dated, and timed in order to be considered valid. My authorization may also be provided over the phone. Completion of this request will be completed within three (3) business days. I understand that I may be contacted by a staff member to verify this information.
- I represent that I am twelve (12) years of age or older, or legally emancipated, and have the legal authority to sign this revocation.

Signature of Patient/Authorized Person

Date/Time

Relationship to Patient

If the requestor is not the patient, please complete:

Printed Name of Revocation Requestor

Phone Number

For Office Use Only:

Verbal consent obtained via phone
by Associate: _____
Date/Time: _____

Date Completed: _____

Initials: _____