

# MyChart Proxy Revocation Form

Fill out this form to remove someone (called a revocation) that currently has access to your MyChart record. This person is called your Proxy. This form may be completed at the clinic or you can submit your completed form along with supporting legal documents if needed to:

Coal Country Community Health Center  
1312 Highway 49 North  
Beulah, ND 58523  
Fax no.: 701-639-4709

## Patient/Member:

Name (last, first, middle initial) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last 4 digits of Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

- I am the patient – Complete Person Whose Access is to be Revoked section  
 I am the legal guardian for the patient – Complete both sections below

## Person Submitting Request:

Name (last, first, middle initial) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last 4 digits of Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

## Person Whose Access is to be Revoked (taken away):

Name (last, first, middle initial) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last 4 digits of Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

## Reason for removal of access:

Explain reason for the request to take away chart access. If proxy access is revoked due to documented legal proceedings, a copy of that legal document must be provided with this request.

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## Revocation Statement:

I revoke (take away) proxy access for the (person) listed above. I understand that the health information may already have been disclosed and this revocation, if approved, only applies to future access to the patient's health information.

\_\_\_\_\_  
**Signature of Requestor**

\_\_\_\_\_  
**Date/Time**