Patient Portal Proxy Revocation Form

MerrimackHealth

The Lawrence Hospital Patient Portal is a website that provides patients with web-based access to portions of their Lawrence Hospital electronic health record. Please complete this authorization only if you would like to **revoke or cancel** proxy's access to your health information through the Lawrence Hospital Patient Portal.

PATIENT INFORMATION

PATIENT NAME: LAST, FIRST, MIDDLE INITIAL	SEX:	DATE OF BIRTH:	LAST 4 NUMBERS OF SSN:
STREET ADDRESS:	CITY:	STATE:	ZIP:
HOME PHONE:	WORK PHONE:	MOBILE:	
EMAIL ADDRESS:			

PROXY INFORMATION

I **revoke/cancel** the following individual from access to my confidential health information through the Lawrence Hospital Patient Portal:

PROXY NAME: LAST, FIRST, MIDDLE INITIAL	SEX:	DATE OF BIRTH:	LAST 4 NUMBERS OF SSN:
STREET ADDRESS:	CITY:	STATE:	ZIP:
RELATIONSHIP TO PATIENT:			

PATIENT AUTHORIZATION

By signing this authorization, I am requesting that Lawrence Hospital revoke/terminate the Proxy's access to confidential medical records of the Patient via the Patient Portal. I understand and agree (i) that this form will only terminate rights of the Proxy to access information through the Patient Portal, (ii) this form will not terminate a Proxy's rights to access information through other means if permitted by applicable law, (iii) this form will not terminate any other authorization for disclosures of information through means other than through the Patient Portal, and (iv) Lawrence Hospital may decline to honor this form if the individual executing this form is not legally authorized to do so and/or is not legally authorized to restrict access by the Proxy to information about the Patient. If I have any questions about this form, I may contact Lawrence Hospital's Health Information Management Department @ (978) 683-4000 ext. 2406.

_____

Printed name of Patient or Personal Representative

_____ **Date:** _____ **Time:** _____

Signature of Patient or Personal Representative

If signed by the individual's personal representative, state the legal authority of the representative to act on behalf of the individual: _____ Legal authority of representative verified by: _____

Return completed form to the Health Information Management Department at Lawrence Hospital, 1 General Street, Lawrence, MA 01842

LAWRENCE HOSPITAL USE ONLY

Proxy access revoked/cancelled on _____ *(date)* by _____ *(HIM staff member).*

COMPLETED FORM TO BE SCANNED TO PATIENT'S MEDICAL RECORD