



Beacon Patient Portal Consent / Proxy / Revocation

Application to enroll adult Patient or Proxy in Beacon Patient Portal OR Revoke Access

Check here if you already have a Beacon Patient Portal and are authorizing another person (proxy) you want to access your health information account.

I am requesting access to Beacon Patient Portal to access my own information

Patient Information

Patient Name (Last, First Middle): _____ Date of Birth (mm/dd/yyyy): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

If requesting access for yourself, please provide a unique email address below (Print Legibly):

Granting Access to Another Person

I would like to grant another person access to my Beacon Patient Portal and online health information.

Name of person granted access: _____ Date of Birth: _____

*Relationship to Patient: _____ Social Security Number: _____

Please provide an email address unique to this individual below (Print Legibly):

Revoking Access of Another Person

I would like to revoke someone else's access to my own Beacon Patient Portal.

Name of person who access is to be revoked: _____

*Relationship to patient: _____

Email address of the person who has access: _____

Please Sign Below

Signature of Patient or Legal Representative (Required) Date/Time: _____

Printed Name of Legal Representative, if not the Patient

Relationship to Patient

When form is completed - You may return to the HIM Department in the following ways:

In Person: At your Providers office, registration, or the Hospital Medical Records Department

Email: ReleaseOfInformation@BeaconHealthSystem.org

Fax: 574-647-1122 (ATTN: HIM)

For questions regarding enrolling in Patient Portal you may call: 574-647-7430