



## Beacon Patient Portal Revocation

Application to Remove (Revoke) Proxy Access to my Beacon Patient Portal

### Patient Information

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Removing (Revoking) Proxy Access of Another Person to my Beacon Patient Portal

**I would like to remove (revoke) my designated Proxy's (another person) access to my own Beacon Patient Portal.**

Name of Proxy/person whose access should be removed: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Email address of the Proxy/person who should be removed: \_\_\_\_\_

Access will be revoked within 2-3 business days upon the Health Information Management (HIM) Department's receipt of this completed form.

### Please Sign Below

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

\_\_\_\_\_  
Printed Name of Patient or Legal Representative

\_\_\_\_\_  
Relationship to Patient

When form is completed - You may return to the Health Information Management (HIM) Department/Medical Records in the following ways:

**In Person:** At your provider's office, Registration, or the hospital Medical Records Department

**Email:** [ReleaseOfInformation@BeaconHealthSystem.org](mailto:ReleaseOfInformation@BeaconHealthSystem.org)

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

For questions regarding enrolling in My Beacon Patient Portal, please call: 574-647-7430