



Beacon Patient Portal Revocation

Application to Remove (Revoke) 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) my Access to the Patient Portal

Remove my access to the patient portal

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

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

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