

## PATIENT PORTAL REVOCATION OF PROXY ACCESS

This Union Health Patient Portal Revocation of Proxy Access allows you to revoke portal access to your medical records by a previously authorized individual (your "Proxy"). **You must present this form along with photo identification, social security card, birth certificate, or other acceptable proof of identity in order to revoke a proxy.**

### Patient Information

Last Name	First Name	Middle	Date of birth	
Street Address		City	State	Zip Code
Phone Number			Email	

### Proxy Information

Last Name	First Name	Middle	Date of birth	
Street Address		City	State	Zip Code
Phone Number			Email	

### Patient Authorization for Consent of Proxy

**I understand that:**

I am revoking the consent previously given to the Proxy named above from having access to my Union Health Patient Portal.

### Signature Of Patient, or Authorized Person

ADULT PATIENT OR LEGAL GUARDIAN

Signature	Date
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**By entering an email address above, you consent to receiving communications from Union Health by email. Please note that Union Health cannot guarantee the security of an email transmission.**

**If you choose to use e-mail as your form of communications to Union Health, you acknowledge and agree that e-mail is not a secure form of communication, and that there is risk an unauthorized party may intercept your communication.**

**Initial Here**

**Please return your completed Revocation of Proxy Access to Union Health:**

**In Person:**

At any physician's office  
or the hospital

**By Email:**

Helpdesk@union.health