Boulder Community Health

For Internal Use:

MR#_____

Acct#/Encounter#_____

ROI# _____

Revoke Proxy Access to Patient Portal Authorization

* This form must be completed in order to revoke proxy access to your patient portal *

Patient Name: _____ Date of Birth: _____

Address:_____ City_____ State_____ Zip Code_____

Phone Number:_____ Email Address: _____

I request the following individual to be revoked as my Proxy in Boulder Community Health's Patient Portal.

Proxy Name: _____

Relationship to Patient_____ Date of Birth: _____

Proxy Email address _____

By signing this authorization, I am requesting Boulder Community Health revoke the above named proxy from being able to access MyBCH Health Services Patient Portal. I understand that this revokes my proxy online access to my personal health information. My proxy will no longer be able to view information contained within MyBCH Health Services Patient Portal that I am able to view.

I understand that Boulder Community Health will revoke the proxy access of this user to MyBCH Health Services Patient Portal and any use of my personal patient portal.

The previously signed authorization granting Proxy Access is no longer valid and is revoked by me. I understand that this written request is necessary to revoke or cancel this authorization. However, I understand that revocation will not be effective immediately but on the next business day. I realize that the information used and/or disclosed prior to this revoked proxy authorization may be subject to re-disclosure and no longer protected by federal privacy laws.

Patient Acknowledgment

_____ _____ _____

Signature of Patient or Legal Representative (include relationship to patient) Date Time

PLEASE SUBMIT PAPERWORK AND A FORM OF IDENTIFICATION – TO THE MEDICAL RECORDS DEPARTMENT AT 4990 PEARL EAST CIRCLE, SUITE 100, BOULDER, CO 80301 OR VIA EMAIL TO MYBCH@BCH.ORG

❒ Verbal permission has been obtained. Reason verbal revocation is necessary_____

Name of staff completing_____ on date_____ time_____ of the revocation.

A signed/notarized Revoked Proxy form must be forwarded to BCH as soon as possible even if verbal permission has been obtained.