

Meditech Patient Portal - Revocation of Access Consent Form

1. Patient Account Information:

Patient Name: _____ **Date of Birth:** _____
Last First M.I.

Address: _____ **Medical Record Number:** _____
Street Address City, State Zip Code (Optional)

2. Proxy Account Information (if needed):

Proxy Name: _____ **Date of Birth:** _____
Last First M.I.

Address: _____ **Phone Number:** _____
Street Address City, State Zip Code

By signing below, I am revoking (taking back) my consent for my parent-guardian/adult proxy/adolescent to have access to the relevant Meditech Portal account. This revocation may not be effective for up to 1 week from signature due to necessary processing time.

I understand the following:

- If I am an adolescent, signing this form means that my parent/guardian will not have any future access to my Meditech Portal account.
- If I am an adult and have given another adult access to my account, signing this form means that that other adult will not have any future access to my Meditech Portal account.
- If I am a parent/guardian, signing this form means that my adolescent will not have any future access to his/her own Meditech Portal account.
- In all cases, revocation applies only to electronic access within the Meditech Portal portal. I understand that such a revocation will not have any effect on any information already released to my proxy.

X _____
Signature (Required)

Date (Required)

