



THE UNIVERSITY OF KANSAS HEALTH SYSTEM

11300 Corporate Ave,
Lenexa, KS 66219

Health Information
Management Dept.

Do not write in this box



DT5207

MyChart Revocation Request

Name: _____

DOB: _____

MR# _____

MyChart Proxy Access Revocation Request

Giving Others Access to Your Medical Information in MyChart

- A proxy is a person who can access your MyChart account information as if they were you.
- A spouse or a caregiver may be granted full access to your MyChart account with Proxy Access.
- Authorization for proxy access to an adult patient's account is valid until revoked by the patient, death, or any statutory or regulatory requirement automatically allows the authorization to expire.
- Proxy access to a minor patient's MyChart account automatically terminates at the patient's 18th birthday.

1. Patient information: (Patient for which proxy access is being revoked)

Patient Name: Last _____ First _____ Birthdate (mm/dd/yyyy) _____ Gender M ___ F ___

Address _____

Previous Names _____

Primary Phone _____ Alternate Phone _____ Email _____

Primary Physician _____ Primary Practice or Clinic _____

2. Proxy information: (Person for whom proxy access to patient information should be revoked.)

Proxy Name: Last _____ First _____ Birthdate (mm/dd/yyyy) _____ Gender M ___ F ___

Address _____

Previous Names _____ Social Security #: _____ - _____ - _____

Has the proxy been patient at a KU Health System facility? _____

Proxy Relationship to patient:

___ Parent

___ Spouse

___ Durable Power of Attorney for Healthcare (DPOA) *

___ Legal Guardian *

___ Caregiver for Adult Patient

___ Other (specify) _____

**This request must be accompanied by a copy of legal paperwork verifying the relationship of the proxy to the patient.*

AUTHORIZATION TO Revoke Access to my PROTECTED HEALTH INFORMATION in MyChart:

I authorize The University of Kansas Health System to revoke access to medical information via MyChart to: The Designated Proxy named above.

The following information applies to MyChart Proxy Access Revocation: Any and all information as allowed through MyChart (Note that MyChart may not contain your complete medical record.)

- I understand that I have a right to revoke proxy access at any time through MyChart Family Access Settings.
- I understand that the revocation will not apply to information that has already been released in response to this authorization.
- I understand that the information in my health record may include information relating to reproductive concerns, sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse. I revoke the release of this information via MyChart.
- I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact The University of Kansas Health System Office of [Patient Relations at 913-588-1290](tel:913-588-1290).
- I understand this authorization must be filled out completely and signed and dated in order to be considered valid, and deactivation of the MyChart Proxy access feature must occur within sixty days from the date of this authorization.
- I represent that I am 14 years of age or older, or legally emancipated, and have the legal authority to sign this revocation.

Signature of Patient/Authorized Person

Relationship to Patient
(parent, guardian, power of attorney, etc.)

____/____/____
Date

Printed Name of Revocation Requester

Primary Phone

Alternate Phone

Email

Mail, Fax, or Email completed form and required documentation to: The University of Kansas Health System-Health Information Management Dept.

11300 Corporate Ave, Lenexa, KS 66219 Fax: 913-588-2495 Email: MyChart@kumc.edu