

## **MyChart Proxy Deactivation Request**

<u>Patient Information</u> (patient for w	hom MyChart proxy deactivation is r	equested)
First Name	Middle Name	Last Name
Date of Birth	Previous or Other Names Used	
Street Address		
City	State	Zip Code
<u>Proxy Information</u> (person to who	m you no longer authorize VMC to re	elease MyChart record)
First Name	Middle Name	Last Name
Date of Birth	Previous or Other Names Used	
Relationship to Patient		
E-Mail		
Street Address		
	State	Zip Code



## **Terms and Conditions**

- 1. I understand that if I revoke or cancel this authorization, my designated proxy's access to my MyChart record will end. I also understand my revocation/cancellation will not affect any disclosures that were made prior to processing the revocation.
- 2. If neither Federal nor Washington State privacy law apply to the proxy, I understand that the information disclosed prior to this deactivation may be re-disclosed by the proxy and no longer protected by Federal or Washington State privacy laws.

Print Name (patient)
Signature
Date