

REVOKE PROXY ACCESS TO THE ASQUAM MYPATIENT PORTAL

Attach Patient
Identification Sticker

The myPatient Portal is a product of Asquam, LLC; a community health collaborative comprised of Lakes Region General Hospital; Speare Memorial Hospital; Franklin Regional Hospital and associated medical practices.

Patient Name: _____ Date of Birth: _____

I request the following individual to be revoked as my Proxy in the Asquam myPatient Portal.

Name (Please Print): _____

Mailing Address: _____

Email: _____

By signing this authorization, I am requesting (*Hospital Name*) _____
revoke the above named proxy from being able to access to myPatient 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 myPatient Portal that I am able to view.

The previously signed authorization granting Proxy Access is no longer valid and is revoked by me.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 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. I, in no way hold (*Hospital Name*) _____
responsible for any information obtained by this proxy prior to revoking authorization.

Date

Time

Patient's Signature

Office Use Only

Type of Identification verification of individual signing authorizing release of information: (attach copy)

☐ Driver's license

☐ DMV Identification

☐ Picture ID:

Date

Time

Signature of person releasing information

