



Revocation Proxy Form

To revoke proxy access from patient portal, please complete this form.

Completing this section will remove proxy access to view all medical information within the patient's portal MyHealth@MorrisHospital.

Revocation of Parent Access

Printed Name of Proxy: _____ Date: _____

Relationship to Patient: _____

Printed Name of Patient: _____

Signature of Patient: _____ Date: _____

Please return this form using one of the following methods:

Email: myhealthmedicalrecords@morrishospital.org

Mail: Morris Hospital & Healthcare Centers (Attn: Medical Records) 150 W. High St Morris, IL 60450

Fax: Morris Hospital Medical Record Department Secure Fax 815-942-3203

Office Use Only:

MR# or DD# _____

Release Completion Date: _____

By : _____ (mnemonic)