

MyChart Proxy Revocation Form

Fill out this form to remove someone (called a revocation) that currently has access to your MyChart record. This person is called your Proxy. This form may be completed at the clinic or you can submit your completed form along with supporting legal documents if needed to:

Sanford Business Center, Route 5228
2200 E Benson Road
Sioux Falls, SD 57104
Fax no.: (605) 705-2771
Email: ROIProxyMySanfordChart@SanfordHealth.org

Patient/Member:

Name (last, first, middle initial) _____ Date of Birth _____

Last 4 digits of Social Security Number: _____ Phone Number: _____

Email: _____

- I am the patient – Complete Person Whose Access is to be Revoked section
 I am the legal guardian for the patient – Complete both sections below

Person Submitting Request:

Name (last, first, middle initial) _____ Date of Birth _____

Last 4 digits of Social Security Number: _____ Phone Number: _____

Email: _____ Relationship to Patient: _____

Person Whose Access is to be Revoked (taken away):

Name (last, first, middle initial) _____ Date of Birth _____

Last 4 digits of Social Security Number: _____ Phone Number: _____

Email: _____ Relationship to Patient: _____

Reason for removal of access:

Explain reason for the request to take away chart access. If proxy access is revoked due to documented legal proceedings, a copy of that legal document must be provided with this request.

Revocation Statement:

I revoke (take away) proxy access for the (person) listed above. I understand that the health information may already have been disclosed and this revocation, if approved, only applies to future access to the patient's health information.

Signature of Requestor

Date/Time