Augusta Health Patient Portal Revocation Form

Remove (Revoke) Proxy Access to my Augusta Health Hospital Patient Portal

Patient Information

Patient Name (Last, First Middle): _____   Date of Birth: _____

Street Address: _____

City: _____   State: _____   Zip Code: _____   Phone Number: _____

Removing (Revoking) Proxy Access of Another Person to my Augusta Health Hospital Patient Portal

I would like to remove (revoke) my designated Proxy's (another person) access to my own Augusta Health Hospital Patient Portal.

Name of Proxy/person whose access should be removed: _____

Relationship to patient: _____

Email address of the Proxy/person who should be removed: _____

Access will be revoked within 3-5 business days upon the Health Information Management (HIM) Department's receipt of this completed form.

Signature of Patient or Legal Representative: _____ Date: _____

When form is completed - You may return to the Health Information Management (HIM) Department/Medical Records in the following ways:
Email: Medicalrecords@augustahealth.com **Fax:** 540-213-2725 (ATTN: HIM)
For questions regarding enrolling in Augusta Health Patient Portal, please call: 540-943-6924

Completed Form will be scanned into patient medical record.

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