

Patient Portal Revocation Form

Use this form to remove a caregiver or family member's access to your Patient Portal. Upon completion, take this form along with your photo ID to the medical records department at Pleasant Valley Hospital. The medical records department is open Monday through Friday from 8:00 a.m. to 3:30 p.m. The department is located on the ground floor of the hospital.

| Revoking Proxy Access | | |
|---|------------------------------------|----|
| | Yes | No |
| Would you like to REVOKE someone else's access to your patient portal account? (please check the appropriate box) | | |
| Proxy Name: | Relationship to patient | |
| | | |
| E-mail address of the person who has proxy access (please print legibly): | | |
| | | |
| By signing below, I confirm that I have read, understand and agree to comply with the procedures and guidelines for using the patient portal. | | |
| Signature of patient/authorized person (required): | Date signed (required): MM/DD/YYYY | |

Pleasant Valley Hospital Medical Records 2520 Valley Drive Point Pleasant, WV 25550