

PROXY REVOCATION REQUEST

Please complete the following information to revoke authorization of designated proxy's access to your MyChart account at Duly Health and Care (Duly).

Please email completed forms to mydmghealth@duly.com.

Patient Information		
Name (last, first, middle initial):		
Date of Birth:	Phone Number:	
Email Address:		
Street Address:		
City:	State:	Zip:
Ducus Information		
Proxy Information		
Name (last, first, middle initial):		
Date of Birth:	Phone Number:	
Email Address:		
Street Address:		
City:	State:	Zip:

MyChart Terms and Agreement

- Access to MyChart and proxy designation is provided by Duly as a convenience and is completely voluntary; Duly does not condition health care treatment or payment on its use.
- If I share my username and password with another person, that person may be able to view my health information, as well as information of those to which I have proxy access.
- It is my responsibility to select a confidential password, to maintain my password in a secure manner, and to change my password if I believe it may have been compromised in any way.
- MyChart contains limited information and does not reflect the complete contents of the patient's medical record.
- My activities within MyChart may be tracked and may become part of my medical record.
- Duly has the right to deactivate my access to MyChart at any time for any reason.
- Duly and its medical groups: DuPage Medical Group and The South Bend Clinic jointly provide MyChart to improve my coordination of and access to care.
- Information obtained through MyChart and re-disclosed by a designated proxy may not be covered by HIPAA.
- I may restore authorization at any time by providing a written request.
- Revocations will not affect disclosures made prior to processing the request.

By signing below, I acknowledge that I have read and understand the above statements.