



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).

Fax completed forms to 630-324-2933, e-mail to mydmghealth@dulyhealthandcare.com, or mail to Duly Health and Care, ATTN: HIM, 1100 W. 31st St., Downers Grove, IL 60515

Patient Information

Name (last, first, middle initial): _____

Date of Birth: _____ Phone Number: _____

Email Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

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 my 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.
- 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.

_____/_____/_____
 Signature of Patient or Legal Representative Relationship to Patient Date