



MyChart Deactivation Request Form

I wish to deactivate my MyChart account. I wish to deactivate ONLY my proxy's access to my MyChart account.

Patient Information: *(All sections required – please print clearly)*

Name *(last, first, middle initial)* _____

Medical Record Number (MRN) _____ Date of Birth: _____

Street Address: _____ City: _____

Province: _____ Postal Code: _____

Reason for deactivating account: _____

Deactivate Proxy Access ONLY:

I am requesting **ONLY to deactivate the following persons (proxy) access** to my personal information in MyChart, but to keep my personal access. I understand that this person will no longer have access to my MyChart account. *(Include both first and last name of person you wish to remove).*

Where I am deactivating my MyChart account:

- I understand that MyChart account will be deactivated within 10 days from receipt of this request form.
- I understand that any MyChart proxy access to my account will also be deactivated with my MyChart account.
- I understand that I will need to complete the activation request form if I wish to re-enroll in MyChart.

Where I am deactivating ONLY my proxy's access to my MyChart Account:

- I understand that the MyChart account of the proxy named above will be deactivated within 10 days from receipt of this request form.
- I understand that I will need to complete a new proxy designation if I wish to reactivate access to my MyChart account for the proxy named above.

By signing below, I acknowledge that I have read and understand this MyChart Deactivation Form and I agree to its terms

Signature of Patient (or authorized person)

Date

Complete and return to CHEO's Health Records Department:

Mail to: Children's Hospital of Eastern Ontario **Fax:** 613-738-4855 **Email:** mychart@cheo.on.ca
 Attn: Health Records Department
 401 Smyth Road Ottawa, Ontario K1H 8L1

HEALTH RECORDS USE ONLY: Completed By: _____ **Date:** _____