

Instructions for Completing this Form:

To inactivate access to your health information using MyChart you must complete the following steps:

1. Complete the Inactivation Form
2. Mail the completed form to the following address:
Health Information Management
ProHealth Care, Inc.
N17 W24100 Riverwood Drive
Waukesha, WI 53188

Or Fax to: 262-544-9489

Your Information: (please print clearly)

E-Mail Address: _____

Name (last, first, middle initial): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone Number: _____

Reason for Inactivating Account: _____

Terms:

I understand that MyChart account will be inactivated within 30 days.

I understand that all MyChart proxy access to my account will also be inactivated.

I understand that I will need to complete the enrollment process if I wish to re-enroll in MyChart.

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

Signature of Patient/Legal Representative: _____

Relationship to Patient: _____

Date: _____



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