Whitman Hospital and Medical Center
Patient Portal Proxy Access
Revocation Form

<table>
<tr><td colspan="3">Patient Information (Patient to which proxy access is required)</td></tr>
<tr><td>Patient Name:</td><td colspan="2">Birth Date:</td></tr>
<tr><td colspan="3">Full Mailing Address:</td></tr>
<tr><td>E-mail Address Unique to Patient (Please print legibly):</td><td colspan="2">Phone Number for Patient:</td></tr>
<tr><td colspan="3">Revoking Proxy Access</td></tr>
<tr><td rowspan="2">Would you like to REVOKE someone else's access to your patient portal account? (Please check appropriate box)</td><td>Yes</td><td>No</td></tr>
<tr><td></td><td></td></tr>
<tr><td>Proxy Name:</td><td colspan="2">Relationship to Patient:</td></tr>
<tr><td colspan="3">E-mail Address of the Person who has Proxy Access (Please print legibly):</td></tr>
<tr><td colspan="3">By signing below, I confirm that I have read, understand, and agree to comply with the procedures and guidelines for using the Patient Portal.</td></tr>
<tr><td>Signature of Patient/Authorized Person (Required):</td><td colspan="2">Date Signed (Required): MM/DD/YYYY</td></tr>
</table>

Revocation Form can be Mailed/Delivered in Person to:
Whitman Hospital and Medical Center
Department of Health Information Management
1200 West Fairview
Colfax, WA 99111