

**PORTAL USER TERMINATION REQUEST
HEALTH PORTAL**

- 1) Patient/Legal Representative should complete the below Health Portal User Termination Request. Legal representatives may be asked to show legal documentation for verification.
- 2) Return this Request and a copy of the patient/legal representative photo identification (drivers license, passport, etc) to:

Email:
HIMPORTAL@bmcf.com

Fax:
214.407.5389

Mail:
Baylor Scott & White Medical
Center - Frisco
Attention: HIM Dept – Portal
5601 Warren Parkway
Frisco, TX 75034

- 3) When termination is complete, an email will be sent to the email address you provided in this Request.

HEALTH PORTAL USER TERMINATION REQUEST

Patient Name: _____

Patient Date of Birth: _____

Medical Record Number: _____

Phone: _____

Email: _____

By signing this form, I am requesting that the following access to my protected health information on the Baylor Scott & White Medical Center - Frisco health portal be terminated for:

- myself
- my designated proxy user

Proxy Name: _____

Date of Birth: _____

I understand that notification to the proxy user of termination of access will be provided by me. Baylor Scott & White Medical Center - Frisco will not provide notification to the proxy user.

Signature of Patient: _____

Date of Signature: _____

HIM Use Only

- Photo ID included with request Signature verified in medical record
- Proof of legal representation Termination complete on _____ by _____
- Email sent to patient on _____ by _____

PATIENT PORTAL