



Rutland Regional Medical Center

An Affiliate of Rutland Regional Health Services

Revocation of Proxy for My RRMHC Health Site Patient Portal Access

I request proxy access to my patient portal account be terminated as of _____.

Patient Signature: _____ Date: _____

Patient Name (Print): _____

DOB: _____

MRN: _____

Patient Access

Termination request was submitted to Cerner.

Help Desk notified on _____ by _____

Messaging was inactivated in aliases on _____ by _____