

**REVOCATION OF CONSENT FOR LABORATORY TEST RESULTS  
TO BE INCLUDED IN THE HOAG MEMORIAL HOSPITAL PRESBYTERIAN PATIENT PORTAL**

Please complete, sign, and return this form ONLY if you changed your mind and you DO NOT want access to your laboratory test results through the Hoag Memorial Hospital Presbyterian Patient Portal (Patient Portal). Once completed, please return this form to:

**Hoag Memorial Hospital Presbyterian  
Attn: Medical Records/Release of Information  
One Hoag Drive  
Newport Beach, CA 92658**

By signing this form, I understand that I will not be able to access any of my laboratory test results through the Patient Portal after Hoag Memorial Hospital Presbyterian receives and processes this form, but that I may always obtain access to my laboratory test results by contacting the health care provider that ordered the test.

I understand that signing this form will not prevent me from getting services or benefits at Hoag Memorial Hospital Presbyterian or at any of its affiliates.

I understand that I may change my mind at any time and regain access to my laboratory test results through the Patient Portal by completing, signing, and returning a Request and Consent for Laboratory Test Results to be Included in the Hoag Memorial Hospital Presbyterian Patient Portal form. To receive a Request and Consent for Laboratory Test Results to be Included in the Hoag Memorial Hospital Presbyterian Patient Portal form or if you have questions related to this Revocation, please contact the MyHealth at Hoag support center at 800-701-HOAG (4624) for instructions on revoking this request and consent.

\_\_\_\_\_  
Print Patient Name (First & Last Name)

\_\_\_\_\_  
Patient Date of Birth

\_\_\_\_\_  
Patient/Legal Representative/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
A.M./P.M.

If signed by other than patient, indicate legal relationship to patient: \_\_\_\_\_

*A copy of this Revocation will be provided to me upon request.*

<http://myhealth.hoag.org>

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PS 2008

04/21/14



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