



## Crossover Health Proxy Access Revocation Form

**WHAT IS A PARENTAL PROXY:** An individual who has been granted permission to have access to their minor patient's health records via the Crossover Health Platform.

### MINOR PATIENT'S INFORMATION:

Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: \_\_\_\_\_

Address (only enter address if different than Parental Proxy's address): \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### PARENTAL PROXY'S INFORMATION:

Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: \_\_\_\_\_ Relationship: \_\_\_\_\_

**REVOCAION:** This proxy access request is voluntary. The minor patient and/or the parent may revoke proxy access at any time. Crossover Health reserves the right to deactivate access to the platform at any time. Unless otherwise expired, or ended by revocation, this proxy access will not expire unless the relationship between the legal guardian and the minor patient changes.

By signing below, I confirm the accuracy of the information provided and I hereby submit a formal written request to revoke this proxy access.

Minor Signature: \_\_\_\_\_ Date: \_\_\_\_\_