



# myClinicalLabs Proxy Cancellation Form

## 1. Patient Information

Legal Name (First M.I. Last)

Address

City

State

ZIP code

myClinicalLabs ID (e.g. HILAAA0000)

Date of Birth (mm/dd/yyyy)

Phone

I request Clinical Labs of Hawaii revoke (cancel) the proxy access authorization I have on file in myClinicalLabs patient portal, which permits the person named below to access my personal and health information.

Proxy Legal Name (First M.I. Last)

## 2. Signature required

I understand that signing and submitting this form will end my previous authorization to release information. I understand that this revocation will be effective 10 days after Clinical Labs of Hawaii receives it. This revocation will not be effective for information that Clinical Labs of Hawaii discloses between the time that the Authorization is signed and when the revocation is complete. I understand that redisclosure of any information released prior to this revocation may have already occurred or may occur in the future without my knowledge or consent; therefore, the privacy of my personal and health information may no longer be protected by law.

Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_

Printed Name:

\_\_\_\_\_

Relationship to Patient:  Self  Parent / Legal Guardian  Personal Representative  Patient Designee

## 3. Instructions

**Step 1** Please print this fully completed **myClinicalLabs Proxy Cancellation Form** for your cancellation request.

**Step 2** Send this **myClinicalLabs Proxy Cancellation Form** for your cancellation request to Clinical Laboratories of Hawaii:

- By Regular Mail  
Client Services  
Clinical Labs of Hawaii  
99-193 Aiea Heights Dr  
Aiea, HI 96701

- By Fax  
(808) 677-3970

- By Email  
[Client.Service@hawaiilabs.com](mailto:Client.Service@hawaiilabs.com)

**Note:** Unencrypted email is not a secure form of communication and there is some risk that individually identifiable health information or other sensitive or confidential information contained in such an email may be misdirected, disclosed to or intercepted by unauthorized third parties

Cancellation requests will be effective 10 days after they have been received by Clinical Labs of Hawaii.