

VALLEY | CITIES

Behavioral Healthcare

Client Portal Proxy Revocation

To remove proxy access on your Client Portal account, please fill out and sign this form.

Client Information:

Name (last, first, middle initial): _____

Date of Birth: _____ Phone Number: _____

Email Address: _____

Proxy Information:

Name (last, first, middle initial): _____

Date of Birth: _____ Phone Number: _____

Email Address: _____

Signature:

By filling out and signing this form, you acknowledge that you no longer want the individual(s) (a "proxy") listed above to retain access to your Client Portal account. Within 1 business day of the date this form is signed, the current proxy on your account will have their access permanently revoked, unless at a future time you re-authorize access.

Client Signature

Date

Submit this completed form to Valley Cities in one of the following three methods:

1. Turn this form into the front desk or a member of your care team.
2. Send paper copy along with copy of identification via mail to: Valley Cities, Attn: Business Intelligence Department, 325 W. Gowe Street, Kent WA, 98032.
3. Scan and email the completed form and copy of identification to Valley Cities at clientportal@valleycities.org

[Staff Use Only] VC Client ID: _____