KOSSUTH REGIONAL HEALTH CENTER
An Affiliate of MERCYONE

Patient Portal Designation Form – English

Updated: 9-2026

You can designate one or more individuals to have access to your patient portal account at Kossuth Regional Health Center. Designees can view your medical record, medical bills and appointments in the portal. The portal also allows the ability for the designee to schedule appointments and communicate with KRHC staff on your behalf.

Patient Information:

Patient Name: _____
First name *Middle Initial* *Last Name*

Date of Birth: _____ Phone number: _____

Address: _____
Street Address *City* *State* *Zip Code*

Below is the person I would like to designate to have access to my patient portal.

Designee Name: _____
First name *Middle Initial* *Last Name*

Date of Birth: _____ Phone number: _____

Relationship to Patient: _____ Email Address: _____

**Any additional proxy designees will have to fill out a separate form.*

Please keep in mind this security question should apply to the patient name listed above, not the designee. Choose one of the security questions below. You will use this for secure access to your account.

	Last four digits of Social Security Number.	Security Answer:
	Year you got married.	
	Year you graduated high school.	
	Year your father was born.	
	Year your mother graduated high school.	
	Year your mother was born.	
	Your postal code.	

FOR MINORS BETWEEN AGES OF 12 AND 18: By signing below, I attest that I understand the designees have access to my patient portal and information within that account. I understand that this designation will be in effect until I turn age 18 and access is automatically revoked, or until I revoke this request in writing and Kossuth Regional Health Center has received the written request.

FOR INDIVIDUALS AGE 18 AND ABOVE: By signing below, I attest that I understand the designees have access to my patient portal and the information within that account. I understand that this designation will be in effect until I revoke this request in writing and Kossuth Regional Health Center has received the written request.

Patient Signature: _____ **Date:** _____ **Time:** _____

KRHC Witness: _____ **Date:** _____ **Time:** _____

For KRHC Internal Use Only

Date Received: _____

Received by: _____

- ☐ Sent Invite to Patient
- ☐ Confirmed patient receipt of invite
- ☐ Enter as designation of personal representative
- ☐ Sent to scanning
- ☐ Missing Info—Did not send invite

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REVOCATION OF DESIGNEE

I hereby revoke designation of my Kossuth Regional Health Center patient portal to the individual named below. I understand this revocation is in effect going forward and does not prevent this individual from using or disclosing information obtained during the time she/he served as my designee.

Patient Signature: _____ Date: _____ Time: _____

KRHC Witness: _____ Date: _____ Time: _____

Designee to remove: _____

Email to remove: _____

For KRHC Internal Use Only for Revocation	Date Received: _____ Received by: _____	☐ Removed from chart ☐ Sent to scanning