

## MyChart Access Agreement

We are pleased to offer you access to MyChart, an easy-to-use Internet service that provides you quick and secure online access to your clinic health information from anywhere at any time. We are pleased to offer this service to our adult patients, 18 and older. If you have questions about filling out this form, please contact your clinic.

After we receive your completed and signed access agreement, you will be provided your setup instructions, which include a unique access code and a step-by-step activation guide.

**You must provide a valid Social Security Number, e-mail address and must be a registered patient at your clinic in order to obtain access to MyChart.**

### Your information: (Please Print Clearly)

Your name: \_\_\_\_\_

Previous names you have used: \_\_\_\_\_

Last 4 Digits of Social Security Number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

### Access to Protected Health Information

- I understand and agree that access to MyChart is subject to the MyChart Terms and Conditions.
- I understand that for all medical emergencies, I need to immediately dial 911
- I am requesting access to MyChart for personal use only.
- I understand that the medical information included in MyChart may include medical information considered very personal, including information about sexually transmitted and other communicable diseases, drug and alcohol abuse, HIV/AIDS, and mental health services. My health care provider, its employees, officers and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.
- I understand that this authorization will continue until revoked. I may revoke this agreement by written request at any time by contacting my provider.
- I understand that the revocation will not apply to the information that has already been released in response to this agreement.
- I understand that failure to comply with the terms and conditions of use for MyChart may result in the termination of MyChart access privileges.
- I understand that my health care provider will not condition my treatment on my signing this agreement.
- I understand this agreement must be filled out completely and signed and dated. A copy that has not been altered will be considered as valid as the original.
- By signing below, I acknowledge that I have read and understand this agreement and I agree to its terms.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date