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.

Your information: (Please Print Clearly)

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 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 Inform	ation
 Conditions. I understand that for all medical of a law requesting access to MyCh. I understand that the medical informal considered very personal, includ communicable diseases, drug ar health care provider, its employer responsibility or liability for disclosauthorized herein. I understand that this authorization written request at any time by considered that the revocation in response to this agreement. I understand that failure to compinate termination of MyChart access agreement. I understand that my health care agreement. I understand this agreement must has not been altered will be considered. 	ormation included in MyChart may include medical information ing information about sexually transmitted and other and alcohol abuse, HIV/AIDS, and mental health services. My sees, officers and physicians are hereby released from any legal osure of the above information to the extent indicated and on will continue until revoked. I may revoke this agreement by intacting my provider. will not apply to the information that has already been released by with the terms and conditions of use for MyChart may result cess privileges. The provider will not condition my treatment on my signing this set be filled out completely and signed and dated. A copy that

Access to a Child's MyChart Account (PROXY Access)

A proxy must have a MyChart account of his/her own to have access to the child's MyChart.

- If your child is between the ages of 0-12: You may be granted full authority by proxy to access your child's MyChart information.
- If your child is age 13 and older: You cannot be granted access to your child's MyChart information.

These age ranges comply with state regulations designed to protect the privacy of minors who seek testing or treatment for certain medical conditions such as pregnancy, alcohol and/or drug abuse, certain mental health care services and sexually transmitted diseases.

- Parents or guardians of children under the age of 13 must complete the enrollment process in
 person. Birth or adoptive parents must present photo identification and sign this form
 acknowledging that they have a right to the child's health care information. If you are not the
 birth or adoptive parent of the child, you must present legal paperwork (such as a court order or
 medical power of attorney) proving that you are the legally recognized caregiver for the child.
- Each parent needs to fill out his or her own form to gain proxy access to their child's MyChart.
- If you wish proxy access for more than one child, please request a separate form for each child.
- Authorization for proxy access to a child's account is valid until the child turns 13.
- For further information on access to your child's medical records please contact your child's provider.

Child's Name	Birth Date
Previous Names	
Your Name	
Relationship to child	