

Thank you for your interest in MyChart®, an easy-to-use Internet tool that provides you quick and secure on-line access to your health information from anywhere at anytime.

Instructions for completing this form

To sign up for access to your health information in MyChart, please complete this sign-up form and return it to the address shown below. If you would like access to your child or another adult's MyChart information, please ask your clinic for the appropriate forms or download them from <https://mychartweb.com>

Return all forms to: MyChart Services or fax 612-262-1424

Mail Route 10607
2925 Chicago Avenue
Minneapolis, MN 55407

Your information: (all sections required – please print clearly)

Name (last, first, middle initial) _____

Last 4 digits SSN: _____ Date of birth: _____

Street address: _____ City: _____ State: _____ Zip: _____

E-mail address: _____ Phone number: _____

Check the box next to the organization that provides your primary care (select one):

- Allina Health Baldwin Area Medical Center Cuyuna Regional Medical Center FirstLight Health System
 Glencoe Regional Health Services Grand Itasca Clinic & Hospital Hutchinson Health
 River's Edge Hospital & Clinic St. Croix Regional Medical Center United Family Medicine The Urgency Room

MyChart terms and agreement

- I understand that MyChart is intended as a secure online source of confidential medical information. If I share my MyChart ID and password with another person, that person may be able to view my or my child's health information, and health information about someone who has authorized me as a MyChart proxy.
- I agree that it is my responsibility to select a confidential password, to maintain my password in a secure manner, and to change my password if I believe confidentiality may have been compromised in any way.
- I understand that it is my responsibility to ensure that my e-mail address is current at all times, and that if my e-mail address is not current I will not receive important messages from MyChart.
- I understand that MyChart contains selected, limited medical information from a patient's medical record and that MyChart does not reflect the complete contents of the medical record. I also understand that a paper copy of a patient's medical record may be requested from the patient's clinic.
- I understand that my activities within MyChart may be tracked electronically and that entries I make may become part of the medical record.
- I understand that access to MyChart is provided as a convenience to patients and that MyChart Services has the right to end access to MyChart at any time, for any reason.
- I understand that my use of MyChart is voluntary and I am not required to use MyChart or to authorize a MyChart proxy.



Signature of patient/authorized person

Relationship to patient

Date (required)