MyChart   Sign-up form

To sign up for access to your health information in MyChart, please complete this form and return it to the address shown below. If you would like access to your child's or another adult's MyChart information, please download them from www.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: _____

Email address: _____ Phone number: _____

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

☐ Allina Health   ☐ Cuyuna Regional Medical Center   ☐ FirstLight Health System
☐ Glencoe Regional Health Services   ☐ Hutchinson Health   ☐ River's Edge Hospital & Clinic
☐ Riverwood Healthcare Center   ☐ St. Croix Regional Medical Center   ☐ United Family Medicine
☐ The Urgency Room   ☐ Western Wisconsin Health/Baldwin Area Medical Center

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MyChart terms and agreement

- I understand that MyChart is intended as a secure online source of confidential health information. If I share my username 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 email address is current at all times, and that if my email 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 health record and that MyChart does not reflect the complete contents of the health record. I also understand that a paper copy of a patient's health record may be requested.

- 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.

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Signature of patient/authorized person   Relationship to patient   Date *(required)*