



MyChart Request Form

MyChart Request Form



IDN1510336

Patient Name: _____

Date of Birth: _____

Medical Record #: _____

Place Patient Label

Thank you for your interest in MyChart, an easy-to-use online tool that provides quick and secure online access to your Rush health information from anywhere at any time.

Instructions for Completing This Form

To request access to your health information in MyChart, please complete this form and either return it to your doctor's office, or the Rush Health Information Management Office via an email to mychartrequest@rush.edu, fax to (312) 942-5549, or mail to the following address: Rush Health Information Management Office, MyChart Request, 1611 W. Harrison St., L1 – Suite 001, Chicago, IL 60612.

Once this form is received, your MyChart activation code will be delivered to you by mail or email. To receive your activation code by email, check the box at the bottom of this form and provide a valid email address. Use the activation code to sign up for MyChart at mychart.rush.edu.

If you would like online access to your child (under 12) or another adult's health information, please ask your doctor's office for the appropriate MyChart Proxy Request Form or download it at mychart.rush.edu/resources.

Your Information (All sections required – please print clearly.)

This section should be completed by the individual requesting access to their MyChart record.

Name (Last, First, Middle Initial): _____ Date of Birth: _____

Email Address: _____ Street Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

MyChart Terms and Agreement

I understand that MyChart is intended as a secure online source of confidential medical information. If I share my MyChart username and password with another person, that person may be able to view all of my available health information, 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 protect my password, and to change my password if I believe it may have been compromised in any way.

I understand that MyChart may contain selected, limited information from my medical record, which may include test results and records related to **genetic testing, genetic counseling, drugs and alcohol, HIV, mental health and developmental disability**. I also understand that MyChart does not reflect the complete contents of my medical record and that a paper copy of my medical record may be requested from Rush.

I understand that my activities within MyChart may be tracked by a computer audit and that entries I make may become part of my medical record. I understand that access to MyChart is provided by Rush as a convenience to its patients and that Rush has the right to deactivate access to MyChart at any time for any reason. I understand that use of MyChart is voluntary and I am not required to use MyChart or to authorize a MyChart proxy. I understand that I can revoke proxy access to my health information at any time by accessing the MyChart website.

The full MyChart Terms and Conditions can be found at mychart.rush.edu.

By signing below, I acknowledge that I have read and understand this MyChart Request Form and agree to its terms.

Signature of Patient: _____ **Date:** _____

If you would prefer your activation code delivered to a personal email account, provide the address below.

Email address: _____ Initials: _____