

Thank you for your interest in MyChart, an easy-to-use online tool that provides you quick and secure online access to your Edward Hospital & Health Services 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 your clinic or to the address shown below. If you would like access to your child or another adult's MyChart information, please ask your physician's office for the appropriate forms or download them from **mychart.edward.org**.

Please return forms to your clinic or physicians office or to Edward HIM/Medical Records Department, 801 S. Washington Street, Naperville, IL 60540 or fax to 630-646-3802.

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

Name (last, first, middle initial) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last 4 Digits of Social Security Number \_\_\_\_\_ Email \_\_\_\_\_  
Patient's full SSN must be on file with Edward to activate a MyChart account

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Primary Physician \_\_\_\_\_

### 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 it may have been compromised in any way.
- 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 by computer audit and that entries I make may become part of the patient's medical record.
- I understand that access to MyChart is provided by Edward Hospital & Health Services as a convenience to its patients and that Edward Hospital & Health Services 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 even though I may only be a patient of DuPage Medical Group or Edward Hospital & Health Services, my health information will be shared with the other provider as both providers jointly share MyChart.
- By signing below, I acknowledge that I have read and understand this MyChart Sign-Up Form and I agree to its terms.

► \_\_\_\_\_ / \_\_\_\_\_  
**Signature of Patient** **Date (Required)**

