

Adult Registration Form

(18 years or older)

Thank you for your interest in MyChart®, an easy-to-use Internet tool that provides you quick and secure online access to your Austin Regional Clinic health information from anywhere at any time. Follow the 3 easy steps below:

1. Complete Form

YOUR INFORMATION: *ALL FIELDS REQUIRED*** Please print clearly.**

Last Name: _____ First Name: _____ Middle Initial: _____
ARC Medical Record Number **(acquire at clinic)**: _____ Date of Birth: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Email Address: _____ Best Phone Number: _____
Primary Clinic: _____

To Access your child or another adult's MyChart information, ask your clinic for the appropriate forms or download them from <http://bit.ly/MyChartForms>.

2. Affirm Your Identity

I hereby affirm I am the patient identified above. I understand that I may be subject to penalties under law for submitting false or misleading information in connection with this application to access the MyChart service.

Signature of Patient

Date (required)

3. Submit Completed Form (Three ways to submit your form)

In Person:

Return the completed form to the front desk at your ARC clinic.

Mail to:

Austin Regional Clinic
MyChart Support
PO Box 26726
Austin, TX 78755-0726

Fax to:

512-421-5626

FOR CLINIC USE ONLY:

Please send all forms to – MyChart Support I-35 Suite 100

MyChart Access Granted by: _____ Clinic/Department Name: _____ Date: _____

Information Release by: _____ Clinic/Department Name: _____ Date: _____