

## MyChart Adult Patient Access Sign-Up Form

PATIENT NAME	DATE OF BIRTH
STREET ADDRESS	SOCIAL SECURITY NUMBER (LAST 4 DIGITS)
CITY/STATE/ZIP	PHONE NUMBER
E-MAIL	

**I understand that:**

- MyChart is meant to be a secure, online source of my personal health information. If I share my login ID and password with someone, that person may be able to see health information about me.
  
- My password is my responsibility. I will keep my password a secret. I will change my password if I believe someone has access to it.
  
- MyChart does not include the complete contents of the medical record. I can ask for a copy of my medical record. There may be a fee for copies. Health Information Management (HIM) at Children's Hospital of Wisconsin can help with these requests.
  
- Children's Hospital of Wisconsin may track activities within MyChart via computer. Entries I make may become part of the medical record.
  
- Children's Hospital of Wisconsin provides access to MyChart as a convenience to patients and families, and has the right to revoke access to MyChart at any time, for any reason.
  
- It is up to me whether I use MyChart. I am not required to use MyChart. I am not required to authorize another person to access MyChart account.
  
- It is my responsibility to keep my E-mail address current at all times in the MyChart system. If my E-mail is not current, I will not receive important messages from Children's Hospital of Wisconsin via MyChart.

By signing below, I acknowledge that I have read and understand this MyChart Adult Patient Access Sign-Up Form, and I agree to its terms.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail or fax all forms to: Children's Hospital of Wisconsin  
 Health Information Management - Suite C140  
 PO Box 1997  
 Milwaukee, WI 53201  
 Fax: (414) 266-6316

