MYCHART ACCESS SELF-AUTHORIZATION

SOURCE: HIM – Release of Information

To process your request, all sections must be completed. Please print clearly.

For office use only.
Medical record # _____

PATIENT INFORMATION

Patient name _____ _____ _____
last *first* *middle*

Date of birth _____ Age _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Email address _____

I allow Lakewood Health System to release my personal health information to me via an online MyChart account. MyChart is an online service hosted by OCHIN, a third-party vendor, that is independent from Lakewood Health System/Lakewood Clinic, PA. I will be able to access information maintained in MyChart for my personal use.

I understand:

- This authorization will be valid for as long as I maintain an active MyChart account.
- If I change my mind and no longer want MyChart access, I may let Lakewood Health System know in writing at any time. This change will become effective no later than the next business day after the date that Lakewood Health System receives my request and will not apply to information that has already been released before this effective date.
- Lakewood Health System cannot be responsible for the confidentiality of the information that has already been released to me and cannot prevent me from releasing the information to another person. At that time, the information is no longer protected by federal and state privacy regulations.
- If I do not sign this form, I will still be treated and payment, enrollment and eligibility for benefits will not be impacted.
- To be valid, this form must be completely filled out, signed and dated. A photocopy, fax or electronically scanned and transmitted image is the same as the original. Digitally transmitted photos taken of a completed form cannot be accepted.
- I can receive a signed copy of this form upon my request.
- To complete the MyChart enrollment process and gain access to a MyChart account, I must activate the account with the code I will be or have already been given during or after a visit, OR complete a self-sign-up. As part of this on-line activation process, I will be asked to confirm I have read and agree to the MyChart Terms and Conditions. I understand every time I use MyChart, I agree to these Terms and Conditions.
- I designate my MyChart account as my preferred method of communication.

Patient signature _____ Date _____

Patient label