

## Access Request Form

### Access to Your MyChart Record - *patients twelve years of age and older*

To sign up for access to your MyChart record, please complete this form and return it to the address shown below. Please note that you must sign this form before returning it for access to your MyChart records.

Return forms to:

**McFarland Clinic MyChart Services, PO Box 3014 Ames, IA 50010**

or fax to: **(515) 956-4189**

**Information:** (All sections required – please print clearly)

**Name** (*last, first, middle initial*) \_\_\_\_\_

**Last 4 digits SSN** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

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

**Email Address** \_\_\_\_\_ **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 ID and password with another person, that person may be able to view mine 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 McFarland Clinic and Mary Greeley Medical Center as a convenience to its patients and McFarland Clinic or Mary Greeley Medical Center 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.
- By signing below, I acknowledge that I have read and understand this MyChart Adult Access Request Form and I agree to its terms.

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Signature of Applicant (Required) Date (Required)