The Christ Hospital

MyChart
Authorization for Use or Disclosure of Electronic Protected Health Info

Written authorization from the patient is required by law. By law, all items must be completed in order to process your request.

1. Print **Patient's** Name: _____ Medical Record Number: _____
2. Address: _____ City/State/Zip: _____
3. Date of Birth: _____/_____/_____ Phone Number: _____
4. I authorize the use and/or disclosure of electronic protected health information through MyChart and understand that electronic health information is being disclosed for use within MyChart. I authorized myself to receive the electronic protected health information through MyChart:
5. This authorization is effective until my MyChart account is inactivated and includes records that were created or existing on or before the date this authorization was signed, as well as records that are created after the date this authorization is signed.
6. I understand that the information to be released may include information relating to the diagnosis and/or treatment of mental illness, alcohol/drug abuse, STDs, HIV test results, developmental disabilities, and genetic testing results.
7. I understand that I have a right to revoke this authorization at any time. If I want to revoke this authorization, I must do so by submitting a written request to your physician office. I understand that the revocation will not apply to information that has already been released.
8. I may refuse to sign this authorization and understand that my refusal to sign will not affect my ability to obtain treatment. If I refuse to sign this authorization, access to my MyChart account will not be granted.

I acknowledge and agree to the terms and conditions on the MyChart web page and this document.

_____ _____/_____

Signature of Patient or Legal Representative | Date (Required) | Time (Required)

_____ _____

If Signed by Legal Representative, Relationship to Patient | Signature of Witness

This forms should be kept in the patient's medical record in the physician's office.