



MyChart Access Request Form

CHEO's MyChart is a secure, online patient portal that connects you to parts of your CHEO health record. To request access to MyChart, please read this form carefully and complete the appropriate fields below.

The following age ranges govern use of MyChart:

- **Ages 0-11:** The parent / legal guardian can have full access to the MyChart record upon approval of application. The patient will have access only with permission of the parent/legal guardian. The **parent/legal guardian** must complete sections A, B and D for your own access, complete section C if you would like to give access to the patient or anyone else.
- **Age 12 or older:** The patient can have full access to the MyChart record upon approval of application. Parent / guardian will have access with permission of the patient. The **patient** must complete sections A and D to get access and complete section C to give access to your legal guardian or anyone else.

MyChart access will not affect your legal right to access your health record by other means. To request a paper copy of your record, contact the CHEO Health Records Department.

Section A

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

Name *(last, first, middle initial)* _____

Medical Record Number (MRN) *(ask Clinic Receptionist for this number)* _____

Date of Birth: _____

Street Address: _____ City: _____

Province: _____ Postal Code: _____ Phone Number: _____

Will the patient be accessing MyChart? If so, patient email is required: _____

Section B

Legal Guardian*:

Name *(last, first, middle initial)*: _____

Relationship to patient: _____ Date of Birth: _____

Address is the same as the patient (above)

Street Address: _____ City: _____

Province: _____ Postal Code: _____

Email Address: _____ Phone Number: _____

Section C

Proxy Designation:

This section authorizes the Children's Hospital of Eastern Ontario (CHEO) to release personal health information to another individual (proxy) through a patient's MyChart. Please read it carefully. This section should be completed by the patient (if age 12 years or older) or legal guardian (if under age 12 years).

I am requesting that _____ (insert first and last name of proxy) receive access to my health information available in CHEO's MyChart portal.

My Proxy's information:

Relationship to patient: _____ Date of Birth: _____

Street Address: _____ City: _____

Province: _____ Postal Code: _____

Email Address: _____ Phone Number: _____

This person is my designated MyChart proxy (*Place a checkmark in each box*)

- I authorize CHEO to release the health information contained in my/my child's MyChart record to this MyChart proxy.
- I authorize release of this information only through my MyChart record. This form does not authorize release of my medical record to my designated proxy by other methods or in other forms.
- I understand that once information has been disclosed, it potentially may be re-disclosed by the proxy and the disclosed information may or may not be covered by privacy protections.

Participation in MyChart and designating a MyChart proxy is completely voluntary. I understand that I am not required to designate a MyChart proxy and I am not required to provide this authorization. I also understand that my health care treatment or other services will not be conditional on whether I provide this authorization. However, I also understand that if I do not provide authorization, CHEO is not permitted to provide access to my MyChart record to my designated proxy.

I may revoke this authorization at any time by providing a written request for revocation to CHEO Health Records or completing the MyChart Deactivation Request Form (Form No 4773). I understand that if I revoke this authorization, my designated proxy's access to my MyChart record will be ended. I also understand my revocation will not affect any disclosures that were made prior to processing the revocation request.

NOTE: You may deactivate your proxy's access at any time by completing the MyChart Deactivation Request.

Section D

MyChart User Agreement *(Place a checkmark in each box)*

- I understand that MyChart is intended as a secure online source of confidential medical information and that if another individual receives my MyChart ID and password he/she may be able to view my health information. I agree that it is my responsibility to select a confidential password and keep it secure. I agree that I will not share my MyChart ID and password. I will change my password if I believe it may have been compromised in any way. In the event I wish to provide access to MyChart to another individual, I will provide such individual with proxy access to my MyChart record.
- I agree that it is my responsibility to ensure that the device used for accessing MyChart has an up-to-date operating system and adequate protection from online threats including password protected screensaver. I will not access MyChart using a public computer where I cannot be sure of the device security.
- I understand that MyChart contains selected, limited medical information from my health record and that MyChart does not reflect the complete contents of the health record. I also understand that a paper copy of my health record may be requested from CHEO's Health Records Department.
- I understand that my activities within MyChart may be tracked by computer audit and that entries I make may become part of the medical record.
- I understand that MyChart access will be suspended after 18 months of inactivity. It can be reopened by visit CHEO Health Records Department.
- I understand that access to MyChart is provided by CHEO as a convenience to its patients and that CHEO 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 Access Request Form and this User Agreement. I further acknowledge that I will read the Terms and Conditions available at online activation.
- Where applicable, I agree to designate the person named above as a MyChart Proxy, thereby allowing them access to my personal health information.
- I agree that CHEO is not responsible for any errors contained in the information you provided on this form, or any inappropriate release of information caused by those errors.
- I agree that CHEO may contact me electronically to with information about MyChart or to request feedback related to my experience using MyChart.

Patient (if 12 years or older) OR Legal Guardian (if under 12 years of age):



Name

Signature

Date

If you filled in Section C, the person listed as your proxy is also asked to read the agreement and sign below.



Name

Signature

Date

Complete and return to Clinic Receptionist or to CHEO's Health Records Department:

Mail to: Children's Hospital of Eastern Ontario **Fax:** 613-738-4855 **Email:** mychart@cheo.on.ca
 Attn: Health Records Department
 401 Smyth Road, Ottawa, Ontario K1H 8L1

A welcome email with instructions will be sent to your email address within 5 working days.

Clinic Receptionist to return form to: *CHEO Health Records Department, Attention: MyChart Administrators*

HEALTH RECORDS USE ONLY: Completed By: _____ **Date:** _____