

## OCHIN MyChart Access Form

### Access to your Electronic Health Records

To sign up for your MyChart, please fill out this form and return to Peoples Center Clinics & Services via:

Mail: 425 20th Ave S, Minneapolis , MN 55454

Fax: 612-238-3534

Email: [medicalrecords@peoples-center.org](mailto:medicalrecords@peoples-center.org)

### Patient Information: (All Sections are Required– Please Print Clearly)

Name:	_____		
SSN:	_____	Date Of Birth:	_____
Street Address:	_____	City:	_____
		State:	_____
		Zip:	_____
Email Address:	_____		

### MyChart terms and agreement

- I understand that MyChart is a secure online platform of my confidential health information. Sharing the username and password with another person gives them access to view my confidential health information.
- I agree that it is my responsibility to manage the confidential password and change it if I believe the password has been compromised.
- I understand that MyChart contains limited medical information and does not reflect the health record in its entirety .
- I understand that my actions and activates in MyChart may be tracked electronically and can become part of the permanent health record
- I understand that MyChart is provided as a convenience by Peoples Center Clinics & Services, and they have a right to end access to MyChart at anytime, for any reason.
- I understand that MyChart use is voluntary and I may terminate services at anytime or stop using my MyChart access.

**Signature of Patient** (required)

**Relationship to Patient** (required if not Self)

**Date** (required)

### **MyChart Proxy Cancellation Request**

I am requesting to terminate MyChart access for said patient on page 1. I understand that if I want proxy access again I must do so in writing by filling out the MyChart Proxy form.

\*Please note that the requesting person must fill out the Patient information section on page 1 and must match the original MyChart Proxy Form.

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**Signature of Parent/Guardian** *(required)*

**Relationship to Patient** *(required)*

**Date** *(required)*