

Your Electronic Health Record

MYCHART ENROLLMENT AND AUTHORIZATION FOR USE OR DISCLOSURE OF ELECTRONIC HEALTH INFORMATION FORM

Healthcare Facility: Lone Peak Hospital and Affiliated MountainStar Facilities

MyChart is an easy-to-use Internet tool providing you quick and secure online access to your health information kept at this facility and any of its local affiliated covered entities* (the "Organizations"). The Patient must have an email address in order to enroll in MyChart.

Patient's Information: Verify pre-printed information and/or complete all fields below.	
Patient's Name:	DOB:
Sex:	Medical Record #: (optional)
Phone Number:	Last 4 SSN:
Street Address:	

I understand that:

- MyChart is intended as a secure online source of my health information. If I share my MyChart ID and password with another person, that person may be able to view health information about me, my child, or another individual (proxy) who has authorized me to access their MyChart account.
- 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.
- If I have given my permission for another person to access my MyChart account by completing the proxy paperwork and I no longer wish this individual to access my information, it is my responsibility to revoke their access.
- My MyChart account contains limited medical information from my medical record and does not include the complete contents of my medical record. I understand that I can request a full or more complete copy of my medical record from the Organizations and that I may be charged a fee for such copies.
- Not all physicians may be participating in MyChart and may not be available to communicate with me via online messaging. I also understand that I may or may not continue to receive letters from my physician(s) regarding my test results. If I have not received information, I may contact my physician directly for information.
- I may continue to contact my physician for any information or assistance that I may need.
- My activities within my MyChart account may be tracked by computer audit and entries I make may become part of the medical record.
- Access to my MyChart account is provided by the Organizations as a convenience to their patients and the Organizations have the right to revoke access to my MyChart account at any time for any reason.
- Use of my MyChart account is voluntary and I am not required to use MyChart or to authorize another person (proxy) to access my MyChart account.
- Completion of the Inactivation Form is required to inactivate my MyChart account. I also understand that should I choose to inactivate access to my MyChart account this will in no way impact my care. I understand that should I inactivate access to my MyChart account, the inactivation will not apply to any information that has already been released via my MyChart account. I understand that when the Organizations become aware of my death, access to my MyChart account will be canceled.
- I authorize the use and/or disclosure of electronic health information through MyChart as described below.
 - Access to health information in MyChart from this facility and any of its local affiliated covered entities*
 - Name of Person authorized to receive the health information through MyChart: Myself
 - Description of health information to be accessed through MyChart:
 - Health Summary (Current Medications, Allergies, Current Health Issues, Immunizations, Preventive

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care reminders)

- Test results
- Appointment details
- Message communication with provider and clinic
- Billing and Insurance details.

- This authorization is effective until my MyChart account is inactivated and includes records that were created or existing on or before the date this Enrollment Form was signed, as well as records that are created after the date this Enrollment Form is signed.

- 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.

By initialing, I have read and agree to the above statement, .

- 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 in writing and mail it to the address of the the above stated facility. I understand that the revocation will not apply to information that has already been released.
- I understand that, if the persons or organizations I authorize to receive and/or use the ehealth information described in this form are not health plans, covered health care providers or health care clearinghouses subject to the federal privacy regulations, they may further disclose the health information and it may no longer be protected by federal health law.
- I may refuse to sign this Enrollment Form and understand that my refusal to sign will not affect my ability to obtain treatment, payment, enrollment or eligibility for benefits.
- If I refuse to sign this Enrollment Form, access to my MyChart account will not be granted.
- I understand that I may see and obtain a copy of the information described on this form, for a reasonable copy fee, if I ask for it. I understand that I get a copy of this form after I sign it.
- By signing below, I acknowledge that I have read and understand the MyChart Enrollment Form and I agree to its terms. I agree to and will comply with the terms and conditions on the MyChart web page.

X _____ / _____ / _____
Patient Signature (Required) **Date** (Required) **Time** (Required)

For Official Use:			
1.	I have given a photocopy of the signed MyChart Authorization document to the Patient.		
2.	I have verified the Patient's proof of identity on _____	by _____	/ _____
	Date	Signature of Organizations staff	3-4 ID

**Further information is available on the specific sites affiliated with this covered entity; please contact the Facility's Privacy Official for a complete listing.*