

MYCHART ACCESS APPLICATION
(Patient Access to the Electronic Medical Record)

Iowa Specialty Hospital & Clinics
Informatics Department 403 1st SE, Belmond, IA 50421
Telephone: 641-444-5600; Fax: 800-927-1064
Email: mychart.helpdesk@iaspecialty.com

Patient information (a separate form is required for each patient):

_____		_____	
Patient's full legal name		Date of birth	
_____		_____	_____
Complete mailing address		City	State
_____		_____	
Email address		Mobile number	

I understand this electronic access will be in effect until I notify Health Information Management listed above, to terminate this access and ends at the time of death.

This form is not needed for the patient to be evaluated or treated. I verify the above email address/mobile number is correct and approve receiving this confidential information via this email address/mobile number. I understand this may not be a secure means to receive information. I understand MyChart access can be revoked by Iowa Specialty Hospital & Clinics at any time if not used appropriately.

_____		_____	
Patient's signature		Date	

Once completed, return U.S. mail, fax, or email, as listed above.

Internal use only:
Verified and processed by: _____ Date: _____