

Hospital #: \_\_\_\_\_

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

Van Buren County Hospital & Clinics  
Release of Information/MyChart, 304 Franklin Street, Keosauqua, IA 52565  
Telephone: 319-293-3171; Fax: 319-293-3046; Email: [mychart\\_request@vbch.org](mailto:mychart_request@vbch.org)

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

_____		_____	
Patient's full legal name		Date of birth	
_____		_____	_____
Complete mailing address		City	State Zip code
_____		_____	
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 Van Buren County Hospital & Clinics at any time if not used appropriately.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Patient or person legally authorized to consent for patient)

\_\_\_\_\_  
(Printed name of patient or legally authorized person signing) (Relationship to patient or legally authorized person)

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

Internal use only:  
Verified and processed by: \_\_\_\_\_ Date: \_\_\_\_\_