

Hospital #: _____

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

Washington County Hospital and Clinics
Health Information Management, PO Box 909, Washington, IA 52353
Telephone: 319-863-3990; Fax: 319-863-3963; Email: ROI@wchc.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 Washington County Hospital and 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: _____