

Hospital #: _____

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

WinnMed
Health Information Management Department/MyChart, 901 Montgomery Street, Decorah, Iowa 52101
Telephone: 563-387-3100; Fax: 563-382-1506

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 WinnMed 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: _____