

MyChart Agreement

I hereby request access to the MyChart patient system maintained by Cincinnati Children's Hospital Medical Center (CHMC) for the patient named below (Patient). I understand that CHMC takes seriously its responsibility to safeguard the privacy of its patients and protect the confidentiality of their protected health information. Therefore, I will only access MyChart in a manner consistent with the terms below as well as the Terms and Conditions of Use available on the MyChart website.

I will securely maintain my sign-on and password and will not share my log-in information with anyone else. I agree that CHMC will not be liable for any disclosure of information due to unauthorized use of my sign-on and password. If I believe another person has accessed my sign-on/password combination, I will contact CHMC at 877-508-7607 or 513-636-5019.

I understand that MyChart should only allow me to view records for the Patient. If I accidentally gain access to another patient's information, I will stop viewing it and will notify CHMC immediately by calling 877-508-7607 or 513-636-5019. In no event will I deliberately attempt to access information for any person other than the Patient through MyChart.

I represent to CHMC that I am (i) the Patient, (ii) a personal representative of the Patient with the right to access the Patient's protected health information, or (iii) a person whom the Patient has expressly authorized to have access to the Patient's protected health information. If my status as a personal representative changes so that I no longer have such right, or if the Patient's authorization expires or is revoked, I will immediately stop using MyChart to access the Patient's information and will notify CHMC by calling 877-508-7607 or 513-636-5019 or writing to CHMC-MyChart, MLC 9009, 3333 Burnet Ave Cincinnati, OH 45229-3039.

Please note, Ohio law requires a non-custodial parent to have access to his/her child's medical records in the same manner as the custodial parent. Therefore, CHMC may be required to grant access to both parents of Patient.

Print Patient's Name: _____

Patient's Date of Birth: _____ MRN: _____

By signing below, I agree to abide by these terms and the Terms and Conditions of Use posted on the MyChart website. I understand that a violation of such terms may result in loss of access to MyChart.

Patient Signature (if 13 years or older)

Print Name of Person Requesting Access

Patient

Signature of Patient

Date

Parent(s)/Patient Representative(s) Signature(s)

Print Name of Person Requesting Access

Relationship to Patient

Signature of Person Requesting Access

Date

Print Name of Person Requesting Access

Relationship to Patient

Signature of Person Requesting Access

Date