

## Access to your own MyChart

To request access to your own health information in MyChart, please complete this Sign-Up Form and return it to the address shown below. You must include two forms of identification\*, one of which must be a government issued photo ID and an additional one that is proof of your current address.

If you would like access to your child or another adult or child's MyChart information, please ask your clinic for the appropriate proxy forms.

Return all completed forms and identification to: University Hospital or fax (973) 972-3562  
Attn: Health Information Management, B439  
150 Bergen Street  
Newark, NJ 07103

### Your Information: (All sections required – please print clearly)

Name: *(last, first, middle initial)* \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Primary UH Clinic: \_\_\_\_\_

## MyChart Terms and Agreement

- I understand that MyChart is intended as a secure online source of confidential medical information. If I share my MyChart ID and password with another person, that person may be able to view my health information, and information about someone who has authorized me as a MyChart proxy.
- I agree that it is my responsibility to select a confidential password, to maintain my password in a secure manner, and to change my password if I believe it may have been compromised in any way.
- I understand that MyChart contains selected, limited medical information from a patient's medical record and that MyChart does not reflect the complete contents of the medical record.
- I understand that my activities within MyChart may be tracked by computer audit and that entries I make may become part of the patient's medical record.
- I understand that access to MyChart is provided by University Hospital as a convenience to its patients and that University Hospital has the right to deactivate access to MyChart at any time for any reason. I understand that use of MyChart is voluntary and I am not required to use MyChart or to authorize a MyChart proxy.
- By signing below, I acknowledge that I have read and understand this MyChart Sign-Up Form and I agree to its terms.

▶ \_\_\_\_\_  
**Signature of Patient** **Date (Required)**

\*Examples of ID:

1. Government issued photo ID (e.g. driver's license, passport, non-driver ID)
2. Proof of address (e.g. utility or other bill with your name and address, credit card / bank statement with your name and address (no more than 90 days old), birth certificate, marriage license or civil certificate, parent / guardian court papers, government correspondence with your name and address, school transcript with your name and address (no more than two years old))