For patients between the ages of 12-17

To sign up for access to your NCH MyChart record, please complete this form in its entirety. Please note that your parent or guardian will need to sign the form as well.

Return completed and signed form, in person, to the nearest NCH Medical Group provider office or the Patient Services desk of the main hospital.

Patient Information (All sections required – please print clearly.)
Name of Patient

Last:_____ First: _____ Middle Initial:_____

Gender : _____Male _____Female Patient's Date of Birth: _____/_____/_____

Email : _____

Street Address :_____

City: _____State:_____ Zip:_____ Phone Number:_____

You will be able to access the following items from your NCH MyChart account:

- Immunizations, Problem List, Medications, Allergies, Non-senstive Lab Results, History, Preventative Care, My Conditions, Send Message/ View Messages, Patient Instructions, AVS, Patient Education, and Wallet Card.

NCH MyChart Terms and Conditions:

- I understand that NCH MyChart is intended as a secure online source of confidential medical information. If I share my NCH MyChart ID and password with another person, that person may be able to view my health information on NCH MyChart. In addition, my parents or legal guardian may be able to access certain items until I reach the age of 18 or applicable law.
- 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 NCH MyChart contains selected, limited medical information from my medical record and that NCH MyChart does not reflect the complete contents of the medical record. I may request a complete paper copy of my medical records. Request forms and instructions are also available at Northwest Community Healthcare's Patient Services Center, at www.nch.org, or from my healthcare provider's office.
- I understand that my activities within NCH MyChart may be tracked by computer audit and that my entries may become part of my medical record.
- I understand that access to NCH MyChart is provided by Northwest Community Healthcare as a convenience to its patients and that Northwest Community Healthcare has the right to deactivate access to NCH MyChart at any time for any reason. I understand that use of NCH MyChart is voluntary and I am not required to use NCH MyChart or to authorize a NCH MyChart proxy.
- I understand that Northwest Community Healthcare will make its best effort to provide a timely response to electronic inquiries. In some cases, the clinic staff that needs to respond to an electronic inquiry or other communication may not be immediately available, so a patient should allow at least 24 business hours for a response. Accordingly, emergency situations requiring immediate attention should not be submitted electronically and the patient should contact 911 immediately. Furthermore, with respect to any electronic communications sent by the patient, Northwest Community Healthcare is only able to respond to such communications based on the information provided by the patient. If there is insufficient information provided, Northwest Community Healthcare will be unable to provide accurate and reliable services.

- I understand that additional terms and conditions applicable to my use of NCH MyChart are set forth on the NCH MyChart portal, and I agree that my use of NCH MyChart constitutes acceptance of these terms and conditions.
- By signing below, I acknowledge that I have read and understand this NCH MyChart Teen Account Request/ Parental Consent Form and I agree to its terms.

_____ _____

Signature of Patient Aged 12-17 *(Required)* **Date** *(Required)*

_____ _____ _____

Signature of Parent/Guardian *(Required)* **Relationship to Patient** *(Required)* **Date** *(Required)*

For NCH Use Only (*Please Print*):

Confirmed ID/Documentation (circle one): Yes No Name: _____ Date:_____

Scanned into Patient's Record (circle one): Yes No Name: _____ Date:_____

Proxy Access Status (circle one): Approved Denied Name: _____ Date:_____