



MYCHART SIGN-UP FORM

To sign up for access to your health information in MyChart, please complete this form and return it to Confluence Health (the mailing address and fax number are listed below). An activation code will be mailed to you. Please use the code to complete the registration process on the MyChart website. <https://mychart.confluencehealth.org/MyChart/>

I. Your Information (for requesting MyChart access)

Name (last, first, middle initial) _____ Date of Birth _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email _____ Primary Provider _____

II. MyChart Terms and Conditions

- I understand that MyChart is intended as a secure online source of confidential medical information. If I share my MyChart user ID and password with another person, that person may be able to view my health information.
- 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 also understand that a paper copy of a patient's medical record may be requested from the patient's clinic.
- I give my consent for Confluence Health to release all information, as defined in the MyChart Terms and Conditions, to the MyChart account so that I may view this information online.
- I understand that my activities within MyChart may be tracked by computer audit and that entries I make may become part of the medical record.
- I understand that access to MyChart is provided by Confluence Health as a convenience to its patients and that Confluence Health has a 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.
- I understand that once information is released pursuant to this authorization, Confluence Health cannot prevent the re-disclosure of the information to another third party.
- I understand this authorization must be filled out completely and signed and dated in order to be considered valid. A copy that has not been altered will be considered as valid as an original.
- I understand that this consent will remain in effect until I provide Confluence Health with a written request for revocation.

III. For MyChart Sign Up

By signing below, I acknowledge that I have read and understand the MyChart Terms and Conditions and I agree to the terms.

Signature of Patient/Authorized Person

Date

Fax completed form to **(509) 665-3494** or mail to: Confluence Health
Patient Services Department
PO Box 489
Wenatchee, WA 98801