



**NATIONWIDE CHILDREN'S**  
*When your child needs a hospital, everything matters.™*

## REQUEST TO GRANT MyChart ACCESS

PATIENT IDENTIFICATION

### Requestor's Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth (required for MyChart access): \_\_\_\_\_

Social Security Number (required for MyChart access): \_\_\_\_\_

Relationship to Patient: ☐ Parent ☐ Patient ☐ Other \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail address (required for MyChart access): \_\_\_\_\_

### Patient's Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If you have other children in your family that you would like MyChart access to, list their names and

birthdates here: \_\_\_\_\_

**Return To:** You may return your completed form to Health Information Management for processing  
by either FAX or MAIL:

**Fax #: (614) 355-0797**

Mail this form to:

**Nationwide Children's Hospital  
Health Information Management  
700 Children's Drive  
Columbus, Ohio 43205-2664**

**NOTICE:** A copy of your Driver's License or State ID must be included with this completed request form for verification of identity. If you do not include a copy of your identification, then access for your MyChart set up will be delayed or denied.