

Swedish MyChart Access Agreement

We are pleased to offer you Swedish MyChart, an easy-to-use Internet service that provides you quick and secure online access to your Swedish clinic health information from anywhere at anytime. We are pleased to offer this service to our adult patients, over the age of 18. If you have questions about filling out this form, please contact your clinic.

After we receive your completed and signed access agreement, you will be mailed your setup instructions, which include a unique access code and a step-by-step activation guide.

Patients must have a valid e-mail address and a primary care provider at a Swedish primary-care clinic in order to participate in Swedish MyChart.

Your information: (Please Print Clearly)

Your name: _____

Previous names you have used: _____

Last 4 Digits of Social Security Number: _____ Date of birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Primary care physician: _____ Primary clinic: _____

Access to Protected Health Information

- I understand that I am requesting that this information be released for personal use only
- I understand that this authorization, unless expressly limited by me in writing, could extend to all aspects of treatment, including testing and/or treatment for sexually transmitted diseases, AIDS or HIV Infection, alcohol and/or drug abuse and mental health conditions.
- I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and may not be protected by federal or state confidentiality laws.
- Swedish, its employees, officers and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.
- I understand that Swedish MyChart access includes access to certain information available from visits to my primary Swedish clinic.
- I understand that this authorization will continue until revoked. I may revoke this agreement by written request at any time by contacting my primary care clinic.
- I understand that the revocation will not apply to the information that has already been released in response to this authorization.
- I understand that failure to comply with the terms and conditions of use for Swedish MyChart may result in the termination of my Swedish MyChart access privileges.
- I understand that Swedish will not condition my treatment on my signing this agreement.
- I understand this authorization must be filled out completely and signed and dated. A copy that has not been altered will be considered as valid as the original.
- By signing below, I acknowledge that I have read and understand this agreement and I agree to its terms.

Signature of Patient

Date