



Authorization to Create a MyChart™ Account on behalf of

Patient Section 1: Patient Information

Patient Last Name	
Patient First Name	
Ontario Health Card Number	
Date of Birth (YYYY/MM/DD)	
Patient Address	
Patient Phone Number	
Patient Email Address	

Section 2: Delegate Information

A delegate is a person that has been granted permission by the patient to create a MyChart™ account on their behalf. By signing this agreement and providing the delegate information below, the delegate will have access to the patients' health information that is available on MyChart™.

Delegate Last Name	
Delegate First Name	
Date of Birth (YYYY/MM/DD)	
Delegate Address	
Delegate Phone Number	
Delegate Email	
Relationship to Patient	

SIGNATURES (required for all requests – please use ink)

I give permission to MyChart™ to release my personal health information as indicated in this form. This form will authorize the release of my personal health information gathered prior to the date of signature. I may withdraw my permission at any time, in writing, as long as the information has not already been released. Delegate MyChart™ accounts will only be closed upon the request of the patient directly to MyChart™ administration.

Please note that photo identification for both the patient and the delegate is required upon submission for those applications not completed/submitted in-person.

Patient Signature: _____

Date: _____

AND

Delegate Signature: _____

Date: _____