

Thank you for your interest in MyChart, an easy-to-use Internet tool that provides you quick and secure online access to your Hackensack University Medical Center health information from anywhere at any time.

Instructions for Completing this Form

To sign up for access to your health information in MyChart, please complete this Sign-Up Form and return it to the address shown below. If you are a caregiver and would like access to another patient's MyChart information, please contact the Health Information department at 551-996-2074 for the appropriate forms or download them from www.hackensackumc.org/mychart.

Return all forms to: **Hackensack University Medical Center, Health Information Department, 30 Prospect Avenue, Hackensack, NJ 07601 OR Fax: 201-489-0591**

Your Information: (All sections required – please print clearly.)

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

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Home Phone Number: _____

MyChart Terms and Agreement

- I understand that MyChart is intended to provide limited access to confidential medical information. If I share or allow my MyChart ID and password to be disclosed to another person, that person may be able to view my health information, and information about someone who has authorized me as a MyChart proxy and transmit that information to a third party.
- 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 medical records department.
- 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 Hackensack University Medical Center as a convenience to its patients and that Hackensack University Medical Center has the 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 while Hackensack University Medical Center will use reasonable security efforts, no system can guard against all risks of intentional intrusion or inadvertent disclosure medical information on MyChart. MyChart transmits medical information over the internet, a medium that is beyond the control of HackensackUMC and its contractors. I HEREBY EXPRESSLY ASSUME THE SOLE RISK OF ANY UNAUTHORIZED DISCLOSURE OR INTENTIONAL INTRUSION, OR OF ANY DELAY, FAILURE, INTERRUPTION OR CORRUPTION OF DATA OR OTHER INFORMATION TRANSMITTED IN CONNECTION WITH THE USE OF THIS SERVICE.
- You should not make any decision relating to your health based upon the information available in MyChart and/or in your medical record. You always should consult with your physician for health related matters
- By signing below, I acknowledge that I have read and understand this MyChart Sign-Up Form and I agree to the terms and conditions set forth on this page, as well as the terms and conditions included on the webpage used to access MyChart - www.hackensackumc.org/mychart.

Send the MyChart activation instructions to: (check one)

- the email address indicated above (I understand that the email address indicated on this form will be set as my default email address and I can modify it from my MyChart account once activated.).
- the home address indicated above.



Signature of Patient

Date (Required)