



Thank you for your interest in MyChart, an easy-to-use online tool that provides you quick and secure online access to your DuPage Medical Group health information from anywhere at anytime.

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 your clinic or to the address shown below. If you would like access to your child or another adult's MyChart information, please ask your clinic for the appropriate forms or download them from www.mychart.dupagemedicalgroup.com.

Return forms to your clinic or to DuPage Medical Group, HIM Department, 430 Pennsylvania Avenue, Glen Ellyn, IL 60137, or fax to 630-324-2933.

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

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

Last 4 Digits of Social Security Number _____ Email _____
Patient's full SSN must be on file with DMG to activate a MyChart account

Street Address _____ City _____ State _____ Zip _____

Phone Number _____ Primary Physician _____

MyChart Terms and Agreement

- I understand that MyChart is intended as a secure online source of confidential medical information. If I share my MyChart ID and password with another person, that person may be able to view my or my child's health information, and health information about someone who has authorized me as a MyChart proxy.
- 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 understand that my activities within MyChart may be tracked by computer audit and that entries I make may become part of the patient's medical record.
- I understand that access to MyChart is provided by DuPage Medical Group as a convenience to its patients and that DuPage Medical Group 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 even though I may only be a patient of DuPage Medical Group or Edward Hospital and Health Services, my health information will be shared with the other provider as both providers jointly share MyChart.
- By signing below, I acknowledge that I have read and understand this MyChart Sign-Up Form and I agree to its terms.

▶ _____ / _____
Signature of Patient **Date (Required)**

