

MyChart Sign-Up Form

Trinity Health Of New England Medical Group ("Trinity Health Of NE") is pleased to offer you information, including access to certain of your health information, via a Web-based version of our computer systems called MyChart (the "Site").

Please note that not all of your Trinity Health Of NE health information will be accessible through the Site. Please refer to Trinity Health Of NE's Notice of Privacy Practices for a description of how to obtain a copy of your Trinity Health Of NE medical record.

Instructions for Completing this Form

To sign up for access to the Site, please complete this form and return it to the address shown below. If you are seeking proxy access through the Site to health information of a patient for whom you are authorized to act on behalf of in making health care-related decisions, please ask the staff at your physician's office for the appropriate forms or download them from <http://MyChart.RiverBendmedical.com>. From this address you will be redirected to an https secure site.

Return all forms to:

Trinity Health Of New England Medical Group
MyChart Support – HIM Department
1109 Granby Road
Chicopee, MA 01020
Fax #: 413-523-0951

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

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

Last 4 digits of Social Security #: _____ Email _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone number: () _____ PCP: _____

Agreement and Acknowledgement

MyChart is a registered trademark of Epic Systems Corporation

I understand that the Site is intended as a secure online source of confidential medical information. 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 the Site contains selected, limited medical information from my medical record and that the Site does not reflect the complete contents of my Trinity Health Of NE medical record. I also understand that a copy of my medical record may be requested from Trinity Health Of NE's Health Information Management Department.
- I understand that my activities within the Site may be tracked by computer audit and that entries I make may become part of my medical record.
- I understand that access to the Site is provided by Trinity Health Of NE as a convenience to its patients and that Trinity Health Of NE has the right to deactivate my access to the Site at any time for any reason. I understand that use of the Site is voluntary and I am not required to use the Site or to authorize a proxy to access my health information on the Site.
- I acknowledge receipt of, and agree to comply with, all Terms and Conditions applicable to the Site, as attached hereto,
- By signing below, I acknowledge that I have read and understand this MyChart Sign-Up Form and the Terms and Conditions and I agree to all terms.

I certify that all information I have provided above is correct.

Patient's Signature: _____ Date: _____

Parent/Guardian signature (if under 18): _____ Date: _____

I am giving permission to the following person to assist me with account set up and maintenance. This includes speaking to technical support on my behalf.

Patient initials: _____

Full Name: _____ Date of Birth: _____