



Patient Label

### MyCare Sign-Up Minor Form/ Self Access

To sign up a minor, 12-17 years old, for access to the MyCare site, please complete this form and return it to: MyCareSupport@trinityhealthofne.org

<b>MINOR PATIENT INFORMATION</b> (please complete all requested info)	
<b>Patient Name:</b>	<b>DOB:</b>
<b>Street Address:</b>	<b>Email</b> (if applicable):
<b>City, State, Zip:</b>	<b>Phone:</b>
<b>Last 4 digits of SSN:</b>	

### Agreement and Acknowledgement

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 New England medical record. I also understand that a copy of my medical record may be requested from Trinity Health Of New England'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 New England as a convenience to its patients and that Trinity Health Of New England 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: \_\_\_\_\_ Time: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(if under 18)

Parent/Guardian Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I am giving permission to the above person to assist me with account set up and maintenance. This includes speaking to technical support on my behalf. Patient initials: \_\_\_\_\_