



CONSENT • MYCHART FORM

Medical Record Number

Patient Name

Addressograph or Label

Adult Patient - Request for MyChart Online Access Form

I hereby request Lucille Packard Children's Hospital Stanford/Stanford Children's Health provide access to my health information in MyChart. Please release my personal health information including test results, to my online personal health record- MyChart. I understand that medical providers are prohibited by California law from releasing certain test results electronically. I understand that access to my health information is for my use only.

Please print legibly and complete all fields to ensure timely processing.

Your Name: _____	
First	Last
Street Address: _____	
City: _____	State: _____ Zip Code: _____
Phone: _____	Date of Birth: _____ MRN: _____
Email: _____	
Your Signature: _____	Date: _____

For your convenience there are three ways to submit your access form.

Two options to activate in person:

- 1) Bring this from to your next appointment.
- 2) Bring this form to HIMS Satellite Office.

Located at:
750 Welch Road, Ste 214
Palo Alto, CA 94304

OPEN Mon-Fri 8:30am till 4:00pm
CLOSED Holidays

By Mail:

Stanford Children's Health
Health Information Management Services
4700 Bohannon Drive MC 5900
Menlo Park, CA 94025

By Email:

HIMS-mychart@stanfordchildrens.org

If you are submitting this form via mail or email and there is no signature on file to validate your signature, a copy of your state ID, driver's license or passport needs to be submitted along with this form for activation.

Receiving Your Access Code

Your access code will be mailed to you. Please allow up to one week for processing.

FACILITY USE ONLY	
Date Received:	MyChart granted by: _____ Name _____ Dept/Phone Number _____
	Activation Letter mailed <input type="checkbox"/> Yes <input type="checkbox"/> No Access Denied: Return letter mailed: _____
	<input type="checkbox"/> Form sent to HIMS department for processing