



# My Sanford Chart

# Sign-Up Form

Thank you for your interest in My Sanford Chart, an easy-to-use Internet tool that provides you quick and secure online access to your Sanford health information from anywhere at any time.

## Instructions for Completing this Form

To sign up for access to your health information in My Sanford Chart, please complete this Sign-Up Form. If you would like access to your child or another adult's My Sanford Chart information, please ask for the appropriate forms.

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

Name (*last, first, middle initial*) \_\_\_\_\_


Last 4 Digits of Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Primary Physician: \_\_\_\_\_

## My Sanford Chart Terms and Agreement

- I acknowledge and agree that while My Sanford Chart contains a “Message Center” for patients age 18 and older, such messaging shall not be used for medical emergencies. Rather, I will call 911 in the event of a medical emergency.
- I understand that My Sanford Chart is intended as a secure online source of confidential medical information. If I share My Sanford Chart ID and password with another person, that person will be able to view my health information or my child's health information, and information about anyone who has authorized me as a My Sanford Chart 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 My Sanford Chart contains selected, limited medical information from a patient's medical record and that My Sanford Chart 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.
- I understand that my activities within My Sanford Chart may be tracked by computer audit and that entries I make may become part of the medical record.
- I understand that access to My Sanford Chart is provided by Sanford as a convenience to its patients and that Sanford has the right to deactivate access to My Sanford Chart at any time for any reason. I understand that use of My Sanford Chart is voluntary and I am not required to use My Sanford Chart or to authorize a My Sanford Chart proxy.
- By signing below, I acknowledge that I have read and understand this My Sanford Chart Sign-Up Form and I agree to its terms.



Signature of Patient/Authorized Person
Relationship to Patient
Date