Tomah Health
TOGETHER IN CARE

Teen (13-17 years old) MyChart Account Request

Teen Information

Name – Last, First, MI	Medical Record Number
Date of Birth	Phone Number
Email Address **(parent or school email address not acceptable)**	

I have been informed that Emplify Health offers its patients a secure online portal that helps patients manage their own health care. This online portal and application is called MyChart. I understand that teen patients who are ready to take a more active role in their own health care are permitted to establish their own MyChart account.

I understand that this allows my teen online access to their health information maintained by Emplify Health, which may contain protected health information created by Emplify Health and non-Emplify Health providers who were authorized to use the Emplify Health electronic medical records system and its MyChart system for their own patients ("Epic Community Connect Partners"). These are independent community practices and providers and are not part of Emplify Health. While this capability is offered to patients as a convenience, Emplify Health is not responsible, in any way, for these community practices or any of their activities. Our Epic Community Connect Partners include Crossing Rivers Health, N.E.W. Community Clinic, Tomah Health, Unity Hospice, Urology Associates, and Vernon Memorial Hospital.

I understand that my teen will be able to perform the following functions through their own MyChart account:

- Ability to communicate privately and securely with their clinician/provider and their care team regarding care and treatment
- Review test results and comments
- Ability to review and request appointments
- Request renewals on prescriptions
- View notes
- Review and complete questionnaires
- Review their medical history
- View messages sent from parent/guardian to the teen's clinician/provider and vice versa

I understand that once I submit this form, my teen will receive an email message at the email address listed above with detailed instructions on how to activate their own MyChart account.

I understand and agree with the above. I hereby consent to allow my teen to establish their own MyChart account.

I understand that this consent will expire when my teen turns 18. I may revoke this consent at any time in writing.

Signature of Parent/Legal Representative:_____ **Date:**_____

Printed Name of Person Signing:_____

Indicate Relationship: ☐ Custodial Parent ☐ Court Appointed Guardian

Please return completed form to the organization you receive treatment.

Emplify Health 1900 South Avenue, NCA1-09, La Crosse, WI 54601 PHONE: (608) 775-0303 FAX: (608) 775-4706 EMAIL: mychart@emplifyhealth.org	**Crossing Rivers Health** 37868 US Hwy 18, Prairie du Chien, WI 53821 PHONE: (608) 357-2246 FAX: (608) 357-2277 EMAIL: HIM@crossingrivers.org
NEW Community Clinic 610 N Broadway Green Bay WI 54303 PHONE: (920) 863-9376 EMAIL: hbs@newcommunityclinic.org	**Tomah Health** Health Information Services Dept 501 Gopher Drive, Tomah, WI 54660 PHONE: (608) 377-8610 FAX: (608) 377-8743 EMAIL: hisdept@tomahhealth.org
Unity Hospice 2366 Oak Ridge Circle, De Pere, WI 54115-9207 PHONE: (920) 338-1111 EMAIL: medicalrecords@unityhospice.org	**Urology Associates** 1385 W Main Ave, De Pere, WI 54115 PHONE: (920) 433-9400 FAX: (920) 433-9409
Vernon Memorial Healthcare 507 South Main Street, Viroqua, WI 54665 PHONE: (608) 637-4332	