

Request for Access

Thank you for your interest in SwedishAmerican's MySwedes Chart, an easy-to-use Web-based patient portal that provides you with secure and convenient access to your health information. This request form must be completed to apply for access to MySwedes Chart. This form must be presented in person to protect patient identity.

Instructions

Please complete the "Your Information" section of the request form and sign where indicated below.

Your Information: (Please print clearly.)

Full Legal Name _____
Last Name First Name Middle Initial

Social Security Number (last 4 digits) XXX-XX-_____ Date of Birth: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

*Email Address: _____ Phone Number: _____

**A valid email address is required in order to utilize MySwedes Chart. Please provide a current private email address and verify accuracy. By providing an email address, you agree to have SwedishAmerican communicate with you regarding MySwedes Chart via email. Absolutely no protected health information will be included in any email communications from SwedishAmerican Health System – A Division of UW Health.*

By signing below, I acknowledge that I am requesting access to my health information in MySwedes Chart.

Signature of Patient

Date

For Office Use Only _____

To SAHS employees assisting patients with access requests to MySwedes Chart, please complete the following:

Location where request was initiated:

SAMG Clinic Name _____ SAH Unit _____ SAMC-B Unit _____ HIMS

Applicable EMR Medical Record Number:

Epic Meditech MRN _____

Indicate type of Photo ID verified:

Drivers License/State ID Government ID Passport Other _____

Indicate that you have verified completion of the Request for MySwedes Chart Form by the patient.

Employee Printed Name _____ Code Generated Yes

Employee Signature _____ Date ___/___/___ Time _____