

MyHealth Info Sign-up form

Thank you for your interest in MyHealth Info, an easy-to-use Internet tool that provides you quick and secure online access to your health information from anywhere at anytime.

Instructions for completing this form

To sign up for access to your health information in MyHealth Info, please complete this sign-up form and return it to the address shown below. If you would like access to your child or another adult's MyHealth Info information for which you are the legal custodian, please ask your clinic for the appropriate forms.

Return all forms to: MyHealth Info Information
Health Information Services
2000 North Avenue
Northfield, MN 55057

Your Information: (all sections required- please print clearly)

Name: (last, first, middle initial) _____

Last 4 digits SSN: _____ Date of Birth: _____

Street address: _____ City: _____ State: _ Zip: _____

E-Mail address: _____ Phone Number: _____

MyHealth Info terms and agreement

- I understand that MyHealth Info is intended as a secure online source of confidential medical information. If I share my MyHealth Info ID and password with another person, that person may be able to view my or my child's health information, and health information about someone who has authorized me as a MyHealth Info legal custodian.
- 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 confidentiality may have been compromised in any way.
- I understand that MyHealth Info contains selected, limited medical information from a patient's medical record and that MyHealth Info 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 from the patient's clinic.
- I understand that my activities within MyHealth Info may be tracked electronically and that entries I make may become part of the medical record.
- I understand that access to MyHealth Info is provided as a convenience to patients and that MyHealth Info Services has the right to end access to MyHealth Info at any time, for any reason.
- I understand that my use of MyHealth Info is voluntary and I am not required to use MyHealth Info or to authorize any other person as a MyHealth Info user on my account.
- I understand if I choose to use the share feature on MyHealth Info, that it is my responsibility to maintain the type of access shared and to revoke the access as necessary.



Signature of patient/authorized person

Relationship to patient

Date (required)