

Adult Registration Form

(18 years or older)

Thank you for your interest in MyChart®, an easy-to-use Internet tool that provides you quick and secure online access to your Austin Regional Clinic health information from anywhere at any time. Follow the 3 easy steps below:

1. Complete Form

YOUR INFORMATION: *ALL FIELDS REQUIRED*** Please print clearly.**

Last Name: _____ First Name: _____ Middle Initial: _____

ARC Medical Record Number **(acquire at clinic)**: _____ Date of Birth: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Best Phone Number: _____

Primary Clinic: _____

To Access your child or another adult's MyChart information, ask your clinic for the appropriate forms or download them from <http://bit.ly/MyChartForms>.

2. Affirm Your Identity

I hereby affirm I am the patient identified above. I understand that I may be subject to penalties under law for submitting false or misleading information in connection with this application to access the MyChart service.

Signature of Patient	Date (required)
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3. Submit Completed Form (Three ways to submit your form)

In Person:

Return the completed form to the front desk at your ARC clinic.

Mail to:

Austin Regional Clinic
MyChart Support
PO Box 26726
Austin, TX 78755-0726

Fax to:

512-421-5626

FOR CLINIC USE ONLY: **Please send all forms to – MyChart Support I-35 Suite 100**

MyChart Access Granted by: _____ Clinic/Department Name: _____ Date: _____

Information Release by: _____ Clinic/Department Name: _____ Date: _____