

MY CHART- Request Access Form

Please send completed form to ROIrecords@tehn.ca or

Fax to 416 469 6274

Section1: Patient Information

MGH Health Record Number _____

Patient Last Name		Patient First Name	
Health Card Number		Date of Birth (YYYY/MM/DD)	
Patient Street Address		City	
Postal Code		Province	
Email Address		Phone Number	

Section 2: Delegate Information

A delegate is a person that has been granted permission by the patient to create a MyChart™ account on their behalf. By signing off on this agreement and providing the delegate information below, the delegate will have access to the patients' health information that is available on MyChart™.

Delegate Last Name		Delegate First Name	
Delegate Address		City	
Postal Code		Province	
Delegate Email Address		Phone Number	
Delegate Relationship to Patient		Delegate Date of Birth (optional)	

SIGNATURES (required for all requests – please use ink)

I give permission to Michael Garron Hospital to create and grant access to MyChart™ as indicated in this form. I may withdraw my permission at any time, in writing, as long as the information has not already been released. Delegate MyChart™ accounts will only be closed upon the request of the patient directly to MyChart™ administration.

Only parents who are requesting access to a MyChart™ account on behalf of their child (less than 14 years old) are exempted from a patient signature.

Patient Signature: _____ Date: _____

Delegate Signature: _____ Date: _____

DOCUMENT VERIFICATION LIST

One Document From Two of the Three Sections
When VALID Gov't Issued Picture ID with
Signature is not available

For Department Use only

Patient Label

<p>Section 1 <u>Proof of Citizenship/Eligible status</u></p> <p><input type="checkbox"/> Canadian Citizen</p> <p><input type="checkbox"/> Birth certificate from a Canadian province or territory (issued under the Vital Statistics Act)</p> <p><input type="checkbox"/> Canadian Certificate of Registration of Birth Abroad</p> <p><input type="checkbox"/> Certified Statement of Live Birth from a Canadian province or territory</p> <p><input type="checkbox"/> Certificate of Canadian Citizenship or Certificate of Naturalization (paper document or card, not commemorative issue)</p> <p><input type="checkbox"/> Certificate of Indian Status (paper or plastic card)</p> <p><input type="checkbox"/> Registered Indian Record (certified)</p> <p><input type="checkbox"/> Valid Canadian Passport or Canadian Passport expired not more than 5 years.</p> <p><u>Permanent Residents/Landed Immigrants</u></p> <p><input type="checkbox"/> Canadian Immigration Identification Card</p> <p><input type="checkbox"/> Confirmation of Permanent Residence (IMM 5292)</p> <p><input type="checkbox"/> Valid Permanent Resident Card or Permanent Resident Card expired not more than five years</p> <p><input type="checkbox"/> Record of Landing (IMM 1000)</p> <p><u>Other Immigration Status</u></p> <p><input type="checkbox"/> Letter from Immigration and Refugee Board confirming Convention Refugee or Protected Person status</p> <p><input type="checkbox"/> Protected Person Status document</p> <p><input type="checkbox"/> Temporary Resident Permit (restrictions apply)</p> <p><input type="checkbox"/> Work Permit (restrictions apply)</p> <p><input type="checkbox"/> Written confirmation from Citizenship and Immigration Canada that you have applied for permanent residence in Canada and have passed the immigration medical.</p>	<p>Section 2 <u>Proof of Residency</u></p> <p><input type="checkbox"/> Child Tax Benefit Statement</p> <p><input type="checkbox"/> Employer record (pay stub or letter from employer on company letterhead)</p> <p><input type="checkbox"/> Income tax assessment (most recent)</p> <p><input type="checkbox"/> Insurance policy (home, tenant auto or life)</p> <p><input type="checkbox"/> Monthly mailed bank account statements for savings or chequing accounts (does not include receipts, bank books, letter or automated teller receipts)</p> <p><input type="checkbox"/> Mortgage, rental or lease agreement</p> <p><input type="checkbox"/> Ontario Motor Vehicle Permit (plate or vehicle portions)</p> <p><input type="checkbox"/> Property Tax bill</p> <p><input type="checkbox"/> School, college, or university report card or transcript</p> <p><input type="checkbox"/> Statement of Direct Deposit for Ontario Works for Ontario Disability Support Program</p> <p><input type="checkbox"/> Statement of Employment Insurance Benefits Paid T4E</p> <p><input type="checkbox"/> Statement of Old Age Security T4S (OAS) or Statement of Canada Pension Plan Benefits T4A (P)</p> <p><input type="checkbox"/> Statement of Registered Retirement Savings Plan (RRSP), Registered Retirement Income Fund (RRIF) or Registered Home Ownership Savings Plan (RHOSP) from a financial institution (bank, trust company, credit union)</p> <p><input type="checkbox"/> Utility bill (home telephone cable TV, public utilities commission, hydro, gas, water)</p> <p><input type="checkbox"/> Valid Ontario Driver's License</p> <p><input type="checkbox"/> Workplace Safety and Insurance Board Statement of Benefits T5007</p> <p><input type="checkbox"/> Your Canada Pension Plan Statement of Contributions</p>	<p>Section 3 <u>Support of Identity</u></p> <p><input type="checkbox"/> Canadian Immigration Identification Card</p> <p><input type="checkbox"/> Certificate of Canadian Citizenship (plastic card)</p> <p><input type="checkbox"/> Certificate of Indian Status (paper or plastic card)</p> <p><input type="checkbox"/> Confirmation of Permanent Residence (IMM 5292)</p> <p><input type="checkbox"/> Credit Card</p> <p><input type="checkbox"/> Current Employee ID</p> <p><input type="checkbox"/> Current professional association license</p> <p><input type="checkbox"/> Old Age Security card</p> <p><input type="checkbox"/> Ontario Motor Vehicle Permit (plate portion)</p> <p><input type="checkbox"/> Passport (Canadian or foreign)</p> <p><input type="checkbox"/> Permanent Resident Card</p> <p><input type="checkbox"/> Record of Landing (IMM 1000)</p> <p><input type="checkbox"/> Student ID card</p> <p><input type="checkbox"/> Union card</p> <p><input type="checkbox"/> Valid Ontario Driver's License or Temporary Driver's License</p>
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ID PROVIDED: YES

Hospital Staff

DATE (DD/MMM/YY)