

Waiver to enroll in MyChart:

PATIENT'S NAME:	DATE OF BIRTH:	PEDIATRICIAN:

Parent/Guardian accessing MyChart: (for patients under 18)

NAME:	
DATE OF BIRTH:	
ZIP CODE:	
EMAIL ADDRESS:	

Please check and initial that you understand the following:

O Mychart should **NOT** be used for medical emergencies and/or urgent medical matters

Online scheduling is <u>not</u> a feature our office offers at this time

○ When sending a message to your Pediatrician, this message will reviewed by a nurse and not your Pediatrician. A response will be returned within 72 hours by a triage nurse.

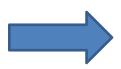
O Messages will be responded to within 2-5 business days. You should call the office if you do not hear back through MyChart

O MyChart does not contain a patient's whole medical record

Signature _____

Date:

**Please note that although we understand that some of these features would be beneficial, we are not able to modify them **





MYCHART FEATURES:

- Access to letters, health forms, lab results and growth charts
- Request a refill of medication
- Pay bills online
- Review visit summaries
- View upcoming appointments
- Send <u>NON URGENT</u> messages to our front desk and triage nurses
- View tip and informational sheets
- Update your medical demographics. Make changes to your address, insurance and contact information
- Update family medical history, current health issues, allergies and medications