

Inactivation Form

This form to be completed by a patient who wants to inactivate access to his/her electronic protected health information in MyChart kept at the Medical College of Wisconsin and/or Froedtert Health affiliates: Froedtert Hospital, Community Memorial Hospital, St. Joseph's Hospital, Froedtert & Medical College of Wisconsin Community Physicians, West Bend Surgery Center or Froedtert Surgery Center (the "Organizations"). Thank you for using the MyChart application.

To inactivate access to your MyChart account, you must complete the following steps:

1. Complete this Inactivation Form.
2. Mail the completed form to the following address (or drop it off at the front desk where you receive your care):
 Froedtert & Medical College of Wisconsin
 Office of Clinical Informatics
 200 Woodland Prime
 N74 W1501 Leatherwood Court
 Menomonee Falls, WI 53051

| | | | |
|---------------------------------|--|----------------|--|
| Patient's Name: | | Date of Birth: | |
| Address: | | Phone Number | |
| Reason for Inactivating Account | | | |

Terms:

- I understand that my MyChart account will be inactivated within 14 days.
- I understand that all MyChart proxy access to my account will also be inactivated.
- I understand that I will need to complete the enrollment process if I wish to re-enroll in MyChart.
- By signing below, I acknowledge that I have read and understand this MyChart Inactivation Form and I agree to its terms.

X _____ / _____ / _____
Patient Signature **Date (Required)** **Time (Required)**

| | |
|--|--|
| For Official Use: | |
| 1. Letter received on _____ by _____ | Date Signature of MCW or Froedtert Health Staff |
| 2. MyChart account inactivated on _____ by _____ | Date Signature of MCW or Froedtert Health Staff |
| 3. Patient's Medical Record No./EPI: _____ | |

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Medical Records Copy