



# OMC MyChart Teen Account Request

If you are a minor between the ages of 13 and 17 and would like to sign up for access to your medical information made available through OMC MyChart, please complete this form and return it to the address shown below.

**Patient Information** (All sections required – please print clearly.)

**Patient Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt #:** \_\_\_\_\_  
(Street)

\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
(City, State, Zip)

### OMC MyChart Terms and Conditions of Use

I have read and understand the requirements and procedures for accessing medical information through the OMC MyChart application as provided in the OMC MyChart Terms and Conditions of Use which can be obtained at any Olmsted Medical Center location or online at <https://www.olmmed.org>.

\_\_\_\_\_  
Signature of Patient (teen age 13-17 years old)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

\_\_\_\_\_  
Relationship to Patient or Description of Legal Authority  
(Documentation of legal authority required - please submit.)

**Submit completed form to Olmsted Medical Center, Attn: Information Privacy Specialist,  
210 Ninth Street SE, Rochester, MN 55904.**