



**DCH Health System  
Request for MyDCH Access**

**Patient Information**

(Please print)

\_\_\_\_\_, \_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Email Address

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Date of Birth Gender Phone Number

I wish to be enrolled in MyDCH – the DCH Health System patient portal.

**Patient Acknowledgment**

\_\_\_\_\_, \_\_\_\_\_  
Signature of Patient Date

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Signature of Legal Representative Relationship to patient Date

Office use:

- In person
- Copy of driver's license

Medical Record number: \_\_\_\_\_

Enrollment Request completed by: \_\_\_\_\_

## My-DCH Patient Portal Access

### Instruction and Documents needed to access My-DCH

<b>Access to Patient Portal</b>	
<b>Adults 14-and above</b>	Complete DCH Enrollment Request with one of the following.
	Valid Government issued Picture ID.
	<b>If no valid picture ID:</b>
	Birth Certificate and Social Security Card.

**PROXY: Gives another person access to review or print a patient's medical record from the MyDCH patient portal.**

<b>Proxy to Patient Portal</b>	
<b>Children 0-13</b>	Complete DCH Proxy Request with Valid Government Issued Picture ID for person being granted proxy and the following for the patient.
	Birth Certificate or Guardianship papers
<b>Adults 14-and above</b>	Complete DCH Proxy Request with Valid Government Issued Picture ID for person being granted proxy and one of the following for the patient.
	Valid Government issued Picture ID.
	<b>If no valid pictured ID:</b>
	Birth Certificate and Social Security Card.
<b>Patient unable to sign proxy</b>	Complete DCH Proxy Request with Government Issued Pictured ID for person being granted proxy and one of the following for the patient.
	Medical Power of Attorney.
	Guardianship papers.