

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/Time

_____, _____, _____
Signature of Legal Representative Date/Time Relationship to patient

Office use: _____

- In person
- Copy of driver's license

Medical Record number: _____

Enrollment Request completed by: _____



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* P O R T A L *

My-DCH Patient Portal Access
Instruction and Documents needed to access My-DCH

Access to Patient Portal	
Adults 14-and above	Complete DCH Enrollment Request with one of the following.
	Valid Government issued Picture ID.
	If no valid picture ID:
	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.

Proxy to Patient Portal	
Children 0-13	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
Adults 14-and above	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.
	If no valid pictured ID:
	Birth Certificate and Social Security Card.
Patient unable to sign proxy	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.



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