

IC-MyHealthRecord® Registration Form

Register today, and put your Christie Clinic medical information at your fingertips!

Fill out this application; read and sign the Terms and Conditions on the back, and bring it with a photo ID to any Christie Clinic location.

Please print:

Name* _____

Address* _____

City* _____ State* _____ Zip* _____

Phone number* _____

Date of birth* ___/___/___

E-mail address* _____

Clinic history number (optional) _____

*Required

Security question

(Please answer ONE of the questions below.

If you ever forget your User ID or password, you will need to know the answer to your security question.)

What's your mother's maiden name? _____

What's your favorite movie? _____

What city were you born in? _____

What's the name of your first pet? _____

What was your first grade teacher's name? _____

You will receive your User ID by mail!

See back for Terms and Conditions (must be signed to register for IC-MyHealthRecord). Questions? Call 217.366.9656.

Thank you for signing up for IC-MyHealthRecord.

IC-MyHealthRecord® User Terms and Conditions

Your access to IC-MyHealthRecord®:

- Only patients 18 years or older are eligible to have a portal created in IC-MyHealthRecord®.
- You will be required to provide proper photo identification when registering for use.
- Once the registration is complete, we will mail you your User ID.
- You will assign yourself a password upon initial sign-on to IC-MyHealthRecord.
- If you believe an unauthorized person is using your User ID and password, you must notify us promptly.
- If you decide not to use IC-MyHealthRecord, you must promptly notify us of your decision.

Patient Rights and Responsibilities:

- You must not use IC-MyHealthRecord for emergency situations.
- You must not abuse IC-MyHealthRecord in a manner contradictory to its purpose.
- You must provide accurate and complete information.
- You should contact us if you believe information on IC-MyHealthRecord is inaccurate.
- You must communicate in a professional and appropriate manner both in content and in frequency.
- You must safeguard your User ID and password. You are solely responsible for protecting them.
- IC-MyHealthRecord is not intended to replace the advice of your doctor, your current medical diagnosis, or your current treatment. As always, seek the advice of your physician or other qualified health care provider before starting new treatment, modifying your current treatment, or when you have questions regarding a medical condition or disease.

Christie Clinic Provision of IC-MyHealthRecord:

- We provide IC-MyHealthRecord in compliance with all federal and state regulations including HIPAA.
- We will not share or disclose protected health information on IC-MyHealthRecord with anyone.
- We use industry standard security measures, as used in online banking, to protect IC-MyHealthRecord.
- We reserve the right to modify Terms and Conditions, Information Sheet, or overall layout of the IC-MyHealthRecord as necessary.
- Minimum browser requirement Internet Explorer 6.0

DISCLAIMER:

CHRISTIE CLINIC WILL NOT BE LIABLE FOR ANY AND ALL CLAIMS AND DAMAGES ARISING FROM ACCESS OF YOUR IC-MYHEALTHRECORD DUE TO YOUR NEGLIGENT SHARING OR LOSS OF YOUR USER ID AND PASSWORD.

CHRISTIE CLINIC WILL NOT BE LIABLE FOR ANY AND ALL CLAIMS AND DAMAGES ARISING FROM INTERRUPTION IN YOUR ACCESS TO IC-MYHEALTHRECORD DUE TO TECHNICAL DIFFICULTIES OR TECHNICAL MAINTENANCE.

CHRISTIE CLINIC WILL NOT BE LIABLE FOR ANY AND ALL CLAIMS AND DAMAGES ARISING FROM INACCURATE OR INCOMPLETE INFORMATION YOU PROVIDED ON IC-MYHEALTHRECORD.

CHRISTIE CLINIC WILL NOT BE RESPONSIBLE FOR THE RESULTS OF YOUR DECISIONS RESULTING FROM THE USE OF THIS SERVICE, INCLUDING, BUT NOT LIMITED TO, YOUR CHOOSING TO SEEK OR NOT TO SEEK PROFESSIONAL MEDICAL CARE, OR YOUR CHOOSING OR NOT CHOOSING TO MODIFY OR TERMINATE SPECIFIC TREATMENT BASED ON THE INFORMATION PROVIDED BY THIS ONLINE SERVICE.

Patient Signature

Patient Printed Name

Date

For office use only: ID checked ____ (Please initial)