

Thank you for your interest in **My Healthy Connection**, an easy-to-use Internet tool that provides you quick and secure online access to your Riverside Medical Clinic health information from anywhere at anytime.

Instructions for Completing this Form

To sign up for access to your health information in **My Healthy Connection**, please complete this form and return it to the address shown below. If you would like access to your child or another adult's information via **My Healthy Connection** please ask your clinic for the appropriate forms or download them from: www.riversidemedicalclinic.com.

Return all forms to: Riverside Medical Clinic Attn: Health Information Management Dept.

7117 Brockton Avenue, Riverside, CA 92506

Fax to: (951) 784-6480 or email to: rmchealthinformationmanagement@uhsinc.com

My Healthy Connection Hot line (951) 321-6557

Your Information: (All sections required – please print clearly.)

Name (last, first, middle initial): _____

Social Security Number: _____ Date of Birth: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

Primary Care Physician: _____

My Healthy Connection Terms and Agreement

- I understand that **My Healthy Connection** is intended as a secure online source of confidential medical information. If I share my **My Healthy Connection** ID and password with another person, that person may be able to view my or my child's health information, and/or information about someone who has authorized me as a **My Healthy Connection** proxy.
- I agree that it is my responsibility to select a confidential password, to maintain my password in a secure manner, and to change my password if I believe it may have been compromised in any way.
- I understand that **My Healthy Connection** contains selected, limited medical information from a patient's medical record and that does not reflect the complete contents of the medical record. I also understand that a paper copy of a patient's medical record may be requested from the patient's clinic.
- I understand that my activities within **My Healthy Connection** may be tracked by computer audit and that entries I make may become part of the medical record.
- I understand that access to **My Healthy Connection** is provided by Riverside Medical Clinic as a convenience to its patients and that Riverside Medical Clinic has the right to deactivate access to **My Healthy Connection** at any time for any reason. I understand that use of **My Healthy Connection** is voluntary and I am not required to use **My Healthy Connection** or to authorize a **My Healthy Connection** proxy.
- By signing below, I acknowledge that I have read and understand this **My Healthy Connection Enrollment Form** and I agree to its terms.



Patient Signature

Date (required)