Creating A MyChart Account Without An Activation Code

Refresher

Audience: All HSHS Colleagues

This document explains the process for creating an account in MyChart without an activation code.

Epic HAND-OUT 🌮

📎 Let's Take a Look

1. Go to mychartportal.org

- 2. Select your clinic's location.
- 3. Click **Sign Up Now** under New User.



4. Click **Sign Up Online** under No Activation Code.



5. Complete the requested information. Please be sure to use your full name, not a nickname.

	Hospital Sisters	MyChart
Create a MyChart Accou	int	
We need some information from yo to create a user name and password	u in order to grant you a MyC d for MyChart. Please contact	hart account. Once submitted, you will be allowed your clinic if you have any questions.
* Indicates a required field		
Name		
* First name	Middle name	* Last name
Address		
*Country		~
United States of America		
* Street Address		
* City	* State	✓ [★] ZIP
County	•	
Other Information		
* Date of birth		
* Social Security number		
This is required	_	
*Legal Sex Female Male Unknown		
* Home phone		
* Email address	* Verify email address	
This is required		
As a spam prevention measure, cor	mplete the CAPTCHA below.	
V I'm not a robot	APTCHA scy - Teims	
For proxy access, plea	se access the Proxy Request F	form from your own MyChart account.
By entering the submit button I am am not misrepresenting myself or i	certifying that I am the patie mpersonating another indivi	nt whose access is being requested. I certify that I dual to gain access to information. I understand
that by making such certification I	may be held legally responsib	le under federal and state laws.
SUBMIT		

6. Create a user name and password

MyChart
Your secure online health connection
Hello ambulatorypoc Please choose a Username & Password
Step 2 of 3
All fields are required.
Please choose your MyChart Username and password.
AvChart Usernam
Username may consist of a-z, 0-0, and or @ Password Username. For increased security, use a combination of numbers and betters: linewrase and unnerrase).
and a final many must defen enable
Eight characters or more; case sensitive Retype Password
NEXT

7. Verify email address is correct.

8. Click Sign In.

Step 3	13
Enable	E-mail Notifications? information is available (such as test results or messages), we will send a notification message to your internet e-mail address.
Yes	No
E-mail Your e-m	Address Il address will be used for alerts only. We will not share your e-mail address with anyone.
Chief	na Aufdenhwikerghuheung
Example	chris@company.com
Retype	E-mail Address
Ovist	na Buldichwiler gitota org
Yes Mobile Your mot	Text Message Notifications? Information is available (such as test results or messages), we will send a text (SMS) notification message to your mobile phone. No Phone Number le phone number will be used for alerts only. We will not share your mobile phone number with anyone.
Example	555-5555
Retype	Mobile Phone Number
-	
SIGN	N
_	

9. Read the Terms and Conditions. If you agree, click Accept.



To proceed, you must agree to the following conditions governing the use of this Web site.

MyChart Terms and Conditions Statement

This web site ("MyChart") and related services are provided by Hospital Sisters Health System on its own behalf and on behalf of all of its affiliate hospitals and entities ("HSHS") to its patients and the patients of participating providers, as further described on Exhibit A, attached hereto and incorporated herein by reference ("Participants"), subject to compliance with the terms and conditions set forth below. Please read the following information carefully. Your continued use of MyChart will indicate your agreement to be bound by the terms and conditions as set forth below. If you do not agree to be bound by the terms and conditions as stated below, promptly exit this web site.

I. Privacy

Your privacy is of the utmost importance to us. HSHS and Participants, as applicable, will use your confidential medical information in order to provide you health care services. HSHS and Participants will, at all times, maintain your confidential medical information in strict confidence and will not disclose any information regarding your medical information to any unaffiliated third party unless you authorize that person or entity to receive your medical information or the information is permitted to be disclosed pursuant to state and/or federal law. Please review HSHS's and any applicable Participant's Notice of Privacy Practices for a thorough description of how your

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