



## Inactivation Form

This form to be completed by a patient who wants to inactivate access to his/her electronic protected health information in MyChart® kept at the Medical College of Wisconsin and/or Froedtert Health affiliates: Froedtert Hospital, Community Memorial Hospital d/b/a Froedtert Menomonee Falls Hospital, St. Joseph's Hospital d/b/a Froedtert West Bend Hospital, Froedtert & Medical College of Wisconsin Community Physicians, West Bend Surgery Center or Froedtert Surgery Center (the "Organizations"). Thank you for using the MyChart® application.

To inactivate access to your MyChart® account, you must complete the following steps:

1. Complete this Inactivation Form.
2. Mail the completed form to the following address (or drop it off at the front desk where you receive your care):

Froedtert & Medical College of Wisconsin HIM ROI MyChart, Second Floor  
 9200 W Wisconsin Avenue  
 Milwaukee, WI 53226

|  |  |              |  |
|--|--|--------------|--|
| <b>Patient's Name</b>                  |  | <b>DOB</b>   |  |
| <b>Address</b>                         |  | <b>Phone</b> |  |
| <b>Reason for Inactivating Account</b> |  |              |  |

**Terms:**

- I understand that my MyChart® account will be inactivated within 14 days.
- I understand that all MyChart® proxy access to my account will also be inactivated.
- I understand that I will need to complete the enrollment process if I wish to re-enroll in MyChart®.
- By signing below, I acknowledge that I have read and understand this MyChart® Inactivation Form and I agree to its terms.

\_\_\_\_\_ **Patient Signature** \_\_\_\_\_ **Date/Time (Required)**

**For Official Use:**

1. Letter received on \_\_\_\_\_ by \_\_\_\_\_  
Date Signature of MCW or Froedtert Health Staff

2. MyChart account inactivated on \_\_\_\_\_ by \_\_\_\_\_  
Date Signature of MCW or Froedtert Health Staff

3. Patient's Medical Record No./EPI: \_\_\_\_\_

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Original - Medical Records