Sutter Health
We Plus You

# My Health Online Release of Information Request

**SUTTER HEALTH USE ONLY**
MRN:
DOB:
Doc Type:
DOS:

**Select Your Sutter Affiliate / Hospital**

☐ Sutter Medical Foundation ☐ Sutter East Bay Medical Foundation ☐ Sutter Gould Medical Foundation
☐ Palo Alto Medical Foundation ☐ Sutter Pacific Medical Foundation
☐ Sutter Community Connect (write provider's name): _____
☐ A Sutter Hospital (write hospital name): _____

My Health Online provides you confidential, secure access to your personal health information – anywhere you have internet access. With My Health Online, you can conveniently access health information, view test results, request appointments, and more. For more information: Visit your local Sutter Health Affiliate's website or www.SutterHealth.org, E-mail us at myhealthonline@sutterhealth.org, or call us at 1-866-978-8837.

I request Sutter Health to release my personal health information, including test results, to my online personal health record. I understand that medical providers are prohibited by California law from releasing certain test results electronically. I understand that access to my health information is for my use only.

SIGNATURE: _____ DATE: _____

**Enrollment Information**

- You must be 18 or older to enroll.
- Your Online ID and password should not be shared with anyone.

**Requester Information**

**Name** _____
(please print legibly)

**Today's Date** _____ / _____ / _____

**Date of Birth (MM/DD/YYYY)** _____ /_____ / _____

**Last 4 digits of SSN** (optional) XXX / XX /_____

**E-mail** _____

**Mailing Address** _____

_____

**City** _____ **State** _____ **ZIP** _____

**Phone** ( _____ ) _____

**Receiving Your Access Code**

Your access code will be mailed to you. Please allow up to one week for processing.

Please ensure you sign this form. A missing signature will delay processing your request.

Bring this form to your next medical appointment or fax or mail your completed form to the Patient Services Contact Center

**Fax:** Patient Services Contact Center
Attn: My Health Online, (877) 607-6484

**Mail:** Patient Services Contact Center
Attn: My Health Online
P.O. Box 255386
Sacramento, CA 95865-5386

If you would like a copy for your records, please photocopy this form.

**SUTTER HEALTH USE ONLY**
Patient ID/Signature Verified By: _____ Date: _____ / _____ / _____