

**Authorization for Proxy Access to Patient Portal**

**DCH Health System**

**Patient Information (please print)**

Address

City/State

Date of Birth

Medical Record #

**My-DCH Patient Portal Access**  
**Instruction and Documents needed to access My-DCH**

		<b>Access to Patient Portal</b>
Adults 14 and above	Adults 14 and above	Complete DCH Enrollment Request with one of the following
For the following		

	<b>If no valid picture ID:</b>
	Birth Certificate and Social Security Card.