



Client/Patient ID Label

MyCAMH REGISTRATION FORM

A registration PIN is required to create a MyCAMH account. To obtain a PIN, please speak to your CAMH clinician/physician, or complete this form to the best of your ability and submit to the Health Records Department. Mandatory fields are indicated with an asterisk (*).

Please note, at this time, account registration is only available to patients; proxy accounts are not available.

I _____ request to register for a MyCAMH account.
Print Full Name*

_____	_____	_____	
Date of Birth* (dd/mm/yyyy)	OHIP/ Health Card Number	Health Record Number (optional)	
_____	_____	_____	_____
Street Address	City/ Town	Province	Postal Code

Unit/ Clinic/ Service(s)			

CONTACT INFORMATION:

The information you provide below will be used to connect your CAMH medical health record to your MyCAMH account. By providing your contact information below, you are giving CAMH the permission to send your registration PIN and to contact you if we require further information.

_____	_____
Email Address*	Telephone Number

Preferred method of communication: Email Telephone

I have attached a copy of my government issued photo ID to this registration form (e.g. health card, driver's license, passport, or permanent resident card). **If you do not have a piece of ID available at the time of submitting this form, please leave this check box unmarked and complete the remainder of the form.**

Signature*: _____	Date: _____ (dd/mm/yyyy)
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Once this form is completed, please email it to mycamh.support@camh.ca or drop it off to the Health Records Department. Expect to be contacted within 5 business days. For more information on MyCAMH, please visit www.camh.ca/mycamh

Health Records – Release of Information Department
100 Stokes Street, 7th Floor
Toronto, Ontario
M6J 1H4