Office U	Jse Only	/ :		
Acct #:				
DOB: _	/	/	 -	



FollowMyHealth PATIENT PORTAL REGISTRATION

24/7 access to your medical records

Signature

(please print legibly)

Email:

You will receive an email inviting you to register for "FollowMyHealth" within the next 2 business days. If you do not activate this on-line service within 90 days, the invitation will expire.

Signature of Patient	 Date

FollowMyHealth - Proxy Access

Patient/Guardian Signature



Giving Others Access to Your Medical Records

- A proxy is a person who is 18 years of age or older who can access your information as if they were you
- A spouse, adult child, or a caregiver can be granted full access to your medical records with proxy access.
- In order for a proxy to view information in FollowMyHealth, please complete the form below.
- Authorization for proxy access to an adult patients account is valid until revoked by the patient.
- Authorization for proxy access to a child account is valid until the child turns 18.

	Name	E	Birthdate
	Home Phone:	_	
	<u>Proxy</u> Information		
	Name		
	Address:		
	City:	State:	Zip Code
	Home Phone:		
	Proxy's Email Address:		
	Relationship to Patient:MotherFatherGuardianSpouse	Step Mother Power of At	·
	Other (specify)		ioney
HC			•
	Other (specify) ORIZATION TO RELEASE PROTECTE I authorize i-Health to release medical infor following information is to be released: Any	ED HEALTH INFORMA rmation via FollowMyHea v and all information as al	ATION Ilth to the designated proxy names above. lowed through FollowMyHealth.
	Other (specify) ORIZATION TO RELEASE PROTECTE I authorize i-Health to release medical infor	ED HEALTH INFORMATION via FollowMyHead and all information as all this authorization at any	ATION with to the designated proxy names above, lowed through FollowMyHealth, time.
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Date