

Manage your child's personal medical records, communicate with their doctors, and make more informed decisions about their health



Send and receive secure online messages



View test and lab results



Request Rx refills



Schedule appointments



Receive email

care reminders

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Set up proxy accounts for children and

dependent adults

Get 24/7 online access from any computer, smartphone or tablet







Click the registration link in the email you receive from noreply@followmyhealth.com.



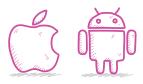
Log In to Your Portal Account. If you don't have your own portal account, you must create an account with your personal information (not your child's) and click **"I Accept."**



Register as a Proxy. Follow the onscreen prompts to enter an **Invite Code** (provided by our organization). Click "I Accept" and you will be taken to **YOUR** portal account. (If you have more than one child, repeat these steps and enter the invite code for each child).

At the top of your portal page, you'll see a dropdown arrow next to **Hello, Name.** Click the name of the child whose account you wish to access here.

You now have 24/7 secure, online access to our patient portal and your child's medical information!



Access your child's medical information on the go

Download the free portal app at your Apple or Android store. Enter FollowMyHealth in the search field.



Authorized Individual Proxy Portal Form

Patient Name	Medical Record Number (For office use only)
	Medical Record Nulliber (For office use only)

Please Provide the following authorized individuals information to receive a proxy invitation: **ALL INFORMATION IS REQUIRED.**

First Name

Last Name:

Email Address:

Last Four(4) of social security number

Note: The last four (4) of the individual's SSN is used as the security code and will be required to be entered by the proxy when they are setting up the account.

Relationship to patient: Put an X in the field that applies to you.

Relationship	Relationship
Mother	Brother
Father	Sister
Step Mother	Step Brother
Step Father	Step Sister
Guardian	Aunt
Spouse	Uncle
Grandmother	Attorney
Grandfather	Power of Attorney
Caregiver	Other
Please specify other:	

Telephone Number: ()
Street Address:	
City:	
State:	
Zip Code:	

Printed Name of Parent/Patient/Legal Representative Signature of Parent/Patient?Legal Representative

Date