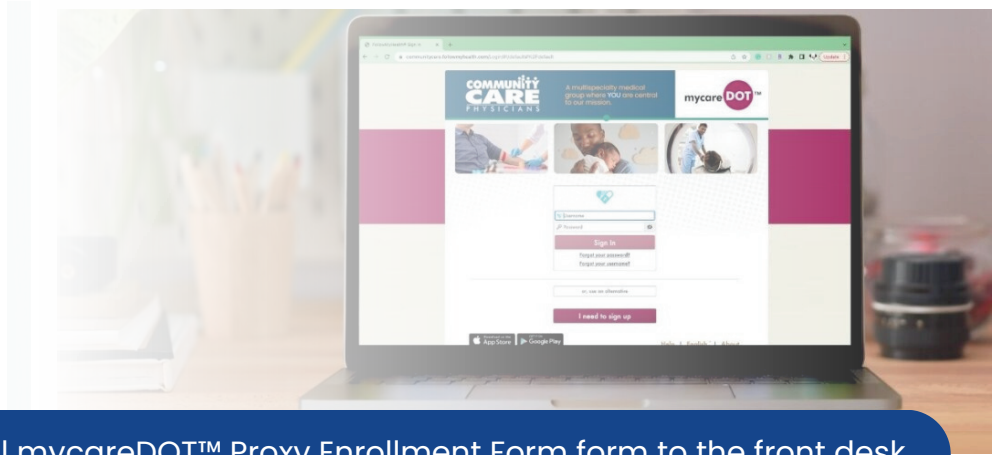


# MY PATIENT PORTAL

## Proxy Account Enrollment Form



Please give this Patient Portal mycareDOT™ Proxy Enrollment Form to the front desk.

Patient's Name: \_\_\_\_\_ Patient's Date of Birth: \_\_\_\_\_

### Information for the individual who will be the PROXY:

Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Patients age 0 through 11 - Proxy access will be Minor full access, Patients age 12-18 proxy access will be Young Adult with limited features.

If the patient is age 18 or older they must choose what access they would like the proxy to have (please check one):

☐

Full Access

☐

Read Only

*(PLEASE NOTE: If choosing Read Only access the authorized individual will be authorized to access your FollowMyHealth health record ONLY and will NOT be able to communicate with or otherwise engage in transactions with your providers)*

Signature of patient or legal guardian: \_\_\_\_\_

Name of legal guardian (if applicable): \_\_\_\_\_

By completing this form and submitting it to your doctor's office, you are agreeing to the terms and conditions and allowing the office to invite you to join the patient portal via email invitations. You may also receive health and company news and announcements from Community Care Physicians, through your portal account. If you do not understand or do not agree to comply with or do not consent to these policies or procedures, please do not complete this form to enroll in the patient portal. A copy of this form will be scanned into your permanent medical records.