

ADULT PROXY release form

Primary Care Partners provides patients with on-line access to their records through FollowMyHealth. Once enrolled for access, you will receive an e-mail invitation from noreply@FollowMyHealth.com to activate your account. If you do not see the invitation within a few days, please check your Junk or Spam folder.

*** Authorized representative may be required to submit copies of legal documents supporting his/her authority to act on a patient's behalf. If returning this form by mail or fax you MUST include a copy of all proxy(s) driver's license with this form**

WCPA
 FPWC
 WCPG
 TSM
 PTSC
 RCFP
 Nutrition

MRN#:

Patient	Full Name:		Phone#:	
	Address:			
	City:	State:	Zip:	
	Date of Birth:	Last 4 digits Social Security #:		

Please complete the below section for each individual requesting proxy access to above patient's account.

Proxy 1	Proxy 1's Name:	Date of Birth:
	Proxy 1's Address:	Relationship to Patient:
	E-mail address:	Phone #:
Proxy 2	Proxy 2's Name:	Date of Birth:
	Proxy 2's Address:	Relationship to Patient:
	E-mail address:	Phone #:
Proxy 3	Proxy 3's Name:	Date of Birth:
	Proxy 3's Address:	Relationship to Patient:
	E-mail address:	Phone #:

By signing below, I authorize Primary Care Partners to enroll me and/or provide proxy access to my information to the above listed individual(s) in Primary Care Partner's patient portal.

Signature of patient/legal representative*

Relationship to patient

Date

Return form to: Primary Care Partners, PO Box 10700, Grand Junction, CO 81502
or fax to: WCPA – 970-243-7792 FPWC – 970-245-9148 WCPG – 907-241-4650
TSM – 970-241-8599 PTSC – 970-241-8599 RCFP – 970-256-5290 Nutrition – 970-254-2398