

## Minor 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](mailto: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.

***If returning this form by mail or fax you MUST include a copy of your driver's license with this form.***

WCPA  
  FPWC  
  WCPG  
  TSM  
  PTSC  
  RCFP  
  Nutrition

		MRN#:	
<b>Parent/ Guardian</b>	Full Name:		Phone#:
	Address:		
	City:	State:	Zip:
	Date of Birth:	Last 4 digits Social Security #:	
	E-mail Address:		
<b>Please complete the below section for each child under the age of 18.</b>			
<b>Child 1</b>	Child's Name:		Date of Birth:
	Child's Address: <input type="checkbox"/> Same as above		Proxy's Relationship to Child:
<b>Child 2</b>	Child's Name:		Date of Birth:
	Child's Address: <input type="checkbox"/> Same as above		Proxy's Relationship to Child:
<b>Child 3</b>	Child's Name:		Date of Birth:
	Child's Address: <input type="checkbox"/> Same as above		Proxy's Relationship to Child:
By signing below, I authorize Primary Care Partners to enroll me and the above patients in Primary Care Partner's patient portal.			
_____ <b>Signature of patient/legal representative*</b>		_____ <b>Relationship to patient</b>	_____ <b>Date</b>

\* Authorized representative may be required to submit copies of legal documents supporting his/her authority to act on a patient's behalf.

**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**