

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 to activate your account. If you do not see the invitation within a few days, please check your Junk or Spam folder.

WCPA
 FPWC
 WCPG
 TFSM
 PTSC
 RCFP
 Nutrition

MRN#:

Parent/ Guardian	Full Name:		Phone#:		
	Address:				
	City:		State:	Zip:	
	Date of Birth:		Last 4 digits Social Security #:		
	E-mail Address:				

Please complete the below section for each child under the age of 18.

Child 1	Child's Name:		Date of Birth:	
	Child's Address:		<input type="checkbox"/> Same as above	Proxy's Relationship to Child:
Child 2	Child's Name:		Date of Birth:	
	Child's Address:		<input type="checkbox"/> Same as above	Proxy's Relationship to Child:
Child 3	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.

Signature of patient/legal representative*

Relationship to patient

Date

* 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 – 970-241-4650
TFSM – 970-241-8599 PTSC – 970-241-8599 RCFP – 970-256-5290 Nutrition – 970-254-2398
If returning this form by mail or fax you MUST include a copy of your driver's license with this form.