Adult Proxy Release Form

PRIMARY CARE PARTNERS
3150 N. 12th Street • Grand Junction, Colorado 81506
P.O. Box 10700 • Grand Junction, Colorado 81502

Primary Care Partners provides patients with online access to their records through FollowMyHealth. Once enrolled for access, you will receive an email 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 ☐ RCFM ☐ NTW			Patient #/MRN #:
Patient	Full Name:		Phone#:
	Address:		
	City:	State:	ZIP:
	Date of Birth:	Last 4 digits of SSN:	
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. Authorized representative maybe required to submit copies of legal documents supporting his/her authority to act on a patient's behalf.

Patient/Legal Representative Signature Relationship to Patient Date