



## Patient Portal Proxy Authorization



A proxy authorization grants another person full access to your patient portal. This may be a parent, guardian, or someone who assists in managing your healthcare.

**SELECT ONE:**

I AM AN ADULT PROXY

I AM A MINOR PROXY

### PATIENT INFORMATION:

FULL LEGAL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

OTHER NAMES USED FOR TREATMENT \_\_\_\_\_

ADDRESS LINE 1 \_\_\_\_\_ ADDRESS LINE 2 \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

(HOME) PHONE \_\_\_\_\_ (CELL) PHONE \_\_\_\_\_ (WORK) PHONE \_\_\_\_\_

### PROXY INFORMATION:

FULL LEGAL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

RELATIONSHIP TO PATIENT \_\_\_\_\_

ADDRESS LINE 1 \_\_\_\_\_ ADDRESS LINE 2 \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

(HOME) PHONE \_\_\_\_\_ (CELL) PHONE \_\_\_\_\_ (WORK) PHONE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

I allow FollowMyHealth to release my personal health information from \_\_\_\_\_ Southeast Medical Group \_\_\_\_\_ to the proxy listed above via an online FollowMyHealth patient portal account. I understand that:

- If change my mind and no longer want the proxy to have access I may inform Southeast Medical Group in writing at any time.
- Southeast Medical Group is not responsible for the confidentiality of information that is released to/or used by my proxy.
- Southeast Medical Group cannot prevent my proxy from releasing my information to another person or organization. The patient and the proxy must sign if this form is for an adult proxy.
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PATIENT SIGNATURE \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

PROXY SIGNATURE \_\_\_\_\_

DATE SIGNED \_\_\_\_\_