

PATIENT PORTAL REGISTRATION FORM

The FollowMyHealth patient portal at the San Fernando Internal Medicine is designed to enhance secure patient and provider communications and is provided as a courtesy to our valued patients. Please complete and submit this form along with copies of required legal documents to authorize San Fernando Internal Medicine to email an invitation to create a portal account.

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|----------------------------|---|
| Purpose for Access: | PERSONAL ACCOUNT ACCESS: (photo ID required) |
| | I am 18 years or older and request access to my own medical record information |
| | I am 18 years or older and grant Read Only Access to my medical records to the authorized user listed below |
| | I am 18 years or older and grant Full Access to my medical records to authorized listed below |
| | AUTHORIZED USER ACCESS: (copies of legal documents and photo ID required) |
| | I am 18 years or older and request Read Only Access to a medical record (indicate legal status below) |
| | I am 18 years or older and request Full Access to a patient medical record (indicate legal status below) |
| | I have legal paperwork for POA/Guardian/Adoption/Ward of the State or Country for this patient |

Patient Information (please print):

Patient Name: _____ Middle Name: _____ Last Name: _____

Patient DOB: _____ Phone Number: _____

Email address where patient portal messages will be sent: _____

I hereby authorize **San Fernando Internal Medicine** to use/disclose individually identifiable health information to the FollowMyHealth patient portal for my online access to **San Fernando Internal Medicine** health care information:

Patient Signature: _____ Date: _____

Authorized User Information (please print) _____

Authorized User Name: First Name: _____ Middle Name: _____ Last Name: _____

Authorized User DOB: _____ Relationship to Patient: _____

Email address where Authorized User portal message will be sent: _____

Address: _____ City, State: _____ Zip Code: _____

Home phone: _____ Cell phone: _____

Authorized User Signature: _____

| | |
|---|-------------|
| For Front Desk Use Only | |
| Photo ID & Copies of Legal Documents Verified by: _____ | Date: _____ |
| For Portal Use Only | |
| Patient Portal Invite sent by: _____ | Date: _____ |
| (verified email address and legal documents, FMH invite sent, paperwork scanned and saved in patient chart) | |