

NORTHWELL HEALTH
FOLLOWMYHEALTH PATIENT PORTAL AUTHORIZATION FORM AND PROXY REQUEST
for ADULT PATIENT WITH LEGAL REPRESENTATIVE

This FollowMyHealth Patient Portal Proxy allows an adult patient's Legal Representative to designate full or partial access to the patient's health information for themselves or another individual. Partial access allows the designated individual to view the patient's information, while full access includes the ability to communicate on the patient's behalf with their Northwell Health care team. The Patient's Legal Representative must complete this request form in order to receive proxy rights or grant them to a designated individual.

Section I. PATIENT INFORMATION

PATIENT NAME: _____ **DATE OF BIRTH:** ____/____/____
LAST FIRST MI MM DD YYYY

AGE: _____ **GENDER:** M F **PHONE #** _____ Cell Home Work

HOME ADDRESS: _____
Street Address City State Zip

LEGAL REPRESENTATIVE (*must submit supporting documents*): Legal Guardian Power of Attorney Other

Representative Name: _____ **Date of Birth:** ____/____/____
LAST FIRST MI MM DD YYYY

Relationship to Patient: _____ **Phone #** _____ Cell Home Work

Home Address: _____
Street Address City State Zip

Section II. Proxy Information for Adult Patient

Name of Person being granted proxy _____ **Date of Birth** ____/____/____
LAST FIRST MI MM DD YYYY

Home Address: _____
Street Address City State Zip

Phone #: _____ Home Cell Work **Relationship to Patient:** _____

E-mail Address: _____ **Level of Access:** View Access Only Full Access

Patient or Legal Representative Authorization:

- I, as patient or Legal Representative, authorize Northwell Health to disclose my protected health information (PHI) to the FollowMyHealth™ Patient Portal. This information includes, but is not limited to: health summary, current problem list, current medications, lab results, appointment information.
- The information may include, and I specifically authorize release of, information relating to 1) Acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV) infection, 2) treatment for drug or alcohol abuse, 3) sexually transmitted diseases or 4) mental or behavioral health or psychiatric care.
- I understand that this Authorization will be in effect until such time as it has been revoked and that I may revoke this Authorization at any time by contacting the FMH Support line at 844-364-8108, or by writing to the provider at the address below. Revocation shall be effective except to the extent that action has already been taken based on this Authorization.
- I understand that signing this Authorization is voluntary. My treatment will not be conditioned upon my authorization of this disclosure.
- Information disclosed under this Authorization might be re-disclosed by the recipient, and this re-disclosure may no longer be protected by federal or state law.

Proxy Designation

- I request that FollowMyHealth™ send an electronic (e-mail) message and link to the person I have indicated herein as my proxy, inviting them to establish a linked account in the FollowMyHealth™ Patient Portal in accordance with their policies and User Agreement. Once established, they will be able to view and access my health information, and, if "Full Access" is designated above, communicate regarding my care.
- I understand that I may cancel this designation at any time by contacting the FMH Support line at 844-364-8108, or by writing to the provider at the address below.

 Patient (or Legal Representative) Signature

 Date

Proxy Acknowledgement

I acknowledge and agree that:

- I will establish my own FollowMyHealth account in order to access the patient's FollowMyHealth Personal Health Record (PHR) account.
- I will comply with the Terms and Conditions presented by FollowMyHealth upon establishing my account.
- I understand that I will be granted the access indicated above and that this access can be cancelled or modified by the patient at any time.

 Portal Proxy Signature

 Relationship to Patient

 Date

When complete please mail or fax (with documentation of guardianship or other legal representation status, if applicable) to:

Northwell Health
EMPI Department
 1983 Marcus Avenue First Floor, Suite 118
 Lake Success, NY 10042

Fax: (516) 495-5993

OFFICE USE ONLY

Patient's Name: _____ **DOB** _____ **EPI/MRN #** _____

APPROVED: MANUAL INVITE SENT ON: _____ **PROXY ACCOUNT CREATED ON:** _____

FollowMyHealth™ Portal Proxy Information

As a FollowMyHealth™ Portal Proxy you have the ability to view and manage the patient's individual health information. Here are a few things to keep in mind as you use the portal:

- You will create your own FollowMyHealth account that will be linked to the patient's information.
- If you already have a FollowMyHealth account and are connected to your own doctor, you can associate the patient's health information to this existing account.
- When you log in, the information you see will be your own.

Northwell Health

Home | Inbox (1) | My Health | My Info

Hello Bob | My Account | English

FIVE FHEMAILE

Health Summary

Age: 69
Gender: Unspecified

Appointments

Search: [] Request Export

Upcoming | Past | Other

You have no upcoming appointments.

Hello Bob | My Account | English

FIVE FHEMAILE

My Health

To view the patient's health information, click on your name in the toolbar at the top of your screen and select the correct individual from the list.

- You will now see the patient's information displayed and have access to take action on his or her behalf (ex. Send medication renewal requests, send a secure message to a physician, request an appointment, etc.)

Northwell Health

Home | Inbox (0) | My Health | My Info

Hello FIVE FHEMAILE | My Account | English

Health Summary

Age: 26
Gender: Male
Primary Insurance: SELF PAY UNINSURED

Appointments

Search: [] Request Export

Upcoming | Past | Other

You have no upcoming appointments.

If you need help, call the Toll-Free FollowMyHealth™ Patient Support Line: (844) FMH-8108