



NIH Clinical Center FollowMyHealth® Patient Portal Proxy Account Request Form

This form must be completed in order to request proxy access to the NIH Clinical Center's FollowMyHealth® Patient Portal. For minor patients, the parent/legal guardian of the minor child must complete the form. For adult patients, the patient or legal representative must complete the form. Please complete each section of the form and submit back to the Patient Portal Support staff via mail at 10 Center Drive, MSC 1192, Bethesda, MD 20892-1192 or via fax at: 301-480-9982.

Proxy Requester Information (all fields are required):

Print Name (*first middle last*)

Date of Birth (*mm/dd/yyyy*)

Street Address

City

State

Zip

Phone Number

Email Address

Relationship to Patient

Patient Information (all fields are required):

Print Name (*first middle last*)

Date of Birth (*mm/dd/yyyy*)

Street Address

City

State

Zip

Phone Number

Email Address

AUTHORIZATION: Permission is hereby granted to the National Institutes of Health Clinical Center to release medical information via the NIH Clinical Center FollowMyHealth® Patient Portal, to the individual as identified above. I agree to the use of secure electronic communications and the sharing of portions of the patient's medical record in identifiable form with Allscripts LLC for the purpose of populating my FollowMyHealth® proxy portal account, and understand that I will be able to connect through FollowMyHealth® to the patient's NIH Clinical Center electronic medical record. I have specified the email address above to which electronic communications can be directed

Signature of Patient (*or authorized person*)

Date

Proxy Signature

Date