



Patient Portal

We offer an online patient portal called [FollowMyHealth](#) that enables patients to communicate with us quickly, easily, and on their schedule. This is a secure portal that delivers self-service capabilities for patients to manage their healthcare at their convenience. With [FollowMyHealth](#), patients can:



- Obtain Medical Information
- Request Appointments
- Message Your Provider
- View Lab and Test Results
- Request Prescription Refills
- View Clinical Summaries of Your Visit
- Access Health Records

Existing patients have access to our patient portal on our website's homepage, www.NAPC.md. If you are a new patient and need to create an account, please follow the following steps:

1. Provide our office with your email address.
 - We will send you a portal invitation via email. Please open the email from noreply@followmyhealth.com (Please note: this email may be in your spam/junk folder.)
2. Select the link that states "Click Here to Begin!" to activate your account.
3. Click "Sign Up and Connect"
4. Create a user ID and password
5. Accept the "Terms of Service"
6. Enter your "Invite Code" (your 4-digit birth year).
7. Accept the "Release of Information".

Your account is now created!



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 NORTH ATLANTA PRIMARY CARE 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 NORTH ATLANTA PRIMARY CARE in writing at any time.*
- *NORTH ATLANTA PRIMARY CARE is not responsible for the confidentiality of information that is released to/or used by my proxy.*
- *NORTH ATLANTA PRIMARY CARE cannot prevent my proxy from releasing my information to another person or organization.*
- *The patient and the proxy must sign if this form if it is for an adult proxy.*

PATIENT SIGNATURE

DATE SIGNED

PROXY SIGNATURE

DATE SIGNED