



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 if it is for an adult proxy.*

PATIENT SIGNATURE

DATE SIGNED

PROXY SIGNATURE

DATE SIGNED