

QUILLEN ETSU PHYSICIANS

EAST TENNESSEE STATE UNIVERSITY

Patient Portal Registration Form

Portal A	Account Classification: (Copies of legal docu	ments or photo ID required)
Adult Age 18 or Older (or Emancipated Minor):	□ I request access to my medical information	through the FollowMyHealth™ Patient Portal.
Adult Age 18 or Older (or		rough the FollowMyHealth™ Patient Portal to the proxy listed
Emancipated Minor) Proxy:	below.	through the FollowMyHealth™ Patient Portal.
Minor/Adolescent Age 14 through 17:		
Minor/Adolescent Age 14 through 17	□ I am the custodial parent or legal guardian	of a minor patient age 14 through 17 with a medical exception
Proxy (for medical exceptions only):		dical information through the FollowMyHealth™ Patient Portal.
	This access must be approved by the clini	c manager.
Infant through Age 13 Proxy:	□ I am the custodial parent or legal guardian minor patient's medical information through th	of a minor patient age 13 or younger and request access to the e FollowMyHealth™ Patient Portal.
Dependent Adult Proxy:		thcare power of attorney for another adult and request access
Declination:		lealth™ Patient Portal but am declining access and
	understand that my refusal will not affect my	ability to obtain treatment.
	Patient Information: (please	e print)
Patiant Nama		
Patient Name: First Nam	e Middle Name	Last Name
Patient DOB:	Phone: ()	
MM/DD/YY	YY	
Email address to receive patient portal n	nessages:	@
I hereby authorize Quillen ETSU Physicians to disclose my protected health information to the FollowMyHealth [™] Patient Portal to enable online access to my healthcare information for myself and/or the individual proxy listed below. I understand the FollowMyHealth [™] Patient Portal may contain sensitive data including, but not limited to, testing, evaluating, and diagnosing, and/or treatment of sexually transmitted diseases, HIV/AIDS, birth control, pregnancy or family planning, alcohol and/or drug dependency or addiction, behavioral or mental health and genetic screening tests and that if I choose to grant proxy access to my FollowMyHealth [™] Patient Portal my proxy may have access to this same health information. I understand my, or my proxy's, portal access can be discontinued at any time by contacting portable.		
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