How to Invite a Proxy of a patient to join the FollowMyHealth Patient Portal

(A completed and signed portal registration consent form by patient and proxy and proof of identity must be presented before inviting a Proxy to FollowMyHealth patient porta)

Proxies are Parents or Legal Guardians of patients that have custody or power of attorney over a patient and can make and set appointments and view health information. Parents wanting their children to have a portal account and dependent adults who have caregivers who want Portal accounts must be invited using these steps.



- Located on your desktop (Only for dashboard users)
- a. Dashboard users will have access to invite patients, connect patients, and add patient proxies to the patient portal.



2. Click the FMH shield to begin the login process to the Dashboard.



3. Login when this window opens.

| | FMH | |
|---------|-----------------------|--|
| Email o | rusemame | |
| Passwo | rd | |
| | Sign In | |
| | Forgot your password? | |

4. After you successfully login, you'll see this window.



5. On the left, click "Patients." Click "Authorized Individuals."

| Home | Home > Patients > Authorized | I Individuals | | | | | | | | | |
|------------------------|------------------------------|------------------------------|----------------------------|------------|------------|-----|-------|-----------------------|-------------------------|-----------------------|---------------|
| Admin + | Authorized Indiv | iduals | | | | | | | | | |
| Communications > | | | | | | | | | | | |
| Forms > | Search Type First Name | Search F | Results | | | | | 0 Patient(s) Selected | View Pending Authorized | Individuals Add Patie | int to Invite |
| Organization + | Inst Name | Portal Membe | rr Select Patient | First Name | Last Name | DOB | Email | SSN | Phone | Organization | |
| Patients + | | | | | | | | | | | |
| Clinical Data Updates | Social Security Number | | | | | | | | | | |
| Authorized Individuals | MRN | | | | | | | | | | |
| Incoming Requests | 0 | | | | | | | | | | |
| Invite Patient | Date of Birth | < | | | | | | | | | > |
| Provider Access | Search | Relationship | Individuals for this Patie | Last Name | Date of Bi | rth | SSN | Email | Access | Health Record Up | fates |
| Manage Providers | Advanced Search | | | | | | | | | | |
| Reports + | Add Authorized Individual | | | | | | | | | | |

- 6. Find patient account by using one of the following:
 - a. First/Last Name
 - b. Social Security Number
 - c. MRN (medical record number)
 - d. Date of Birth
- 7. Click "Search" or press enter.

Authorized Individuals

| Se | First Name | ^ | Search Resi | ults | | | | | 1 Patient(s) Selected | View Pending Authorized | Individuals Add Patient to Inv | rite |
|----|------------------------|---|--------------------|-------------------------|----------------|-----------------------|-------------|-------|-----------------------|-------------------------|--------------------------------|------|
| ۲ | etsu | | Portal Member | Select Patient | First Name | Last Name | DOB | Email | SSN | Phone | Organization | |
| | Last Name | Ŧ | Test - Quillen ETS | U Physicians (1) | | | | | | | | |
| | test | | | • | Etsu | Test | 01-Oct-2015 | | XXX-3 | (X-2333 (423) 888-10 | 12 Test - Quillen ETSU Phys | 3 |
| 0 | Social Security Number | | | | | | | | | | | |
| 0 | MRN | | | | | | | | | | | |
| 0 | Date of Birth | | < | | _ | | | | | | | , |
| | Search | | Authorized Indiv | riduals for this Patien | t Authorized I | ndividuals for Others | | | | | | |
| | Advanced Deput | | Relationship | First Name | Last Name | Date of | f Birth | SN | Email | Access | Health Record Updates | |

8. Select the patient (Etsu Test) by clicking the button next to their name. If this patient already has proxies setup, they will appear in the lower box.

9. Select "Add Patient to Invite" in the top right corner. Note the patient's name will now appear in the "Add Authorized Individual" box on the lower left side.

| arch Type | Search Res | sults | | | | | 0 Patient(s) Se | elected View P | ending Authorized Indi | Add Patient | to Inv |
|--|--------------------------------|--|-------------------------------|---------------------------------|-------------|-------|-----------------|--|--------------------------|----------------------|--------|
| First Name | | | | | | | | Current Curren | ondarig i louror 200 mai | | |
| etsu | Portal Member | Select Patient | First Name | Last Name | DOB | Email | | SSN | Phone | Organization | |
| Last Name | ▼ Test - Quillen ET | SU Physicians (1) | | | | | | | | | |
| test | | 0 | Etsu | Test | 01-Oct-2015 | | | XXX-XX-2333 | (423) 888-1012 | Test - Quillen ETSL | J Phy |
| ocial Security Number | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| RN | | | | | | | | | | | |
| IRN | | | | | | | | | | | |
| MRN | | | | | | | | | | | |
| IRN ate of Birth DD.MMMAXYYYY | | | | | | | | | | | |
| IRN Atte of Birth DD-MMM-YYYY 20 | Authorized Ind | lividuals for this Patier | t Authorized I | ndividuals for Others | | | | | | | |
| IRN Vate of Birth DD-MMM-YYYY 20 Search | Authorized Ind | ividuals for this Patier | nt Authorized In | ndividuals for Others | 1046 - 2014 | | | | | La dia Grand La da | |
| IRN wate of Birth DD-MMM-YYYY | Authorized Ind Relationship | ividuals for this Patier First Name | Authorized In Last Name | ndividuals for Others Date o | r Birth SSN | | Email | | Access | Health Record Updat | 65 |
| ARN Late of Birth DD-MMM-YYYY Search Advanced Search Authorized Individual | Authorized Ind Relationship | ividuals for this Patier First Name | t Authorized It Last Name | ndividuals for Others Date o | t Birth SSN | | Email | | Access | Health Record Update | 015 |
| ARN Date of Birth DD-MIMM-YYYY Search Advanced Search Advanced Search tau Tael | Authorized Ind Relationship | ividuals for this Patien First Name | Authorized II Last Name | ndividuals for Others Date o | t Birth SSN | | Email | | Access | Health Record Update | it is |
| ARN DD-MMM-YYYY 20 Search Advanced Search Advanced Search State Individual Isu Test Test - Culles ETSU | Authorized Ind Relationship | ividuals for this Patien First Name | nt Authorized In Last Name | ndividuals for Others Date o | r Birth SSN | | Emai | | Access | Health Record Update | 75 |
| Advanced Search Advanced Search Advanced Search Startst Su Test Test - Quillen ETSU Physicians | Authorized Ind Relationship | ividuals for this Patien First Name | Authorized In Last Name | ndividuals for Others Date o | t Birth SSN | | Email | | Access | Health Record Updat | 05 |
| IRN ate of Birth DD-MMM-YYYY 20 Search Advanced Search Advanced Search Suthorized Individual su Test Test - Quillen ETSU Physicians | Authorized Ind Relationship | induals for this Patien First Name | Authorized In Last Name | ndividuals for Others | t Birth SSN | | Emai | | Access | Health Record Updat | les |
| RN ate of Birth DD-MMM-YYYY Search Advanced Search Advanced Search Suthorized Individual su Test Test - Quillen ETSU Physicians | Authorized Ind Relationship | ividuals for this Patien | Authorized In Last Name | ndividuals for Others Date o | r Birdh SSN | | Email | | Access | Health Record Updat | les |

10. Use the scrollbar to scroll down or go to full screen. Click "Invite Authorized Individual."

| Coord | 9] | Aut |
|-----------------------------------|--------|-------|
| Search | 5 | Relat |
| Advanced Sean | cn | |
| | | |
| Test - Quillen ETSU Physicians | ^ | |
| | ~ | |
| Remove Patien | t | . < |

11. Enter the Proxy's information:

- a. First Name
- b. Last Name
- c. Email address
- d. Security Code (birth year of patient)
- e. Select Relationship
- f. Access Level (always set to Full Access)
- g. Proxy's telephone number
- h. Address (street address, city, state, zip code)
- i. Click "Send Invite" in the bottom right.

| Basic Information | Last Name | | Full Access Informat | tion |
|----------------------|-------------------------------------|---------------|--|------------|
| joe | test | | United States | ~ |
| Email Address | | Security Code | Telephone Number | |
| joetest@hotmail.com | | 2015 | 4235555252 | |
| Patient Etsu Test | Relationship A Power of Attorney | Full Access | Street Address 123 West Main Street | |
| | | > | City Cumberland Gap State Tennessee | |
| < C | | > | Zip Code 99887 | |
| | | | Cancel | end Invite |