



Adult Proxy Form

Thank you for your interest in the **FollowMyHealth™** patient portal, made available by Baylor Health Care System, to provide a convenient and secure way for patients to manage their personal health record from any computer or mobile device with internet access.

Access to Another Adult's FollowMyHealth™ Record

To request proxy access to view an adult's health information using FollowMyHealth™, the patient or their legal representative must complete this "Adult Proxy Form" and the "Authorization for Release of Medical Information to Adult Proxy" Form. Please submit both forms to the Health Information Management (HIM) Department located at the Baylor hospital where the patient last visited to begin the process of establishing FollowMyHealth™ accounts for you and for the patient. After the forms are received and the information has been verified, you will receive an email with further instructions. Please note that the patient's health information will be accessed using your (the proxy) FollowMyHealth™ account. HIM Department locations are provided on page 3. In order to set up a proxy account, you must have your own FollowMyHealth™ account.

Your (Proxy) Information: (All sections required – please print clearly.)

This section should be completed by the individual requesting access to another adult's FollowMyHealth™ record.

_____ 
 Print Name (last, first, middle initial) Date of Birth

_____ _____ _____ _____
 Street Address City State Zip

 _____ _____
 Last 4 of SS# Phone Number Email Address
 Or preferred invitation code

 Relationship to Patient

Patient's Information: (All sections required – please print clearly.)

Complete this section with information about the patient whose FollowMyHealth™ record you are requesting to access.

_____ 
 Print Name (last, first, middle initial) Date of Birth

_____ _____ _____ _____
 Street Address City State Zip

_____ _____
 Phone Number Email Address

I acknowledge that I have read and understand this **FollowMyHealth™ Sign-up Form**.


 Last 4 of SS#

_____ _____
 Signature of Patient (or authorized person) Date

_____ _____
 Your (Proxy) Signature Date

Please include a copy of your identification (i.e. drivers license, passport) as this will need to accompany your request for access to FollowMyHealth™.

If your physician is a member of HealthTexas Provider Network www.HealthTexasDoctors.com, the FollowMyHealth™ patient portal will be available in the spring/summer of 2014. You will receive an invitation from FollowMyHealth™ to the email on file at your doctor's office. This will also give you access to any hospital FollowMyHealth™ data that is available.

FollowMyHealth™ is a patient portal made available by Baylor Health Care System to patients as a convenient online personal health record. FollowMyHealth™ is provided by Allscripts™ Healthcare, LLC. Allscripts™ is responsible for the portal's operation, and its use is governed by Allscripts™.

For Official Baylor Health Care System Use:

Identification Verified and Copied by _____ (signature of person verifying) Medical Record Number _____ Date Invite Sent _____



Authorization for Release of Medical Information to Adult Proxy

This form is an authorization that will permit Baylor Health Care System to release your medical information to your designated adult proxy. Please read it carefully.

This form should be completed by the patient who is authorizing another adult to access medical information in his or her FollowMyHealth™ record. It must accompany the “Adult Proxy Form”, which provides the name and information of the individual who the patient is authorizing to access their FollowMyHealth™ record as a proxy.

M	M	D	D	Y	Y	Y	Y
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Print Name (last, first, middle initial) *Date of Birth*

I am requesting that _____ (insert name of proxy) receive access to my health information that is available in my FollowMyHealth™ record. This person is designated as my FollowMyHealth™ proxy. I authorize Baylor Health Care System and FollowMyHealth™ to provide proxy access to the health information contained in my FollowMyHealth™ record to my designated proxy. I understand that the medical information in FollowMyHealth™ is obtained from my electronic medical record and may include information from all Baylor Health Care System facilities.

I authorize release of this information only through my FollowMyHealth™ record. This form does not authorize release of my medical record to my designated proxy by other methods or in other forms, without additional authorization.

I understand that once information has been disclosed, it potentially may be re-disclosed by the proxy and the disclosed information is not covered by federal privacy protections.

Participation in FollowMyHealth™ and designating a FollowMyHealth™ proxy is voluntary. I understand that I am not required to designate a FollowMyHealth™ proxy and I am not required to provide this authorization. I also understand that Baylor Health Care System does not condition any of my health care treatment, payment or other services on whether I provide this authorization. However, I also understand that if I do not provide authorization, Baylor Health Care System is not permitted to provide access to my FollowMyHealth™ record to my designated proxy.

This authorization will expire upon revocation, or on the date or event specified here _____. I also may revoke this authorization at any time by providing a written request for revocation to Baylor Health Care System. I understand that if I revoke this authorization, my designated proxy's access to my FollowMyHealth™ record will be ended. I also understand that my revocation will not affect any disclosures that were made prior to processing the revocation request.

Signature of Patient (or authorized person)

Date

Printed Name

Relationship to Patient

If person other than the patient signs, indicate authority to sign for patient (e.g., guardian) and attach documentation:

Please include a copy of your identification (i.e. drivers license, passport) as this will need to accompany your request for access to FollowMyHealth™.

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For Official Baylor Health Care System Use:

Identification Verified and Copied by _____ (signature of person verifying) Medical Record Number _____ Date Invite Sent _____

Baylor Hospital Health Information Management Departments

Baylor Medical Center at Carrollton · phone 972-394-2272 · fax 972-394-2351

Health Information Management Department
4343 N. Josey Ln, Carrollton, TX 75010

Baylor Jack and Jane Hamilton Heart and Vascular Hospital · phone 214-820-0655 · fax 214-820-0649

Health Information Management Department
621 N. Hall St, Dallas, TX 75226

Baylor Specialty Hospital · phone 214-820-8283 · fax 214-820-9716

Health Information Management Department
3504 Swiss Ave, Dallas, TX 75204

Our Children's House at Baylor · phone 214-820-8283 · fax 214-820-9716

BSH Health Information Management Department
3504 Swiss Ave, Dallas, TX 75204

Baylor University Medical Center at Dallas · phone 214-820-2135 · fax 214-818-6782

Health Information Management Department
3501 Junius St, Dallas, TX 75246

Baylor All Saints Medical Center at Fort Worth · phone 817-927-6125 · fax 817-922-1597

Health Information Management Department
1400 8th Ave, Fort Worth, TX 76104

Baylor Medical Center at Garland · phone 972-487-5346 · fax 972-487-5009

Health Information Management Department
2300 Marie Curie Dr, Garland, TX 75042

Baylor Regional Medical Center at Grapevine · phone 817-329-2765 · fax 817-329-2883

Health Information Management Department
1650 W. College St, Grapevine, TX 76051

Baylor Medical Center at Irving · phone 972-579-4323 · fax 972-579-4416

Health Information Management Department
1901 N. MacArthur Boulevard, Irving, Texas 75061

Baylor Medical Center at McKinney · phone 469-764-2300 · fax 469-764-2313

Health Information Management Department
5252 W. University Dr, McKinney, TX 75071

Baylor Regional Medical Center at Plano · phone 469-814-3225 · fax 469-814-3212

Health Information Management Department
4700 Alliance Blvd, Plano, TX 75093

The Heart Hospital Baylor Plano · phone 469-814-4360 · fax 469-814-4361

Health Information Management Department
1100 Allied Dr, Plano, TX 75093

The Heart Hospital Baylor Denton · phone 469-814-4939 · fax 469-814-4385

Health Information Management Department
2801 S. Mayhill Road, Denton, TX 76208

Baylor Medical Center at Waxahachie · phone 972-923-7069 · fax 972-923-8098

Health Information Management Department
1405 W. Jefferson St, Waxahachie, TX 75165