



Pinehurst Medical Clinic

PERMANENT LEGAL GUARDIAN/HEALTHCARE POWER OF ATTORNEY PROXY AUTHORIZATION FOR FOLLOWMYHEALTH DEPENDENT ACCOUNT

Access may be granted to protected health information maintained in an adult patient's Pinehurst Medical Clinic online Patient Portal record (hereafter referred to as FollowMyHealth) to an individual **who provides valid legal documents (legal proxy) to act on the patients behalf as:**

- A Healthcare Power of Attorney or Permanent Legal Guardian for a patient who is 18 years or older and cannot make and communicate his/her health care decisions or has been declared incompetent by a court with jurisdiction over the patient, **OR**
- A Permanent Legal Guardian for a patient who is an emancipated minor and has been declared incompetent by a court with jurisdiction over the patient.

PATIENT'S NAME

Printed Full Name: _____
Date Of Birth (MM-DD-YYYY): _____ Sex: _____ SSN: xxx-xx-
Address: _____

LEGAL PROXY (Healthcare Power of Attorney and/or Permanent Legal Guardian)

Printed Full Name : _____ DOB: _____
Address: _____ Email: _____
City: _____ Preferred Phone: _____ Cell Home
State: _____ Zip Code: _____ SSN: xxx-xx-

LEGAL PROXY RELATIONSHIP (Check One):

- Healthcare Power of Attorney** – Legal Proxy must provide copies of valid Healthcare Power of Attorney supporting their legal authority to act on the patient's behalf and there must also be clinical documentation to support that the patient lacks the decisional capacity to make their own decisions.
- Permanent Legal Guardian** – Legal Proxy must provide copies of the court order appointing them as the patient's permanent legal guardian.

LEGAL PROXY' S ACKNOWLEDGEMENT- FollowMyHealth Dependent

By signing below, I hereby acknowledge and agree to each of the following (please read check each box):

- I have valid legal documentation authorizing me to act on behalf of the patient noted above in establishing an online dependent account to access their protected health information.
- I must establish a Pinehurst Medical Clinic FollowMyHealth account in my own name in order to login and access the above dependent's account.
- I agree to immediately cease accessing this Patient's dependent account should my legal authority to act on the Patient's behalf be terminated, inactivated or otherwise expire.
- I will also immediately notify Pinehurst Medical Clinic should my legal authority to act in this Patient's behalf change in any way.
- I have read and will comply with the Pinehurst Medical Clinic's FollowMyHealth Terms and Conditions as posted online.

Signature of Legal Proxy

Date/Time

Signature of Witness

Date/Time

RETURN THIS FORM VIA FAX (910-235-3413) or MAIL to: Pinehurst Medical Clinic
Attention: Medical Records 45 Aviemore Dr. Pinehurst, NC 28374