

The FollowMyHealth™ patient portal at Colorado Physician Partners is designed to enhance secure patient and provider communications and is provided as a courtesy to our valued patients. Please complete and submit this form along with copies of required legal documents to authorize Colorado Physician Partners to email the user designated below with an invitation to create a portal account.

<b>Purpose for Access</b>	<b>Personal Account Access (Photo ID Required)</b>		
	<input type="checkbox"/> I am age 15 - 17 and live separate from guardians		
	<input type="checkbox"/> I am age 15 - 17 and I am requesting access to my own record for birth control, STD counseling and addiction information		
	<input type="checkbox"/> I am 18 years or older and grant Read Only Access to my medical records to the authorized user listed below		
	<input type="checkbox"/> I am 18 years or older and grant Full Access to my medical records to the authorized user listed below		
	<b>Authorized User Account Access (Photo ID and Legal Documents Required)</b>		
<input type="checkbox"/> I have legal paperwork for POA/Guardian/Adoption/Ward of the State or County for this patient			
<input type="checkbox"/> I am the parent/guardian of a minor patient, age 11 or younger and possess their birth certificate			
<b>Patient Information (Please Print)</b>			
Patient Name: _____			
	First Name	Middle Name	Last Name
Patient DOB: _____		Phone: _____	
	MM/DD/YYYY	Home/Cell/Work	
Email address where patient portal messages will be sent: _____			
<i>(Personal Email Recommended)</i>			
<b>I hereby authorize Colorado Physician Partners to use/disclose individually identifiable health information to the FollowMyHealth patient portal for my online access to health care information:</b>			
_____		_____	
Patient Signature		Date	
<b>Authorized User Information – Person Receiving Access to a Patient Portal Account (Please Print)</b>			
Authorized User Name: _____			
	First Name	Middle Name	Last Name
Authorized User DOB: _____		Relationship to Patient: _____	
	MM/DD/YYYY		
Email address where authorized user portal messages will be sent: _____			
<i>(Personal Email Recommended)</i>			
Address: _____			
	Street Address	City, State	ZIP Code
Home Phone: _____		Cell Phone: _____	
_____		_____	
Authorized User Signature		Date	