

SIGN ME UP! MyHealthInfo

Mankato Clinic provides patients with on-line access to their records through FollowMyHealth. Once enrolled, you will receive an e-mail invitation from noreply@FollowMyHealth.com to activate your account. If you do not see the invitation within a few days, please check your Junk or Spam folder.

		MC#:	
Patient	Full Name:		Phone#:
	Address:		
	City:	State:	Zip:
	Date of Birth:	Patients ages 13-17 require a provider order	Last 4 digits Social Security #:
	E-mail Address:		
Please complete the below section if you are requesting proxy access for an adult patient over 18 or child under the age of 13.			
Parent/ Guardian/ Proxy	Full Name:		Phone#:
	Address:		Same as above
	City:	State:	Zip:
	Parent/Guardian/Proxy DOB:	Relationship to Patient:	
	E-mail Address:		
By signing below, I authorize Mankato Clinic to enroll me and/or the above patient in Mankato Clinic's patient portal.			
_____ Signature of patient/legal representative*		_____ Legal representative's authority to sign (parent, guardian, health care power of attorney, etc.)	
		_____ Date	

* Authorized representative may be required to submit copies of legal documents supporting his/her authority to act on a patient's behalf.

Return form to: Mankato Clinic, Attn: Patient Portal Support, 1230 E. Main Street, PO Box 8674, Mankato MN 56002
or fax to 507.625.2167 | myhealthinfo@mankato-clinic.com