



ADULT PROXY

Mankato Clinic provides patients and their families with on-line access to their records through MyHealthInfo by FollowMyHealth. Once enrolled for access, 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:	Last 4 digits Social Security #:	
Please complete the below section for each individual requesting proxy access to above patient's account.			
Proxy 1	Proxy 1's Name:		Date of Birth:
	Proxy 1's Address:		Relationship to Patient:
	E-mail address:		Phone #:
Proxy 2	Proxy 2's Name:		Date of Birth:
	Proxy 2's Address:		Relationship to Patient:
	E-mail address:		Phone #:
Proxy 3	Proxy 3's Name:		Date of Birth:
	Proxy 3's Address:		Relationship to Patient:
	E-mail address:		Phone #:
By signing below, I authorize Mankato Clinic to enroll me and/or provide proxy access to my information to the above listed individual(s) 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: Health Information, 1230 E. Main Street, PO Box 8674, Mankato MN 56002
Fax: 507-625-2167 | Email: myhealthinfo@mankato-clinic.com