



To Enroll in the Patient Portal mycareDOT™, complete this form and give it to the front desk

Patient's Name: _____ Patient's Date of Birth: _____

Information for the individual receiving the invite:

Name (if other than the patient): _____

Relationship to Patient: _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

If someone other than the patient will be receiving the invite and the patient is an adult, the patient must choose what access they would like the proxy to have (please check one): Full Access Read Only

(PLEASE NOTE: If choosing Read Only access the authorized individual will be authorized to access your FollowMyHealth health record ONLY and will NOT be able to communicate with or otherwise engage in transactions with your providers)

Signature of patient or legal guardian: _____

Name of legal guardian (if applicable): _____

By completing this form and submitting it to your doctor's office, you are agreeing to the terms and conditions and allowing the office to invite you to join the patient portal via email invitations. (Please ask the front desk if you would like a copy of the terms and conditions)
You may also receive health and company news and announcements from Community Care Physicians, PC through your portal account. If you do not understand or do not agree to comply with or do not consent to these policies or procedures, please do not complete this form to enroll in the patient portal.
A copy of this form will be scanned into your permanent medical records.