



**Request for Patient Invitation to Follow My Health Patient Portal**  
**(Adolescent/Young Adult Invitation)**

Chart #: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Patient's Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

Phone Number(s): (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Primary)

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Secondary)

Preferred E-Mail Address: \_\_\_\_\_

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By signing this Portal Proxy request **I acknowledge and agree that:**

- I am giving my permission for Raleigh Pediatric Associates to disclose my protected health information (PHI) through the FollowMyHealth Patient Portal, which may include, but is not limited to: health summary, current problem list, current medications, lab results, appointment information. I understand that if I grant proxy access to my parent or guardian, he/she will be able to view and make updates to any information that is posted to my Universal Health record in the FollowMyHealth Patient Portal.

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_