



## PATIENT AGREEMENT FOR USE OF FOLLOWMYHEALTH

Patient's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Please print) Last First MM/DD/YYYY

Phone \_\_\_\_\_  
Home Mobile

Email address \_\_\_\_\_

I would like to register for the FollowMyHealth patient portal provided by St. Mary's of Michigan and St. Joseph Health System, which will allow me to:

- View my hospital medical records
- View my medical information such as allergies, medications and immunizations
- View my lab results, discharge summaries, and educational materials
- Request and review appointments for myself
- Request renewals of my prescriptions
- Communicate securely with my health care provider

**I understand that FollowMyHealth is to be used only for routine matters. If I have an urgent issue or need a response quickly, I will call my health care provider, go to a nearby emergency department or urgent care center, or call 911.** I also understand that messages I send my health care provider will become part of my medical record. I agree that all entries will be truthful and relevant to my health issues, not those of friends or family members.

I understand that the initial invitation to create an account will be sent to the above email address, and that notifications will be sent to that email address to keep me informed of incoming communications on FollowMyHealth. I agree to update FollowMyHealth with any changes in my email address.

I understand that I will choose my own unique user ID and password. I agree to keep my password confidential, and not share it with anyone, because it allows access to my personal health information. If I choose to discontinue use of FollowMyHealth, I understand that a written request is necessary to cancel this agreement.

I have received a copy of the **FollowMyHealth Patient Portal Terms and Conditions.**

**Signature of Patient**

**Date**

A copy of this form will be provided to you upon request. Please ask an associate for assistance. Forms are also available at [www.stmarysofmichigan.org](http://www.stmarysofmichigan.org) and [www.sjhsys.org](http://www.sjhsys.org). Technical questions can be directed to 1-888-670-9775 or [support@followmyhealth.com](mailto:support@followmyhealth.com).

**Please present a photo ID when submitting this form.**

Please return the completed form to a health care provider.

For hospital staff - Please return the completed form to the Informatics Department.

**FOR OFFICE USE ONLY**

Identity of Patient/Legal Rep Verified By: \_\_\_\_\_

Patient's MRN \_\_\_\_\_