



Adult Form

--For minors/Power of Attorney, Use Proxy Form

SIGN ME UP! *FollowMyHealth - FaceyConnect*

Facey Medical Group provides patients with on-line access to their records through FaceyConnect by FollowMyHealth. Once enrolled for access, you will receive an e-mail invitation from FollowMyHealth.com with **Subject Line: "Welcome to FaceyConnect"** to activate your account. If you do not see the invitation, please check your Junk or Spam folder. You can also contact FaceyConnect for immediate assistance at (818) 869-7299.

Patient	First Name:		Last Name:	
	Address:			
	City:	State:	Zip:	
	Date of Birth:	Phone #:		
To ensure complete privacy, 2 adults may not share the same email address				
Email Address:				
By signing below, I authorize Facey Medical Group to enroll me into FaceyConnect, Facey Medical's patient portal.				
_____ Signature of patient			_____ 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: Facey Medical, Attn: Health Information Management, 11133 N. Sepulveda Blvd. Mission Hills, CA 91345

Patient Name	Medical Record#
Patient Date of Birth	Patient Telephone #
Dr. Name	Dr. # Loc:
Appointment Date	
Insurance Coverage	
Insurance Benefits - Co – Pay	

Patient Label

Invite email sent –
Facey Representative: _____
(Print full name)

SCAN under Pt Portal User Agreement*