



DOCUMENT NAME: Patient Portal Form

Director of Health Information Services

DEPARTMENT & OWNER TITLE: Administration

PAGE: 1

OF: 2

CURRENT AS OF: August 31, 2022

## Follow My Health Patient Portal Form

OCH Clinics are proud to offer the Follow My Health Patient Portal which will allow you secure access to view or print your health records including:

- Medications
- Recent vitals
- Test results
- Request Prescription refills
- Request appointments
- and more

Please fill out the following information and return to the receptionist.

### **Please print clearly**

Name (first, last) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Date of birth \_\_\_\_\_

I do want to become a member of the OCH Clinics Follow My Health Patient Portal and agree to them sending an e-mail invitation to the above address.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date/ Time

NOTE: This is the final page of the OCH Policy/Form. Next page contains revision history only.

Printed copies are considered uncontrolled documents.

Please view the current version on [och.ellucid.com](http://och.ellucid.com).

If you must use a printed version of a document, please ensure you are utilizing the most current version.



DOCUMENT NAME: Patient Portal Form  
Director of Health Information Services  
DEPARTMENT & OWNER TITLE: Administration

PAGE: 2  
OF: 2

CURRENT AS OF: August 31, 2022

# Follow My Health Patient Portal Form

## REVISION/REVIEW HISTORY

Author	Revision Date	Page #	Summary of Changes
Audra Gines	11/07/22	1-2	Updating logo, updating content and formatting.