

# NYSTROM & ASSOCIATES, LTD<sub>∞</sub>

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www.nystromcounseling.com

Nystrom & Associates, Ltd., is excited to offer patients on-line access to their records through a secure patient portal, using FollowMyHealth. Once enrolled for access, you will receive an e-mail invitation from [noreply@FollowMyHealth.com](mailto:noreply@FollowMyHealth.com) to activate your account. If you do not see the invitation within a few days, please check your Junk or Spam folder. Please return this form to our support staff upon completion.

<b>Patient</b>	Full Name:		Phone#:		
	Address:				
	City:		State:	Zip:	
	Date of Birth:		Choose a 4 digit numerical security code:		
	E-mail Address:				

**Please complete the section below ONLY if you are requesting access to records for your child under the age of 13.**

<b>Parent/ Guardian/ Proxy</b>	Full Name:		Phone#:		
	Address: <input type="checkbox"/> Same as above				
	City:		State:	Zip:	
	Parent/Guardian/Proxy DOB:		Relationship to Patient:		
	E-mail Address:				

**DECLINE** -By checking this box, and signing below, I **decline** access to the patient portal at this time. I understand that I may gain access to the portal at any time in the future by requesting such access from Nystrom & Associates, Ltd.

By signing below, I authorize Nystrom & Associates, Ltd., to enroll me in FollowMyHealth patient portal using the provided email address.

\_\_\_\_\_  
Signature of patient/legal representative\*

\_\_\_\_\_  
Legal representative's authority to sign  
(parent, guardian, health care power of attorney, etc.)

\_\_\_\_\_  
Date

\* Authorized representative may be required to submit copies of legal documents supporting his/her authority to act on a patient's behalf.

### Office Use Only

Email Address Confirmed:		By (Initial):
Invitation Sent On (date):		By (Initial):

\*To be scanned into patient file.