



## NIH Clinical Center FollowMyHealth® Patient Portal Adolescent Patient Account Request Form

This form must be completed in order for an adolescent patient to request access to the NIH Clinical Center's FollowMyHealth® Patient Portal. Adolescent patients must be 13 years of age or older to obtain an account. Please complete each section of the form and submit back to the Patient Portal Support staff via mail at 10 Center Drive, MSC 1192, Bethesda, MD 20892-1192 or via fax at: 301-480-9982.

### Patient Information (all fields are required):

\_\_\_\_\_  
Print Name (*first middle last*)

\_\_\_\_\_  
Date of Birth (*mm/dd/yyyy*)

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

**AUTHORIZATION:** Permission is hereby granted to the National Institutes of Health Clinical Center to release medical information via the NIH Clinical Center FollowMyHealth® Patient Portal, to the individual as identified above.

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

\_\_\_\_\_  
Date