

SIGN ME UP! Patient Portal

Check which Portal you are requesting access to:
(You can choose both!)

Intelichart (Hospital/ER) **Follow My Health** (Clinic)

Madelia Community Hospital & Clinic provides patients with online access to their records through Follow My Health (Clinic) and Intelichart (Hospital/ER). Once enrolled for access, you will receive an e-mail invitation from noreply@FollowMyHealth.com and/or intelichart.com to activate your account. If you do not see the invitation within a few days, please check your Junk or Spam folder.

	Patient Full Name:	Cell Phone #:	
	Address:	Cell Phone Provider:	
	City:	State:	Zip:
	Date of Birth:	Last 4 digits Social Security #:	
	E-mail Address:		

Please complete the below section if you are requesting proxy access for an adult patient over 18 or minor child under 13.
Due to MN Privacy regulation, there is no portal access for patients age 13-18.

Proxy 1	Proxy 1's Name:	Date of Birth:
	Proxy 1's Address: <input type="checkbox"/> Same as above	Relationship to Patient
	E-mail Address:	Phone #:
Proxy 2	Proxy 2's Name:	Date of Birth:
	Proxy 2's Address: <input type="checkbox"/> Same as above	Relationship to Patient
	E-mail Address:	Phone #:
Proxy 3	Proxy 3's Name:	Date of Birth:
	Proxy 3's Address: <input type="checkbox"/> Same as above	Relationship to Patient
	E-mail Address:	Phone #:

By signing below, I authorize Madelia Community Hospital & Clinic to enroll me and/or the above patient in patient portal.

Signature of patient/legal representative*

Legal representative's authority to sign
(patient, guardian, healthcare 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.

Return Form to: Madelia Community Hospital & Clinic, Attn: Admissions, 121 Drew Ave SE, Madelia, MN 56062