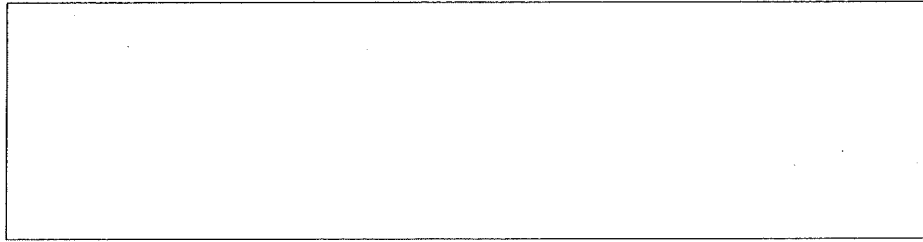


Gastroenterology Associates  
4367 NW American Lane  
Lake City, FL 32055  
(386) 758-6094 ph  
(386) 243-8152 fx



STANDARD AUTHORIZATION OF USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Patient's SSN: \_\_\_\_\_

The information covered in this authorization form includes medical mail outs, lab test results, pertinent medical information, and account status.

Purpose of Disclosure: Account Status / Lab Test Results / Health Information  
Other Uses of Disclosure: You have the right to request restriction of use and disclosure of your health information for any purpose other than those listed in the "Notice of Privacy Policy." You may write a letter of revocation at any time to change your original authorization with the understanding it does not affect any release of information prior to the revocation or termination of this authorization must be submitted to Physicians Care in writing, followed by a phone call to verify it was received and changed.  
Potential for Re-Disclosure: Information disclosed under this authorization may be disclosed again by the person or organization to which it is sent. Once we disclose this information to another party it becomes their responsibility to protect your right to privacy.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Please list name of persons to whom medical information can be disclosed:

\_\_\_\_\_  
\_\_\_\_\_

List any restrictions regarding your medical information.

\_\_\_\_\_

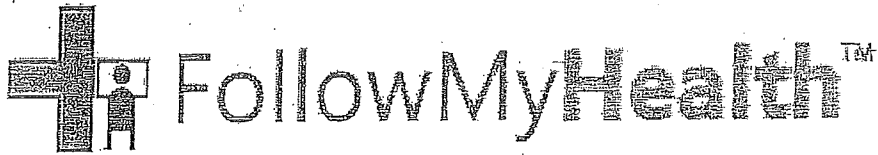
Please complete the following information on ways we may contact you regarding treatment, test results, or status of your account?

Home: \_\_\_\_\_ Voice Mail? Yes No  
Cell Phone: \_\_\_\_\_ Voice Mail? Yes No  
Home Address: \_\_\_\_\_

I have received / been offered a copy of "Notice of Privacy Practices" and give authorization for use / disclosure of my health information.

Print Patient Name: \_\_\_\_\_  
Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Patient Representative: \_\_\_\_\_ Date: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_



GASTROENTEROLOGY ASSOCIATES OF NORTH FLORIDA  
PATIENT EDUCATION FOR ONLINE ACCESS TO EPHI  
How to Request Online Access to Your Medical Chart with GAONF

- With your most recent encounter with your doctor at our office, she or he has discussed with you the possibility of receiving access to your health record online with our office through our "Follow My Health" patient portal.
- The web address for Gastroenterology Associates "Follow My Health" portal is [gaonf.followmyhealth.com](http://gaonf.followmyhealth.com)
- If you would like to have access to your health records with our office, please stop-by in person (we'd prefer to walk you through the process in person), or call the office at 386-758-6094 and ask a receptionist to send you an electronic invitation to your email address.
- If you would prefer to wait, contact us later, or decline online access currently to your health records with our office, remember that you can contact us at any time to set-up.

Account Creation Process

- You will receive an email from "Follow My Health," in which it will have a link that you click on to create an account (you will be prompted to create an username and password).
- Once your account is created, "Follow My Health" will prompt you to log-in. Log-in to your account.
- When logging in for the first-time, you will be met with a welcome message, along with consents and agreements that you must accept. Read these consents and agreements thoroughly and ensure your understanding of them.
- During the first time log-in process, you will be prompted for an "Invitation Code." Your invitation code will be your year of birth e.g. "1954." It will be the four digit year of birth, and nothing else.
- Once the invitation code is validated, your account will automatically begin to link with our Electronic Medical Record system, and then it will automatically populate your "Follow My Health" account home-page.
- You are now successfully inside your GAONF "Follow My Health" portal account. Watch the "First Time Walk-Through" to familiarize yourself with the account's numerous functions. Feel free to call our office with any questions at 386-758-6094.

Accept Online Access

Decline Online Access

Sign: \_\_\_\_\_

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

EMAIL: \_\_\_\_\_