

**Family Portal Authorization  
EZ Access**

I give FP Associates, PC authorization to make a family portal account. I understand that a family portal account will allow any user to view health information on all family members within the family portal account.

E-Mail Address \_\_\_\_\_

*FAMILY MEMBERS*

NAME \_\_\_\_\_

NAME \_\_\_\_\_

NAME \_\_\_\_\_

NAME \_\_\_\_\_

NAME \_\_\_\_\_

NAME \_\_\_\_\_

\_\_\_\_\_  
*Signature of Adult*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Adult*

\_\_\_\_\_  
*Date*

Verbal authorization -- The above information has been read to the authorizing individual.

\_\_\_\_\_  
*Witness Signature*

\_\_\_\_\_  
*Printed Name*

I request my name be withdrawn from my family portal account and would like to have my own account activated.

Name \_\_\_\_\_

E-Mail \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

*This form can be faxed back, dropped off, or mailed to the office.  
Fax Number 402-292-0742  
FP Associates, PC  
1103 Galvin Rd S, Ste G - Bellevue, NE - 68005*