

MyHealth Online - Adult Proxy Access

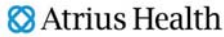
Adult proxy for MyHealth Online allows you to securely communicate on behalf of an Atrius Health patient who is 18 years of age or older. In order to obtain access, both the patient and proxy must complete and sign the Adult Proxy Authorization Form. The proxy's access is terminated when the patient makes a written or online request to terminate access, an expiration date specified by the patient is reached, or the patient revokes access from within their MyHealth Online account.

Adult Proxy Terms and Conditions

- The proxy requestor and patient must both complete and sign the attached Adult Proxy Authorization Form. If the patient is unable to complete this form, please call the number listed on the Atrius Health Site Location Information Sheet.
- Each proxy requestor must have an active MyHealth Online account but, does not need to be an Atrius Health patient.
- Each proxy requestor must submit one form per patient.
- Proxy access can be terminated by the patient at anytime online or by written request.

How do I obtain Adult Proxy access for MyHealth Online?

- The proxy requestor and patient must both complete and sign the attached Adult Proxy Authorization Form. If the patient is unable to complete this form, please call the number listed on the Atrius Health Site Location Information Sheet.
- The patient or proxy requestor can drop off or mail the form to the health site where the patient is receiving care or to the appropriate MyHealth Office listed on the Atrius Health Site Location Information Sheet.
- Upon receipt, requests are processed within 3-5 business days upon receipt. Once processed the patient is called to verify access authorization and then access information is sent via U.S. Mail to the patient.



Dedham Medical Associates
 Granite Medical
 Harvard Vanguard Medical Associates
 Southboro Medical Group
 South Shore Medical Center

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For internal use only

Adult Proxy Authorization Form

*** Adult Proxy Access to the MyHealth Online account for an adult 18 years of age or older.***

PATIENT'S INFORMATION

All fields are required.

Patient's Name: _____ Last 4 digits of SS# _____ DOB: _____
 Address: _____ Gender: Male: Female:
 City, State, Zip: _____ Primary Care Physician: _____
 Telephone No: _____ Health Site Location: _____

Would you also like a MyHealth Online Account?

Yes If yes, please provide your e-mail address: _____

please print clearly

No Selecting no indicates that all email notifications of activity in your account will be sent to your proxy's email address.

I AUTHORIZE: Atrius Health to release all MyHealth Online information to the proxy listed below. This authorization will expire on ____/____/____ (MM/DD/YYYY). If I do not indicate a date, this access will not expire without my online or written authorization. A photocopy of this authorization is as valid as the original.

I have read and understood the guidelines regarding MyHealth Online account information including secure patient messaging and agree to allow the proxy requestor listed below access to my MyHealth Online account information.

 Date Patient Signature

PROXY'S INFORMATION

All fields are required.

Proxy's Name: _____ DOB: _____
 Address: _____ Gender: Male: Female:
 City, State, Zip: _____ Proxy's Relationship to Patient:
 Telephone No: _____ Spouse
 Other: Parent or Legal Guardian
 If Other, Please explain: _____

Proxy's e-mail address: _____

please print clearly

Are you an Atrius Health patient?

Selecting yes indicates that Proxy requestor has a PCP or Specialist at DMA, Granite, HVMA, SMG or SSMC.

Yes If yes, please provide the Last 4 digits of SS# _____ and PCP's name: _____

No If no, please provide **entire** 9 digit SS#: _____ - _____ - _____

Please note that the social security number is required for authentication purposes and will be stored securely in compliance with applicable law.

I have read and understood the requirements for accessing the above named patient's MyHealth Online account information and agree to abide by these requirements. I certify that all that all the information I have provided is correct. I hereby request access to the above named patient's MyHealth Online account.

 Date Adult Proxy Signature

Atrius Health Site Location Information

Please drop off or mail the completed proxy authorization form to the appropriate Administrative office of the patient's primary care physician's office.

Concord Hillside Medical Associates
 Concord Hillside Administration Office
 Attention: MyHealth Adult Proxy Coordinator
 86 Baker Avenue Extension
 Concord, MA 01742
 Phone: Call the patient's primary care provider

Concord Hillside Medical Associates
 Harvard- Concord Hillside Administration
 Attention: MyHealth Adult Proxy Coordinator
 16 Lancaster County Rd (Rte. 111)
 Harvard, MA 01451
 Phone: Call the patient's primary care provider

Concord Hillside Medical Associates
 Sudbury-Concord Hillside Administration
 Attention: MyHealth Adult Proxy Coordinator
 Emerson Medical Building, Suite 2003
 490 Boston Post Road at Chiswick Park
 Sudbury, MA 01776
 Phone: Call the patient's primary care provider

Dedham Medical Associates
 Attention: My Health Coordinator
 One Lyons Street
 Dedham MA 02026
 Phone: 781-493-3900

Harvard Vanguard Medical Associates
 Braintree Administration Office
 Attention: MyHealth Adult Proxy Coordinator
 111 Grossman Drive
 Braintree, MA 02184
 Phone: Call the patient's primary care provider

Harvard Vanguard Medical Associates
 Burlington Administration Office
 Attention: MyHealth Adult Proxy Coordinator
 20 Wall Street
 Burlington, MA 01803
 Phone: Call the patient's primary care provider

Harvard Vanguard Medical Associates
 Cambridge Administration Office
 Attention: MyHealth Adult Proxy Coordinator
 1611 Cambridge Street
 Cambridge, MA 02138
 Phone: Call the patient's primary care provider

Harvard Vanguard Medical Associates
 Chelmsford Administration Office
 Attention: MyHealth Adult Proxy Coordinator
 228 Billerica Road
 Chelmsford, MA 01824
 Phone: Call the patient's primary care provider

Harvard Vanguard Medical Associates
 Copley Administration Office
 Attention: MyHealth Adult Proxy Coordinator
 165 Dartmouth Street
 Boston, MA 02116
 Phone: Call the patient's primary care provider

Harvard Vanguard Medical Associates
 Kenmore Administration Office
 Attention: MyHealth Adult Proxy Coordinator
 133 Brookline Avenue
 Boston, MA 02215
 Phone: Call the patient's primary care provider

Harvard Vanguard Medical Associates
 Medford Administration Office
 Attention: MyHealth Adult Proxy Coordinator
 26 City Hall Mall
 Medford, MA 02155
 Phone: Call the patient's primary care provider

Harvard Vanguard Medical Associates
 Peabody Administration Office
 Attention: MyHealth Adult Proxy Coordinator
 2 Essex Center Drive
 Peabody, MA 01960
 Phone: Call the patient's primary care provider

Harvard Vanguard Medical Associates
 Lynnfield Administration Office
 Attention: MyHealth Adult Proxy Coordinator
 2 Essex Center Drive
 Peabody, MA 01960
 Phone: Call the patient's primary care provider

Harvard Vanguard Medical Associates
 Quincy Administration Office
 Presidents Place - South Tower
 Attention: MyHealth Adult Proxy Coordinator
 1250 Hancock Street
 Quincy, MA 02169
 Phone: Call the patient's primary care provider

Harvard Vanguard Medical Associates
 Somerville Administration Office
 Attention: MyHealth Adult Proxy Coordinator
 40 Holland Street
 Somerville, MA 02144
 Phone: Call the patient's primary care provider

Harvard Vanguard Medical Associates
 Watertown Administration Office
 Attention: MyHealth Adult Proxy Coordinator
 485 Arsenal Street
 Watertown, MA 02472
 Phone: Call the patient's primary care provider

Harvard Vanguard Medical Associates
 Wellesley Administration Office
 Attention: MyHealth Adult Proxy Coordinator
 230 Worcester Street
 Wellesley, MA 02481
 Phone: Call the patient's primary care provider

Harvard Vanguard Medical Associates
 West Roxbury Administration Office
 Attention: MyHealth Adult Proxy Coordinator
 291 Independence Drive
 West Roxbury, MA 02467
 Phone: Call the patient's primary care provider

Southboro Medical Group
 Southboro Administration Office
 24 Newton Street
 Southboro, MA 01772
 Phone: 508-460-3171

South Shore Medical Center
 MyHealth Coordinator
 75 Washington Street
 Norwell, MA 02061-1795
 Phone: 781-261-4480