

## MyHealth Online - Adult Proxy Access Overview

Adult Proxy Access for MyHealth Online allows an adult to view portions of another adult's medical record and communicate with the patient's Atrius Health clinicians with specific, written authorization of the adult patient. Viewable components of the medical record include appointments, immunizations, procedures, medications, and test results, including results of STD, HIV, pregnancy and genetic testing.

Adult Proxy Access is terminated when an expiration date specified by the patient is reached, or the patient revokes the proxy's access from their MyHealth Online account.

**Messaging note**: When patients use the MyHealth Online **website** to send messages to their provider, the patients can choose whether or not their proxy can view the message (and any response). Alternatively, a proxy can view any message sent by the patient to their provider if the patient did so via the MyChart app.

#### **Adult Proxy Access Terms and Conditions**

- Both the patient and the proxy must complete and sign the Adult Proxy Access Authorization Form (below).
- The proxy must have their own MyHealth Online account, but does not need to be an Atrius Health patient.
- Proxy access can be terminated by the patient at any time on the MyHealth Online website or by written request.
- Atrius Health can terminate proxy access at any time, for any reason.

### To Obtain Adult Proxy Access for MyHealth Online

- Both the patient and the proxy must complete and sign the Adult Proxy Access Authorization Form (below).
- If the patient is unable to complete this form, please call the administrative office of the site where the patient receives Primary Care.
- The patient or proxy can drop off or mail the form to the administrative office of the site where the patient receives Primary Care.
- Requests are processed within 3-5 business days of receipt.

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# Adult Proxy Access Authorization Form MyHealth Online Adult Proxy Access to an adult patient's record (18+ years of age)

PATIENT'S INFORMATION  All fields are required.							
Patient's Name:							
Address:	Gender:						
City, State, Zip:	Primary Care Physician:						
Telephone No:	Health Site Location:						
Please provide the last 4 digits of patient's Social Sec The last 4 digits of the social security number is required for authenti	curity #ication purposes and will be stored securely in compliance with applicable laws.						
If you (the patient) do not already have your own MyH	Health Online Account, would you like to set one up?						
Yes 🔲 If yes, provide your email address:							
No 🔲 If you do have your own account, all ema	otifications of activity in your account will be sent to your proxy.						
Active   I already have my own MyHealth Online account. You and your proxy will both receive email notifications.							
I AUTHORIZE Atrius Health to release all MyHealth Online on/ (mm/dd/yyyy). If I cauthorization. A photocopy of this authorization is as valid as	information to the proxy listed below. This authorization will expire do not indicate a date, this access will not expire without my online or written s the original.						
	Proxy Access Overview and Terms & Conditions. By my signature, I agree ss to my MyHealth Online account, including secure patient messaging						
Date Patient Signature	_						
PROXY'S INFORMATION  All fields are required.							
Proxy's Name:	Date of Birth:						
Address:	Gender: ☐ Male ☐ Female ☐ Non-Binary ☐ Transgender ☐ Other						
City, State, Zip:	Proxy's Relationship to Patient: 🗖 Spouse 🚨 Other						
Telephone No:	If Other, explain:						
Proxy's email address (required):							
Please provide the last 4 digits of proxy's Social Security number is required for authentic							
Are you an Atrius Health patient? Yes No Select "Yes" only if you have seen a doctor or other clinician at Atrius Health (Harvard Vanguard, Dedham Medical Associates, Granite Medical Group, or PMG Physician Associates).							
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 MyHealth Online Adult Proxy Access to the above-named patient.							
Date 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.

Visit www.atriushealth.org/locations for more location and department details.

Visit myhealth.atriushealth.org/proxy for current proxy information and authorization forms.

Please call the patient's primary care provider office with any questions.

Atrius Health – Dedham
Attention: MyHealth Proxy Coordina

Attention: MyHealth Proxy Coordinator One Lyons Street

Dedham MA 02026 Phone: 781-329-1400

Atrius Health - Norwood

Attention: MyHealth Proxy Coordinator

1177 Providence Highway Norwood MA 02062 Phone: 781-329-1400

Atrius Health - Burlington Administration Office

Attention: MyHealth Proxy Coordinator

20 Wall Street Burlington MA 01803 Phone: 781-221-2500

Atrius Health – Cambridge Administration Office

Attention: MyHealth Proxy Coordinator

1611 Cambridge Street Cambridge MA 02138 Phone: 617-661-5500

Atrius Health - Chelmsford Administration Office

Attention: MyHealth Proxy Coordinator

228 Billerica Road Chelmsford MA 01824 Phone: 978-250-6000

Atrius Health - Chestnut Hill/West Roxbury Administration Office

Attention: MyHealth Proxy Coordinator 291 Independence Drive

Chestnut Hill MA 02467 Phone: 617-541-6600

Atrius Health – Concord Administration Office

Attention: MyHealth Proxy Coordinator

330 Baker Avenue Concord MA 01742 Phone: 978-287-9300

Atrius Health – Copley Administration Office

Attention: MyHealth Proxy Coordinator

165 Dartmouth Street Boston MA 02116 Phone: 617-859-5000 Atrius Health – Kenmore Administration Office

Attention: MyHealth Proxy Coordinator

133 Brookline Avenue Boston MA 02215 Phone: 617-421-1000

Atrius Health - Lynnfield/Peabody

Administration Office

Attention: MyHealth Proxy Coordinator

2 Essex Center Drive Peabody MA 01960 Phone: 978-977-4000

Atrius Health – Medford Administration Office

Attention: MyHealth Proxy Coordinator

26 City Hall Mall Medford MA 02155 Phone: 781-306-5100

Atrius Health - Needham

Attention: MyHealth Proxy Coordinator

100 Second Avenue Needham MA 02494 Phone: 781-726-4800

Atrius Health – Quincy Administration Office

Attention: MyHealth Proxy Coordinator

Presidents Place - South Tower 1250 Hancock Street

Quincy MA 02169 Phone: 617-774-0600

Atrius Health – Somerville Administration Office

Administration Office
Attention: MyHealth Proxy Coordinator

40 Holland Street Somerville MA 02144 Phone: 617-629-6000

Atrius Health – Watertown Administration Office

Attention: MvHealth Proxy Coordinator

485 Arsenal Street Watertown MA 02472 Phone: 617-972-5100 Atrius Health – Wellesley Administration Office

Attention: MyHealth Proxy Coordinator

230 Worcester Street Wellesley MA 02481 Phone: 781-431-5400

Atrius Health - Bourne

Attention: MyHealth Proxy Coordinator

2 Technology Park Drive Bourne MA 02532 Phone: 508-743-9543

Atrius Health – Plymouth Cordage Park Attention: MyHealth Proxy Coordinator

10 Cordage Park Circle Plymouth MA 02360 Phone: 508-746-2924

Atrius Health – Plymouth Court St Attention: MyHealth Proxy Coordinator

362 Court St Plymouth MA 02360 Phone: 508-746-7543

Atrius Health – Duxbury

Attention: MyHealth Proxy Coordinator

20 Tremont St Duxbury MA 02360 Phone: 781-934-0172

Atrius Health - Kingston

Attention: MyHealth Proxy Coordinator

214 Main St Kingston MA 02364 Phone: 781-585-2172

Attrius Health – Plymouth Long Pond
Attention: MyHealth Proxy Coordinato

Attention: MyHealth Proxy Coordinator 110 Long Pond Road

Plymouth MA 02360 Phone: 508-746-5351

Atrius Health – Plymouth Pine Hills Attention: MyHealth Proxy Coordinator

3 Village Green North Plymouth MA 02360 Phone: 508-224-2224

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