

MyHealth Online - Adult Proxy Access

Adult Proxy Access for MyHealth Online allows you to securely communicate on behalf of an Atrius Health patient who is 18 years of age or older, and view components of their medical record. 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 their own 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 contact the patient's primary care office.
- The 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 any time 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 Location sheet (below).
- 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.



Adult Proxy Authorization Form

* MyHealth Online Adult Proxy Access to an adult patient 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 like your own MyHealth Online Account (if not already active)?

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

Parent/Guardian All fields are required.

Proxy's Name: _____ DOB: _____
 Address: _____ Gender: Male Female
 City, State, Zip: _____ Proxy's Relationship to Patient:
 Spouse
 Parent or Legal Guardian Other
 If Other, explain: _____

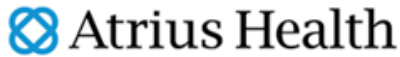
Proxy's e-mail address (required): _____
please print clearly

Please provide the last 4 digits of your Social Security # _____
The last 4 digits of the social security number is required for authentication purposes and will be stored securely in compliance with applicable laws.

Are you an Atrius Health patient? Yes No
Selecting yes indicates the proxy requestor has seen a PCP or Specialist at Atrius Health (DMA, Granite, HVMA, PMG).

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 Parent /Legal Guardian 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.atrusheralth.org/locations for more location and department details.

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

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

Dedham Medical – Dedham
Attention: MyHealth Proxy Coordinator
One Lyons Street
Dedham MA 02026
Phone: 781-329-1400

Dedham Medical – Norwood
Attention: MyHealth Proxy Coordinator
1177 Providence Highway
Norwood MA 02062
Phone: 781-329-1400

Harvard Vanguard - Burlington
Administration Office
Attention: MyHealth Proxy Coordinator
20 Wall Street
Burlington MA 01803
Phone: 781-221-2500

Harvard Vanguard – Cambridge
Administration Office
Attention: MyHealth Proxy Coordinator
1611 Cambridge Street
Cambridge MA 02138
Phone: 617-661-5500

Harvard Vanguard - Chelmsford
Administration Office
Attention: MyHealth Proxy Coordinator
228 Billerica Road
Chelmsford MA 01824
Phone: 978-250-6000

Harvard Vanguard - Chestnut Hill/West Roxbury
Administration Office
Attention: MyHealth Proxy Coordinator
291 Independence Drive
Chestnut Hill MA 02467
Phone: 617-541-6600

Harvard Vanguard – Concord
Administration Office
Attention: MyHealth Proxy Coordinator
330 Baker Avenue
Concord MA 01742
Phone: 978-287-9300

Harvard Vanguard – Copley
Attention: MyHealth Proxy Coordinator
Administration Office
165 Dartmouth Street
Boston MA 02116
Phone: 617-859-5000

Harvard Vanguard – Kenmore
Administration Office
Attention: MyHealth Proxy Coordinator
133 Brookline Avenue
Boston MA 02215
Phone: 617-421-1000

Harvard Vanguard – Lynnfield/Peabody
Administration Office
Attention: MyHealth Proxy Coordinator
2 Essex Center Drive
Peabody MA 01960
Phone: 978-977-4000

Harvard Vanguard – Medford
Administration Office
Attention: MyHealth Proxy Coordinator
26 City Hall Mall
Medford MA 02155
Phone: 781-306-5100

Harvard Vanguard – Needham
Attention: MyHealth Proxy Coordinator
100 Second Avenue
Needham MA 02494
781-726-4800

Harvard Vanguard – Quincy
Administration Office
Attention: MyHealth Proxy Coordinator
Presidents Place - South Tower
1250 Hancock Street
Quincy MA 02169
Phone: 617-774-0600

Harvard Vanguard – Somerville
Administration Office
Attention: MyHealth Proxy Coordinator
40 Holland Street
Somerville MA 02144
Phone: 617-629-6000

Harvard Vanguard – Watertown
Administration Office
Attention: MyHealth Proxy Coordinator
485 Arsenal Street
Watertown MA 02472
Phone: 617-972-5100

Harvard Vanguard – Wellesley
Administration Office
Attention: MyHealth Proxy Coordinator
230 Worcester Street
Wellesley MA 02481
Phone: 781-431-5400

Plymouth Medical Group – Bourne
Attention: MyHealth Proxy Coordinator
2 Technology Park Drive
Bourne MA 02532
Phone: 508-743-9543

Plymouth Medical Group – Cordage Park
Attention: MyHealth Proxy Coordinator
10 Cordage Park Circle
Plymouth MA 02360
Phone: 508-746-2924

Plymouth Medical Group – Court St
Attention: MyHealth Proxy Coordinator
362 Court St
Plymouth MA 02360
Phone: 508-746-7543

Plymouth Medical Group – Duxbury
Attention: MyHealth Proxy Coordinator
20 Tremont St
Duxbury MA 02360
Phone: 781-934-0172

Plymouth Medical Group – Kingston
Attention: MyHealth Proxy Coordinator
214 Main St
Kingston MA 02364
Phone: 781-585-2172

Plymouth Medical Group – Long Pond
Attention: MyHealth Proxy Coordinator
110 Long Pond Road
Plymouth MA 02360
Phone: 508-746-5351

Plymouth Medical Group – Pine Hills
Attention: MyHealth Proxy Coordinator
3 Village Green North
Plymouth MA 02360
Phone: 508-224-2224