

MyHealth Online – Pediatric and Disabled Teen Proxy Access

Pediatric and Disabled Teen proxy access for MyHealth Online allows you to securely communicate on behalf of an Atrius Health pediatric patient who is **under the age of 13** (or 13 -17 years old if the child is disabled), and view components of their medical record. Access is obtained by completing the Pediatric and Disabled Teen Proxy Authorization Form. When the patient turns 13, this will transition to "Adolescent Proxy Access", with the ability to view a limited portion of the patient's records.

Pediatric and Disabled Teen Proxy Terms and Conditions

- The parent/legal guardian can have their proxy access enabled **in person at the child's Primary Care office (no form required)**, or by completing the Pediatric Proxy Authorization Form (below) and mailing it to the **child's Primary Care office** (see Atrius Health locations below).
- The proxy requestor must be the parent or legal guardian of the pediatric patient. If the requestor is not a parent or legal guardian, please call the patient's Primary Care office (see Atrius Health Site Location Information sheet below).
- Each proxy requestor must have an active MyHealth Online account, but does not need to be an Atrius Health patient.
- On the child's 13th birthday, proxy access will transition to the more limited "Adolescent Proxy Access".
- Proxy access can be terminated any time online or by written request.

How do I obtain Pediatric and Disabled Teen Proxy access for MyHealth Online?

- The parent/legal guardian can have their proxy access enabled **in person at the child's Primary Care office (no form required)**, or by completing the Pediatric Proxy Authorization Form (below) and mailing it to the **child's Primary Care office** (see Atrius Health locations below).
- If the pediatric patient is between the ages of 13-17 years, and is deemed disabled by his/her provider, **the provider's signature must be obtained** on the Pediatric and Disabled Teen Proxy Authorization Form.
- Requests are processed within 3-5 business days upon receipt. Once processed, an access code and instructions will be forwarded to the proxy's email address provided on the form.

Please call the child's Primary Care office if you need further assistance (see Atrius Health locations below).

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For internal use only

Pediatric and Disabled Teen Proxy Authorization Form

* MyHealth Online Pediatric Proxy Access to a child under 13 years of age *

PATIENT'S INFORMATION <i>All fields are required. One patient per form.</i>	
Patient's Name: _____	DOB: _____
<i>Only enter address if different than Pediatric Proxy requestor.</i>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address: _____	Pediatrician: _____
City, State, Zip: _____	Health Site Location: _____

PARENT/LEGAL GUARDIAN'S INFORMATION <i>Parent/Guardian is the proxy. All fields are required.</i>	
Pediatric Proxy's Name: _____	DOB: _____
Address: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
City, State, Zip: _____	Proxy's relationship to the minor child:
Telephone No: _____	<input type="checkbox"/> Parent
	<input type="checkbox"/> Legal Guardian
Pediatric Proxy's e-mail address (required): _____ <i style="text-align: center;">please print clearly</i>	
Please provide the last 4 digits of your Social Security # _____ <i>The last 4 digits of the social security number is required for authentication purposes and will be stored securely in compliance with applicable laws.</i>	
Are you an Atrius Health patient? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Selecting yes indicates the proxy requestor has a PCP or Specialist at Atrius Health (DMA, Granite, HVMA, PMG).</i>	
If yes, please provide the name of your clinician: _____	
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 I am the Parent or Legal Guardian of the child listed on this form and that all information I have provided is correct. I hereby request MyHealth Online Proxy Access to the above named patient.	
_____ Date	_____ Parent /Legal Guardian Signature

Disabled Teen Proxy Authorization	
In my opinion this adolescent, age 13-17, is disabled and not capable of using MyHealth Online independently. This child will be best served by allowing a parent or guardian to have full access to all of the child's health information available through a MyHealth Online proxy account.	
_____ Provider Name (print)	
_____ Date	_____ Provider 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/teen's primary care physician's office. The form is not required if requesting Pediatric Proxy access in person.

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 **child'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 Pedi Proxy Coordinator
20 Wall Street
Burlington MA 01803
Phone: 781-221-25000

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

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

Harvard Vanguard - Chestnut Hill/West
Roxbury Administration Office
Attention: MyHealth Pedi 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
Administration Office
165 Dartmouth Street
Boston MA 02116
Phone: 617-859-5000

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

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

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

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

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

Harvard Vanguard – Watertown
Administration Office
Attention: MyHealth Pedi Proxy
Coordinator
485 Arsenal Street
Watertown MA 02472
Phone: 617-972-51000

Harvard Vanguard – Wellesley
Administration Office
Attention: MyHealth Pedi 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