

MyHealth Online - Adolescent Access

Adolescent access for MyHealth Online allows an adolescent patient between the ages of 13 to 18 to view components of their medical record and communicate with their physician’s office regarding non-urgent matters. The parent/legal guardian will also be able to view a limited portion of the adolescent’s medical record. In order to obtain access, both the parent/legal guardian and the adolescent must complete and sign the Adolescent Access Authorization Form. Adolescent Access is terminated when the patient or parent/legal guardian makes a written or online request to terminate access. At age 18 the patient will have full control of their MyHealth Online account and the parent/legal guardian access will be discontinued. Beyond the age of 18 the patient may still grant parent/legal guardian access by completing a MyHealth Online Adult Proxy Access form.

Adolescent Access Terms and Conditions:

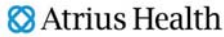
- Both the adolescent requestor and parent/legal guardian must complete and sign the attached Adolescent Access Authorization Form. If the patient is unable to complete this form, please call the number listed on the Atrius Health Practice Location Information Sheet for assistance.
- **Important: Patient and parent/legal guardian must apply in person to receive their activation code.**
- Each parent/legal guardian requesting access must have an active MyHealth Online account but, does not need to be an Atrius Health patient.
- Adolescent access can be terminated either by the patient or parent/legal guardian at anytime online or by written request.

How to obtain Adolescent access for MyHealth Online?

- Both the adolescent requestor and parent/legal guardian must complete and sign the attached Adolescent Access Authorization Form. If the patient is unable to complete this form, please call the number listed on the Atrius Health Practice Location Information Sheet for assistance.
- The adolescent requestor and parent/legal guardian must return the completed form to the Atrius Health Practice Location where the patient is receiving care or to the appropriate MyHealth Office listed on the Atrius Health Practice Location Information Sheet.

MyHealth Access will enable you to:

Adolescents:	Parents / Legal Guardians:
<ul style="list-style-type: none"> • View growth charts, immunizations, allergies and medications 	<ul style="list-style-type: none"> • View growth charts, immunizations and allergies
<ul style="list-style-type: none"> • Communicate with your physician’s office on non-urgent issues 	<ul style="list-style-type: none"> • Communicate with the physician’s office on non-urgent issues
<ul style="list-style-type: none"> • View lab results 	<ul style="list-style-type: none"> • View lab results
<ul style="list-style-type: none"> • Request appointments • View appointment history 	
<ul style="list-style-type: none"> • View School/Camp forms and letters 	
<ul style="list-style-type: none"> • Additional features may be enabled over time 	<ul style="list-style-type: none"> • Additional features may be enabled over time



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

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For internal use only

Adolescent Access Authorization Form

*** Adolescent Access to MyHealth Online account for a patient between the ages of 13 and 18 years of age ***

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: _____ Atrius Health Practice Location : _____

Please provide your e-mail address: _____

please print clearly

PARENT/LEGAL GUARDIAN'S INFORMATION
All fields are required.

Parent/Legal Guardian's Name: _____

DOB: _____ Gender: Male: Female:

Address: _____

City, State, Zip: _____

Telephone No: _____

Parent/Legal Guardian's e-mail address: _____

please print clearly

Are you an Atrius Health patient?
 Selecting yes indicates that parent/legal guardian 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.

Confirmation and Authorization Signatures

I Understand: MyHealth Online will display limited medical information to the requestor listed below.
I have read and understood the guidelines regarding MyHealth Online account information including secure patient messaging and agree to allow the requestor listed below access to my MyHealth Online account information. I also agree to abide by the terms and conditions for use of MyHealth Online.

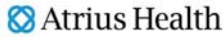
_____ Date _____ Patient Signature _____

I authorize the adolescent patient above to create a MyHealth Online account. I have read and understand the requirements for accessing the above -named patient's MyHealth Online account and agree to abide by these requirements.
This access will expire on the patient's 18th birthday. A photocopy of this authorization is as valid as the original.
I certify that all the information I have provided is correct. I hereby request limited access to the above named patient's MyHealth Online account.

_____ Date _____ Parent/Legal Guardian's Signature _____

Internal Use Only:

Both Adolescent and Parent presented in person with completed application. _____ on _____
Secretary Initials Date



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

Atrius Health Practice Location Information

Both the Parent and Adolescent must submit 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 Adolescent Coordinator
 86 Baker Avenue Extension
 Concord, MA 01742
 Phone: Call the patient's primary care provider

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

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

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

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

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

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

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

Harvard Vanguard Medical Associates
 Watertown Administration Office
 Attention: MyHealth Adolescent Coordinator
 485 Arsenal Street
 Watertown, MA 02472
 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
 Kenmore Administration Office
 Attention: MyHealth Adolescent Coordinator
 133 Brookline Avenue
 Boston, MA 02215
 Phone: Call the patient's primary care provider

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

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

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

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

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

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

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

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

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

