

## **MyHealth Online - Adult Proxy Access**

Adult proxy for MyHealth Online allows you to securely communicate on behalf of a South Shore Medical Center 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 SSMC MyHealth Help line at 781-261-4480.
- Each proxy requestor must have an active MyHealth Online account but, does not need to be an SSMC 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 SSMC MyHealth Help line at 781-261-4480.
- The patient or proxy requestor can drop off or mail the form to the SSMC location where the patient is receiving care.
- Requests for MyHealth access are processed within 3-5 business days from date of receipt. Once processed, the patient is called to verify access authorization and all access information is sent to the patient via US.Postal Service.



### 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  No If yes, please provide your e-mail address: \_\_\_\_\_

*please print clearly*

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

**I AUTHORIZE:** SSMC 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: \_\_\_\_\_ Relationship to Patient:  Spouse  Parent / legal guardian

Telephone No: \_\_\_\_\_  Other: If Other, Please explain: \_\_\_\_\_

Proxy's e-mail address: \_\_\_\_\_  
*Please print clearly*

Are you an SSMC patient?  
Selecting yes indicates that Proxy requestor has a PCP or Specialist at SSMC.

Yes If yes, please provide the Last 4 digits of SS# \_\_\_\_\_ and PCP's name: \_\_\_\_\_  
 No  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