South Shore
Medical Center

MyHealth Online – Pediatric and Disabled Teen Proxy

Pediatric and Disabled Teen proxy access for MyHealth Online allows you to securely communicate on behalf of a South Shore Medical Center pediatric patient who is under the age of 13 (or 13 -17 years if the child is disabled). 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 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 SSMC MyHealth Help Desk at 781-261-4480.
- The proxy requestor must complete and sign the attached Pediatric and Disabled Teen Proxy Authorization Form.
- Each 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 child.
- Proxy access is transitioned on the child's 13th birthday to "Adolescent Proxy" access allowing a limited view of the patient's records.
- Proxy access can be terminated, online or by written request.

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

- The parent or legal guardian must complete and sign the attached Pediatric and Disabled Teen Proxy Authorization Form; one for each child.
- Parent or legal guardian 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 Site Location Information Sheet.
- 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.
- Upon receipt requests are processed within 3-5 business days. Once processed, an access code and instructions will be forwarded to the proxy at the email address provided on the proxy authorization form.

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For internal use only

Pediatric and Disabled Teen Proxy Authorization Form

**** Pediatric Proxy Access to the MyHealth Online account for a child under the age of 13 years.****

PATIENT'S INFORMATION

All fields are required.

Patient's Name: _____ DOB: _____ Gender: Male: ❑ Female ❑

Only enter address if different than Pediatric Proxy requestor.

Address: _____ Pediatrician: _____

City, State, Zip:_____ Health Site Location: _____

PROXY'S INFORMATION

All fields are required.

Pediatric Proxy's Name:_____ DOB: _____

Address:_____ Gender: Male: ❑ Female ❑

City, State, Zip:_____ Proxy's relationship to the minor child:
❑ Parent
❑ LegalGuardian

Telephone No:_____

Pediatric Proxy's e-mail address *(REQUIRED):* _____
please print clearly

Please provide **the last 4** digits of SS#: _____

Please note that 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 SSMC patient? ❑ Yes ❑ No
Selecting yes indicates that Proxy requestor has a PCP or Specialist at SSMC.

*Please provide your clinician's name:*_____

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 access to the above named patient's MyHealth Online account.

_____ _____
Date Signature of Parent or Legal Guardian

PROVIDER INFORMATION

In my opinion this adolescent child age 13-17 is disabled and not capable of using MyHealth 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 proxy account.

_____ _____
Date **Provider Signature**