

MyHealth Online - Adult Proxy Access

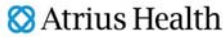
Adult proxy for MyHealth Online allows you to securely communicate on behalf of an Atrius Health patient who is 18 years of age or older. In order to obtain access, both the patient and proxy must complete and sign the Adult Proxy Authorization Form. The proxy's access is terminated when any of the following occurs: 1) the patient makes a written or online request to terminate access, 2) an expiration date specified by the patient is reached, 3) the patient revokes access from within their MyHealth Online account, 4) Atrius Health, at its discretion.

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 number listed on the Atrius Health Site Location Information Sheet.
- 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 patient.
- Proxy access can be terminated by Atrius Health or by the patient at anytime, 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 Site Location Information Sheet.
- Upon receipt, requests are processed within 3-5 business days. Once processed the patient is called to verify access authorization. A letter with account activation information will then be sent to the patient via U.S. Mail.



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

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For internal use only

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 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

All fields are required.

Proxy's Name: _____ DOB: _____
 Address: _____ Gender: Male: Female:
 City, State, Zip: _____ Proxy's Relationship to Patient:
 Telephone No: _____ Spouse
 Other: Parent or Legal Guardian
 If Other, Please explain: _____

Proxy's e-mail address: _____

please print clearly

Are you an Atrius Health patient?

Selecting yes indicates that Proxy 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: _____

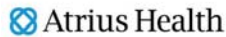
No If no, please provide **entire** 9 digit SS#: _____ - _____ - _____

Please note that the social security number is required for authentication purposes and will be stored securely in compliance with applicable law.

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



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

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.

Concord Hillside Medical Associates
Concord Hillside Administration Office
86 Baker Avenue Extension
Concord, MA 01742
Phone: 617-559-8057

Harvard Vanguard Medical Associates
Cambridge Administration Office
1611 Cambridge Street
Cambridge, MA 02138
Phone: 617-559-8057

Harvard Vanguard Medical Associates
Somerville Administration Office
40 Holland Street
Somerville, MA 02144
Phone: 617-559-8057

Concord Hillside Medical Associates
Harvard- Concord Hillside Administration
16 Lancaster County Rd (Rte. 111)
Harvard, MA 01451
Phone: 617-559-8057

Harvard Vanguard Medical Associates
Chelmsford Administration Office
228 Billerica Road
Chelmsford, MA 01824
Phone: 617-559-8057

Harvard Vanguard Medical Associates
Watertown Administration Office
485 Arsenal Street
Watertown, MA 02472
Phone: 617-559-8057

Concord Hillside Medical Associates
Sudbury-Concord Hillside Administration
Emerson Medical Building, Suite 2003
490 Boston Post Road at Chiswick Park
Sudbury, MA 01776
Phone: 617-559-8057

Harvard Vanguard Medical Associates
Copley Administration Office
165 Dartmouth Street
Boston, MA 02116
Phone: 617-559-8057

Harvard Vanguard Medical Associates
Wellesley Administration Office
230 Worcester Street
Wellesley, MA 02481
Phone: 617-559-8057

Dedham Medical Associates
Attn: Pam Carleton
One Lyons Street
Dedham MA 02026
Phone: 617-559-8057

Harvard Vanguard Medical Associates
Kenmore Administration Office
133 Brookline Avenue
Boston, MA 02215
Phone: 617-559-8057

Harvard Vanguard Medical Associates
West Roxbury Administration Office
291 Independence Drive
West Roxbury, MA 02467
Phone: 617-559-8057

Harvard Vanguard Medical Associates
Braintree Administration Office
111 Grossman Drive
Braintree, MA 02184
Phone: 617-559-8057

Harvard Vanguard Medical Associates
Medford Administration Office
26 City Hall Mall
Medford, MA 02155
Phone: 617-559-8057

Harvard Vanguard Medical Associates
Quincy Administration Office
Presidents Place - South Tower
1250 Hancock Street
Quincy, MA 02169
Phone: 617-559-8057

Harvard Vanguard Medical Associates
Burlington Administration Office
20 Wall Street
Burlington, MA 01803
Phone: 617-559-8057

Harvard Vanguard Medical Associates
Peabody Administration Office
2 Essex Center Drive
Peabody, MA 01960
Phone: 617-559-8057

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

Harvard Vanguard Medical Associates
Lynnfield Administration Office
2 Essex Center Drive
Peabody, MA 01960
Phone: 617-559-8057

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