



South Shore Health System

MyChart – Adult Proxy Access

Adult proxy for MyChart allows you to securely communicate on behalf of a South Shore Health System (SSHS) 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 in their MyChart.

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 MyChart Support at 781-261-4480.

Each proxy requestor must have an active MyChart account but, does not need to be a SSHS patient.

Each proxy requestor must submit one form per patient.

Proxy access can be terminated by the patient at any time online or by calling MyChart Support at 781-261-4480.

How do I obtain Adult Proxy access for MyChart?

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 MyChart Support at 781-261-4480.

The patient or proxy requestor can drop off or mail the form to any SSHS location. Completed forms may also be faxed to MyChart Support at 781-261-4432.

Requests are processed within 3 business days upon receipt. Once processed, the proxy will be notified by email or MyChart if they are an existing account holder.



**South Shore
Health System**

Adult Proxy Form

Adult Proxy Access to the MyChart Online account for an adult 18 years of age or older

PATIENT'S INFORMATION

All fields are required.

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

Only enter address if different than Proxy requestor.

Address: _____ Provider: _____

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

PROXY'S INFORMATION

All fields are required.

Proxy's Name: _____ DOB: _____

Address: _____ Gender: Male: Female

City, State, Zip: _____ Proxy's relationship to the patient: _____

Telephone No: _____

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 a SSHS patient? Yes No
Selecting yes indicates that Proxy requestor has a PCP or Specialist at SSHS.

Please provide your clinician's name: _____

I have read and understood the requirements for accessing the above named patient's MyChart 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 MyChart.

Date

Signature of Patient