



South Shore MyChart – Adult Proxy Access

Adult proxy for South Shore MyChart allows you to securely communicate on behalf of a South Shore Health System (SSHS) patient who is 18 years of age or older.

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 South Shore MyChart Support at 781-261-4480.

Each proxy requestor must have an active South Shore MyChart account but he/she does not need to be a SSHS patient.

Each proxy requestor must submit one form per patient.

How do I obtain Adult Proxy access for South Shore MyChart?

The patient or proxy requestor can drop off or mail the form to any SSHS location. Completed forms may also be faxed to South Shore 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 South Shore MyChart if they are an existing account holder.

How do I terminate access?

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 South Shore MyChart account.

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



Adult Proxy Form

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

PATIENT'S INFORMATION

All fields are required.

Only enter address if different than proxy requestor

Patient's Name: _____ DOB: _____ Gender: Male: ☐ Female: ☐
Address: _____ Provider: _____
City, State, Zip: _____ Health Site Location: _____
Date: _____ **Signature of Patient:** _____

PROXY'S INFORMATION

All fields are required.

Proxy's Name: _____ DOB: _____
Address: _____ Gender: Male: ☐ Female: ☐
City, State, Zip: _____
Telephone No: _____ Proxy's relationship to the patient: _____

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 indicate your provider's name: _____

I have read and understood the requirements for accessing the above named patient's South Shore MyChart information and agree to abide by these requirements. I certify that all of the information I have provided is correct. I hereby request access to the above named patient's South Shore MyChart account.

Date

Signature of Proxy