

South Shore MyChart – Pediatric and Disabled Teen Proxy

Pediatric and Disabled Teen proxy access for South Shore MyChart allows you to securely communicate on behalf of a South Shore Health System (SSHS) pediatric patient who is under the age of 13 (or 13 -17 years if the child is disabled). 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 South Shore MyChart Support 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 South Shore MyChart account but he/she does not need to be a South Shore Health system 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.

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

- Parent or legal guardian can drop off or mail the form to the health care location where the patient is receiving care or fax to South Shore MyChart Support at 781-261-4432.
- 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.

How do I terminate Proxy access?

- Proxy access can be terminated, online or by written request.



Pediatric and Disabled Teen Proxy Authorization Form

Pediatric Proxy Access to South Shore MyChart 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: _____ Provider: _____

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

PROXY'S INFORMATION

(Parent/Legal Guardian)

All fields are required.

Pediatric Proxy's Name: _____ DOB: _____

Address: _____ Gender: Male: ☐ Female: ☐

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

Telephone No: _____ ☐ Parent

☐ LegalGuardian

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 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 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 South Shore MyChart account.

Date

Signature of Parent or Legal Guardian (Proxy)

PROVIDER INFORMATION

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

Date

Provider Signature