

## myTuftsMed Online - Adult Proxy Access

Adult Proxy Access for myTuftsMed Online allows you to securely communicate on behalf of a Tufts Medicine patient who is 18 years of age or older, and view components of their medical record. 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 from their own myTuftsMed Online account. Forms can be brought to your provider's office or emailed to the myTuftsMed help desk at: [mytuftsMed@tuftsmedicine.org](mailto:mytuftsMed@tuftsmedicine.org).

### 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 contact the patient's primary care office.
- The proxy requestor must have an active myTuftsMed Online account but does not need to be a Tufts Medicine patient.
- Each proxy requestor must submit one form per patient.
- Proxy access can be terminated by the patient at any time online or by written request.
- **If the individual completing this proxy form is a Guardian, Healthcare Proxy, or Power of Attorney for the patient, a copy of the appropriate legal documentation must be submitted with a copy of this form.**

### How do I obtain Adult Proxy access for myTuftsMed Online?

- The proxy requestor and patient must both complete and sign the attached Adult Proxy Authorization Form. If the designated Proxy is not currently a Tufts Medicine patient, or if the patient is unable to complete this form, please call the MyTuftsMed Helpdesk with any questions at (Toll Free) 855-422-7300 or at 617-636-5418.
- The patient or proxy requestor can bring the forms to a provider's office, or email them to the myTuftsMed help desk at: [mytuftsMed@tuftsmedicine.org](mailto:mytuftsMed@tuftsmedicine.org)
- Upon receipt, requests are processed within 3-5 business days upon receipt.

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For internal use only

## Adult Proxy Authorization Form

\* myTuftsMed Online Adult Proxy Access to an adult patient 18 years of age or older \*

### PATIENT'S INFORMATION

All fields are required.

Patient's Name: \_\_\_\_\_ Last 4 digits of SS# \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Health Site Location: \_\_\_\_\_

Would you like your own myTuftsMed Online Account (if not already active)?

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** Tufts Medicine to release all myTuftsMed 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 myTuftsMed Online account information including secure patient messaging and agree to allow the proxy requestor listed below access to my myTuftsMed Online account information.**

\_\_\_\_\_

\_\_\_\_\_

Date

Patient Signature

### PROXY'S INFORMATION

All fields are required.

Proxy's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Proxy's Relationship to Patient:

Spouse

Parent or Legal Guardian

Other

Telephone No: \_\_\_\_\_

If Other, explain: \_\_\_\_\_

**Proxy's e-mail address (required):** \_\_\_\_\_  
*please print clearly*

Are you a Tufts Medicine patient? Yes  No

Selecting yes indicates the proxy requestor has seen a PCP or Specialist at Tufts Medicine. If applicable, please provide a copy of the legal document granting your authority to request access to the patient's health records (i.e. HCP, POA, Guardianship, Executor Appointment)

**I have read and understood the requirements for accessing the above named patient's myTuftsMed Online account information and agree to abide by these requirements. I certify that all the information I have provided is correct. I hereby request myTuftsMed Online Adult Proxy Access to the above named patient.**

\_\_\_\_\_

\_\_\_\_\_

Date

Proxy Signature