

## myTuftsMed Child Proxy Access

Child proxy access for MyTuftsMed Online allows a parent or legal guardian **limited access** to a Tufts Medicine (defined below) patient who is under 18 years of age. The proxy will be able to view limited components of the patient's medical record and communicate with the patient's provider regarding non-urgent matters on the patient's behalf. If a child is an emancipated minor (appropriate documentation required), access may be granted using an adult proxy access form. Parent(s) or legal guardians can be given Child Proxy access in person at any system provider, or by completing the Child Proxy Access Authorization form. Forms can be brought to your provider's office or emailed to the myTuftsMed help desk at: mytuftsMed@tuftsmedicine.org.

Child proxy access is terminated under the following conditions:

- When the parent/legal guardian makes a written or online request to terminate access.
- At age 18, the parent/legal guardian access will terminate. Beyond the age of 18 the patient may still grant parent/legal guardian access by requesting Adult Proxy access.
- When Tufts Medicine becomes aware the status of the parent/legal guardian has changed.
- 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.

**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.**

### Child Proxy Terms and Conditions:

- The parent/legal guardian can have their proxy access enabled **in person at the child's Primary Care office (no form required)**, or by completing the attached Child Proxy Authorization Form and bringing to your provider's office, or emailed to the myTuftsMed help desk at: mytuftsMed@tuftsmedicine.org
- Each parent/legal guardian requesting access must have their own active MyTuftsMed Online account but does not need to be a Tufts Medicine patient.
- Adolescent access can be terminated by the parent/legal guardian at any time via MyTuftsMed Online or by written request.
- The parent/legal guardian's access will be automatically terminated when the patient turns 18 but can be reinstated by the patient by requesting Adult Proxy access.
- For parents/legal guardians with existing Pediatric Proxy Access (patients 12 years old or under), their access will transition to the more limited Child Proxy Access when the child turns 13.

**Please call the MyTuftsMed HelpDesk with any questions at (Toll Free) 855-422-7300 or at 617-636-5418**



For internal use only

## Child Proxy Access Authorization Form

\* MyTuftsMed Online Child Proxy Access to a patient under 17 years of age \*

### PATIENT'S INFORMATION

All fields are required. One patient per form.

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

Telephone No: \_\_\_\_\_ Health Site Location: \_\_\_\_\_

Please provide patient's e-mail address: \_\_\_\_\_

*please print clearly*

### PARENT/LEGAL GUARDIAN'S INFORMATION

Parent/Guardian is the proxy. All fields are required.

Parent/Legal Guardian's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

*\* Only enter address if different than Adolescent's above*

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

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

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

Parent/Legal Guardian's e-mail address (required): \_\_\_\_\_

*please print clearly*

Are you a Tufts Medicine patient? Yes  No

*Selecting yes indicates the proxy requestor has a provider within 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)*

If yes, please provide the name of your clinician: \_\_\_\_\_

### Confirmation and Authorization Signature

I have read and understand the requirements for accessing the above-named patient's MyTuftsMed Online account and agree to abide by these requirements. I understand Adolescent Proxy Access will display **limited medical information**.

This access will expire on the patient's 18<sup>th</sup> birthday. A photocopy of this authorization is as valid as the original. I certify that all the information I have provided is correct. I hereby request MyTuftsMed Online Child Proxy Access to the above-named patient.

\_\_\_\_\_

Date

\_\_\_\_\_

Proxy Signature