

NEW! FollowMyHealth Patient Portal

We are pleased to announce the launch of Acton Medical Associates NEW Patient Portal powered by FollowMyHealth™ it is a secure convenient way to manage your personal health care and communicate with your doctor's office online. This FREE self-service health management tool can improve interactions with your doctor's office, document important health care information, and ultimately give you the ability to make more informed decisions about your health.

Below is our policy on age and access to medical information

Age 0-12: Parents have access as a proxy to the child's full information

Age 13-17: Parents have access as a proxy to email back and forth with provider, no updates from the patients chart will flow into the portal during these years.

Child can sign up for their own account in FollowMyHealth and will only be able to communicate back and forth privately with providers no updates from the patients chart will flow into the portal during these years

Age 18+: Parents have access as a proxy to email back and forth with provider, no updates from the patients chart will flow into the portal.

Child can sign up for their own account in FollowMyHealth and have full access to their chart. Child can also assign a parent or other as a proxy on their account to view information.

Features of the FollowMyHealth Patient Portal

Online access anytime, anywhere.

- View all your health information electronically via a web browser or your mobile device.

Comfort of a secure environment.

- Your health information is posted to a highly secure data registry.

Your information and how you manage it.

- Review your personal medical record View test and lab results.
- Download, fax, and email select health information - immunization history, clinical summary, messages and more.
- Online Bill Pay

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321 Main Street
(978) 635-8700

Littleton, MA
592 King Street
(978) 486-9255

Harvard, MA
231 Ayer Street
(978) 772-1213

Information needed: please fill in every section and write legibly or form will not be processed

Patient-self access (age 13 and up)

First Name: _____ Last Name: _____

Date of Birth: _____ Phone # _____

Email Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Proxy #1: Mother Father Step-Mother Step-Father Guardian Spouse Power of Attorney Other

First Name: _____ Last Name: _____

Proxy Date of Birth: _____ Proxy Phone #: _____

Email Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Child # 1 Name _____ Child # 1 Date of Birth _____

Child # 2 Name _____ Child # 2 Date of Birth _____

Child # 3 Name _____ Child # 3 Date of Birth _____

Child # 4 Name _____ Child # 4 Date of Birth _____

Child # 5 Name _____ Child # 5 Date of Birth _____

Proxy #2: Mother Father Step-Mother Step-Father Guardian Spouse Power of Attorney Other

First Name: _____ Last Name: _____

Proxy Date of Birth: _____ Proxy Phone #: _____

Email Address (different from proxy #1) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Child # 1 Name _____ Child # 1 Date of Birth _____

Child # 2 Name _____ Child # 2 Date of Birth _____

Child # 3 Name _____ Child # 3 Date of Birth _____

Child # 4 Name _____ Child # 4 Date of Birth _____

Child # 5 Name _____ Child # 5 Date of Birth _____

****RETURN THIS PAGE TO FRONT DESK****