Proxy Application for a MaineGeneral Medical Center
Patient Portal Account

If you want to be a proxy for your child under 13
Fill out this application and submit to your child(ren)'s health care provider’s office. You must also show them a photo ID.

You may also bring the application, and your ID, to any MaineGeneral location. If you have questions, please call 626-1441.

If you want to be a proxy for your child 13-17
Maine state law grants patients in this age group certain privacy rights. Therefore, you will be granted “Young Adult Proxy Access” which limits the information you can access. Fill out this application and submit it to your child(ren)'s health care provider’s office. You must also show them a photo ID.

You may also bring the application, and your ID, to any MaineGeneral location. If you have questions, please call 626-1441.

If you want to be a proxy for another adult who can legally make his or her own decisions
The other adult may send you a proxy invitation once he/she has received his/her invitation to join the portal OR he/she may give us your email and we will send the proxy invite to you. In either case, we must verify the identity of the patient before we send the proxy invitation.

The patient should fill out the application below and present it to his/her health care provider’s office or to any MaineGeneral location. The patient may use your email address. If you have questions, please call 626-1441.

If you want to be a proxy for an adult for whom you are the legal decision maker
Fill out the application below and present it, along with your ID and the documents appointing you as legal decision maker, to any MaineGeneral location. If you have questions, please call 626-1441.

Connect Your Health Information to Other Health Care Web Applications
You can link your health data to compatible health care apps. Learn more at www.mainegeneral.org/followmyhealth.

Proxy Application (Please Print Clearly)
List all patient names for whom you would like to be proxy

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Date(s) of birth</th>
<th>Your relationship to patient</th>
</tr>
</thead>
<tbody>
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Proxy name __________________________________________________________________________
Proxy cell phone number __________________________
Proxy email address __________________________________________________________________
Proxy date of birth ___________________________________________________________________
Proxy physical address __________________________________________________________________
Signature of adult patient if legally entitled to make own decisions ___________________________
Proxy signature ________________________________________________________________________

For Office Staff:
☐ ID verified ☐ Legal documentation obtained ☐ On file Staff name __________________________

HIS Office Staff: Invitation sent by ______________________ on ______________________