

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 the Medical Records Department, 3rd floor, Alford Center for Health, 35 Medical Center Parkway, Augusta. 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 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 the Medical Records Department, 3rd floor, Alford Center for Health, 35 Medical Center Parkway, Augusta. If you have questions, please call 626-1441.

If you want to be a proxy for another adult who is legally entitled to 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 the Medical Records Department, 3rd floor, Alford Center for Health, 35 Medical Center Parkway, Augusta. 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 the Medical Records Department, 3rd floor, Alford Center for Health, 35 Medical Center Parkway, Augusta. If you have questions, please call 626-1441.

Proxy Application (Please Print)

Patient's name(s) for whom you would like to be proxy _____

Date(s) of birth _____

Your Name _____ Your Relationship to Patient _____

Your email address _____

Your physical address _____

Your cell phone number _____ Your date of birth _____

Your signature _____

For Office Staff:

Proxy ID verified ___ Legal documentation obtained ___ on file ___ Name _____ Ext ___

Invitation sent by _____ on _____