

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

Date(s) of birth

Your relationship to patient

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 _____

