



**Proxy Information**

This section should be filled out by **the proxy**. The proxy is the person who wants to access the patient's information. The proxy must also show a valid photo ID such as a driver's license, passport, student ID or work ID.

Proxy Name \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

Previous Name(s) \_\_\_\_\_ SSN \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

Do you have an active MyChart account?

- Yes
- No

Have you been a patient at a MaineHealth facility?

- Yes
- No

Maine Medical Partners, Nordx Labs, Maine Medical Center, Lincoln Health Care, Southern Maine Health Care, Stephens Memorial Hospital, Waldo County General Hospital, Pen Bay Medical Center

**Proxy's relationship to patient:**

- Parent (Patient is a minor)
- Spouse or Domestic Partner
- Legal Guardian\*\*
- Durable Power of Attorney for Healthcare (DPOA)\*\*
- Foster Parent\*\*\*
- Custodial Parent
- Non-Custodial Parent
- Other (specify) \_\_\_\_\_

\*\* If you are a legal guardian or have a durable power of attorney for healthcare, you will need to include a copy of the legal paperwork that confirms this relationship

\*\*\* If you are a Foster Parent, you will need to include a copy of the legal paperwork from DHHS or the court that confirms this relationship.

MYCHART PROXY ACCESS FORM



Patient Information

This section should be filled out by the patient. The patient is the person who wants to let a proxy view his or her record.

Patient Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Previous Name(s) \_\_\_\_\_ Last four of SSN \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient | Authorized Person Date Authorized Person's Authority to Sign Parent, Guardian, Power of attorney, etc. Date

If the patient is unable to sign, please explain why: \_\_\_\_\_

If patient is an adult (18 or older) – Please complete this section:

Authorization to Release Protected Health Information

This form must be filled out completely, signed, and dated. You must also include a copy of the paperwork that verifies your relationship with your proxy. By signing this document, I understand that:

- My doctors and other providers can release medical information to my proxy through MyChart.
My proxy will have access to the same medical information in MyChart that I do.
My proxy will have the ability to update the same limited demographic information that I can, such as my address, phone number(s), and emergency contact information.
It is possible that my proxy may share my personal information with other people without my permission. This may not be protected by state and federal confidentiality laws.
If I have questions about disclosing my health information, I can get in touch with my doctor.
Setting up a proxy is completely voluntary. I understand that I can refuse to sign this form.
I can take away proxy access at any time. I can do this by contacting my provider's practice. But even if I revoke proxy access, my proxy may have already accessed my personal information.
My proxy must activate proxy access within 30 days from the date I sign this form. If my proxy does not do this, I may need to send in another request for proxy access.

I understand that this grant of proxy access to MyChart does not permit the individual serving as proxy to request medical advice on my behalf and/or discuss my care with my treating providers unless I have executed a separate Authorization to Release Protected Healthcare Information.

\_\_\_\_\_  
Signature of Patient | Authorized Person Date Authorized Person's Authority to Sign Parent, Guardian, Power of attorney, etc. Date