

Proxy Access

- Obtaining access to a MyChart account that is not your own personal MyChart account is called “proxy access.”
- Family members can give you access to their MyChart accounts, if they choose.
- You can set up proxy access by filling out this form.

Proxy access and adults:

- Adults can give proxy access to a spouse or domestic partner, an adult child, or a caregiver.
- Once you set up a proxy for an adult patient, this proxy will stay in place until the patient revokes access.
- When you give proxy access to another individual you are giving them full access to your MyChart account which includes general medical information as well as information relating to mental health and drug and alcohol abuse treatment.

Proxy access and children:

- **Children 0-10 years old:** Parents and guardians have full access to their child’s MyChart account.
- **Children 11-17 years old:** Parents and guardians have limited access to their child’s MyChart. Parents can request an appointment, view immunization records, and send a message on their child’s MyChart.
- **Children 18 years and older:** Parents and guardians no longer have proxy access. Parents will lose access even younger if the child is emancipated.

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: _____
First Name Last Name Middle Initial Surnames (Jr. Sr.)

Address: _____
Street City State Zip Code

Previous Names: _____ Birth date: _____ Social Security #: _____

Home Phone: _____ Work Phone: _____ Email: _____

Primary Care Physician: _____ Practice Address: _____

 Signature of Patient/Authorized Person Date

 Authorized Person's Authority to Sign Date
Parent, Guardian, Power of Attorney, etc.

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

- Patient is a minor (younger than 18) Other: _____

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.

Name: _____
First Name Last Name Middle Initial Surnames (Jr. Sr.)

Address: _____
Street City State Zip Code

Previous Names: _____ Birth date: _____ Social Security #: _____

Home Phone: _____ Work Phone: _____ Email: _____

Do you have an active MyChart account?

- Yes
- No

Have you been a patient at a MaineHealth facility?

- Yes
- No

Relationship to patient:

- Spouse or Domestic Partner
- Legal Guardian**
- Durable Power of Attorney for Healthcare (DPOA)**
- 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.

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.
- 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 through MyChart Family Access settings. 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 Health Information.

Signature of Patient or Authorized Representative

Date | Time ^{AM/PM}