



UR NUMBER

SURNAME

GIVEN NAME(S)

DATE OF BIRTH

AFFIX PATIENT LABEL HERE ↑

My RCH Portal connects you directly with information in your child's Royal Children's Hospital (RCH) medical record, when you need it, from your computer.

This form describes access to My RCH Portal for parents and legal guardians. In most cases, your level of access will be determined by the patient's age, as described below. If your situation is different, the patient's treating doctor will discuss any special circumstances with you and the patient.

You can request a My RCH Portal account by completing this form and we can give you an activation code so you can sign up from home. Your child's medical information will be accessed through your My RCH Portal account and each parent or legal guardian requesting access must have their own My RCH Portal account.

Complete this form if:

- You are the parent or legal guardian of a patient aged between 0 and 16 years, and
- You would like to sign up for a My RCH Portal account

OR

You are the parent or legal guardian of a patient 16 years and older, and the patient has agreed to provide written consent for you to access their medical information via My RCH Portal.

Important information

If you are the legal guardian (and not the parent) you must provide a copy of any relevant Family Court orders with your completed form, showing your legal guardianship status, before we can give you an activation code.

If you are the parent or legal guardian of a patient 0 to 12 years of age:

You will have full access to your child's information in My RCH Portal.

If you are the parent or legal guardian of a patient 12 to 16 years of age:

You and your child share access to their information in My RCH Portal. This means that you can both have My RCH Portal accounts, although sometimes your level of access may be different.

If you are the parent or legal guardian of a patient 16 years and older:

You will need written consent from the patient to access My RCH Portal. Your level of access may vary depending on the patient's agreement to grant you full or partial access to My RCH Portal.

To see what My RCH Portal will enable you to access, go to the RCH website at www.rch.org.au/my-rch-portal

Please make sure:

- You are the parent or legal guardian of the patient identified on this form. If you are the legal guardian (and not the parent) you must provide a copy of any relevant Family Court orders with your completed form, showing your legal guardianship status, before we can give you an activation code.
- You have read the Terms and Conditions for accessing My RCH Portal. This document is available from myrchportal.rch.org.au or you can ask for the Terms and Conditions at your next hospital appointment. When you sign up to My RCH Portal you will be required to acknowledge that you have read and agree to the Terms and Conditions before your account can be activated.
- You complete and sign the *My RCH Portal: Parent/legal guardian request for proxy access* form (see overleaf).

If you complete and sign the form at the RCH, please make sure you have photo identification with you to show to RCH staff.

If you complete and sign the form from home, please make sure you attach a copy of your photo identification. This could be a copy of your passport, drivers licence, proof of age card or another type of photo identification.

Return the form and copy of photo identification via post or fax to:

Health Information Services

The Royal Children's Hospital
Lower Ground, East Building
50 Flemington Road, Parkville Victoria 3052

Telephone (03) 9345 6114
Facsimile (03) 9345 6589



My RCH Portal Parent/legal guardian request for proxy access

Patient details

First name _____ Surname _____
Address _____ Suburb _____
State _____ Postcode _____ Telephone (home) _____ (mobile) _____
Date of birth ____ / ____ / ____ Patient UR number (if known) _____

Your details

Mr/Mrs/Ms _____ First name _____ Surname _____

☐ Address same as above (*please tick*) Or fill in below:

Address _____ Suburb _____

State _____ Postcode _____ Telephone (home) _____ (mobile) _____

Date of birth ____ / ____ / ____ Relationship to patient (parent/legal guardian) _____

☐ If you are the legal guardian (and not the parent) you must attach a copy of any relevant Family Court orders.

☐ If you complete and sign the form from home, please make sure you attach a copy of your photo identification.

By signing below, I certify that I am the parent or the legal guardian of the patient named above, and that the information I have provided is true and correct. I agree to abide by the Terms and Conditions for accessing My RCH Portal as a proxy.

Parent or legal guardian signature _____ Date ____ / ____ / ____

Only for the parent/legal guardian of a patient 16 years and older:

If you are the parent or legal guardian of a patient 16 years and older, you will need written consent from the patient to access My RCH Portal. You and the patient will both need to read and sign below.

Patient consent to grant access to My RCH Portal to the parent or legal guardian named above

Patient: I understand that My RCH Portal will display my medical information to the parent or legal guardian described above. I agree to grant the following access to the parent or legal guardian: ☐ Full access ☐ Partial access

Patient signature _____ Date ____ / ____ / ____

Parent or legal guardian: I understand I will be accessing another person's medical information and I agree to abide by the Terms and Conditions for accessing My RCH Portal as a proxy for a patient over 16 years of age.

Parent or legal guardian signature _____ Date ____ / ____ / ____

RCH clinician use only: Assign the following 'relation type' for the parent/legal guardian of the patient named above

- ☐ Proxy accessing child with cognitive impairment - full access
☐ EMR alerts/flags checked. *Proceed and select the following 'relation type':*
☐ Proxy accessing child ☐ Proxy accessing child - limited access over 12 ☐ Proxy accessing child - full access over 16

Clinician (*print name*) _____ Signature _____

Date ____ / ____ / ____

RCH administrative staff use only

- ☐ Photo ID sighted (admin staff only) ☐ Copy of photo ID attached (HIS staff only)

Type: ☐ Passport ☐ Drivers licence ☐ Proof of age card

☐ Other (specify) _____ ID reference number _____

☐ Parent/legal guardian details verified on form, photo ID and in EMR ☐ EMR alerts/flags checked

☐ Activation letter issued/posted to parent/legal guardian on ____ / ____ / ____

Processed by: (*print name*) _____ Signature _____

☐ Send form to HIS for scanning