My RCH Portal
Patient deactivation request form

If you are a **patient requesting deactivation of your My RCH Portal account**, please make sure:

• You complete and sign the form below.

• You attach a copy of your photo identification – this could be a copy of your passport, student card or another type of photo identification.

• You return the form and copy of photo identification to Health Information Services at the RCH to the address displayed below.

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

TELEPHONE: (03) 9345 6114
FAX: (03) 9345 6589

Patient details

First name _____ Surname _____

Address _____ Suburb _____

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

Date of birth _____ / _____ / _____ Patient UR number (if known) _____

By signing below, I certify that I am the patient identified above, and that the information I have provided is true and correct. I am requesting to have my 'My RCH Portal' account deactivated and I understand that once deactivation has been completed that I will no longer be able to access information in my medical record via My RCH Portal.

Patient signature _____ Date _____ / _____ / _____

ERC160442 July 2016