



UR NUMBER _____
 SURNAME _____
 GIVEN NAME(S) _____
 DATE OF BIRTH _____
AFFIX PATIENT LABEL HERE ↑

If you are a **parent or legal guardian 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, drivers licence, proof of age 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) _____

Your details

Mr/Ms/Mrs _____ First name _____ Surname _____
 Address same as above **OR fill in below:**
 Address _____ Suburb _____
 State _____ Postcode _____ Telephone (home) _____ (mobile) _____
 Date of birth ____/____/____ Relationship to patient (parent/other) _____

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 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 child's medical record via My RCH Portal.

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

Office use only

Copy of photo ID attached 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
 Account deactivated on ____/____/____
 Processed by (*print name*) _____ Signature _____
 Date ____/____/____ Form scanned into EMR

My RCH Portal Parent/legal guardian deactivation request form