



UR NUMBER

SURNAME

GIVEN NAME(S)

DATE OF BIRTH

AFFIX PATIENT LABEL HERE ↑

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 ____/____/____

Office use only

Copy of photo ID attached Type: Passport Drivers Licence Proof of Age Card

Other (specify) _____ ID reference number _____

Patient's 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 Patient deactivation request form