



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 or mobile device.

This form describes access to My RCH Portal for parents and people with parental responsibility as per a Court order. You must provide a copy of any relevant Court orders with your completed form, showing your legal guardianship status before we can give you an activation code.

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

Granting 'proxy' access to My RCH Portal is at the discretion of the RCH. Proxy access can only be granted to parents, or people with court ordered parental responsibility, if it is deemed to be in the child's best interests. In circumstances where there is information to indicate that accessing a My RCH Portal proxy account might pose a risk to the child or any other person, or is not otherwise appropriate in all the circumstances, the RCH will not grant 'proxy' access or will revoke existing 'proxy' access held by the parents or legal guardians.

The names of people applying for proxy access may be disclosed to other people who hold parental responsibility for the child. By accepting these Terms you consent to this disclosure.

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.

Please make sure:

- You are the parent of the patient identified on this form.
- Or you are a person with Court ordered parental responsibility of the patient identified on this form. You must provide a copy of any relevant Court orders showing your legal guardianship status with your completed form 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 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 your photo identification by using the 'Submit Form' button (see overleaf).

Alternatively, post or email to:

Health Information Services
 The Royal Children's Hospital
 Lower Ground, East Building
 50 Flemington Road, Parkville Victoria 3052
EMAIL MyRCHPortal.Enquiries@rch.org.au

An activation code will be posted to you.

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

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 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 ____/____/____

If the patient is 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: I understand that My RCH Portal will display my medical information to the parent or legal guardian described above and the parent or legal guardian may also share my medical information with another person through the Share Everywhere feature. I agree to grant the following access to the parent or legal guardian:

Full access Partial access

Patient signature _____ Date ____/____/____

Parent or legal guardian consent: 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 including any sharing of the person's health information, stored in My RCH Portal, through the Share Everywhere feature.

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

If the patient cannot consent, take this form with you and speak to the patient's treating RCH clinician

Patient's treating RCH clinician:

I have determined that the patient is unable to consent to the parent or legal guardian named above accessing My RCH Portal. I authorise administrative staff to assign full access to the parent or legal guardian named above.

Clinician signature _____ Date ____/____/____

RCH administrative staff use only

EMR alerts/flags checked
 Photo ID sighted (admin staff only) Copy of photo ID attached (HIS staff only)
Type: Passport Drivers licence Proof of age card ID reference number _____
 Other (specify) _____ Reference number _____
 Identification verified on form, photo ID and in EMR Activation text or letter provided ____/____/____
 Proxy access reactivated with patient's consent and relation type changed in the EMR for 16+ access
Processed by: (print name) _____ Signature _____

Send form to HIS for scanning