My RCH Portal
Patient request for access

The Royal Children's Hospital Melbourne

UR NUMBER

SURNAME

GIVEN NAME(S)

DATE OF BIRTH

AFFIX PATIENT LABEL HERE ↑

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

This form describes patient access to My RCH Portal that applies in most cases. If your situation is different, your doctor will discuss this with you.

You can sign up for a My RCH Portal account at the RCH or we can send you an activation code so you can sign up from home.

Complete this form if:

- You are 12 years of age or older, and
- You need a My RCH Portal activation code sent to you.

You do not need to complete this form when you sign up for a My RCH Portal account in person, at the RCH, at your next appointment or admission. Staff will verify that you are a patient of the RCH and will be able to print out an activation code while you are at the hospital.

Important information

If you are aged between 12 and 16 years:

You and your parents or legal guardians share access to your information in My RCH Portal. This means you can both have My RCH Portal accounts, although sometimes your level of access may be different. When you turn 16, you and your parents or legal guardians' access to your information will change.

If you are 16 years and older:

Once you turn 16, you will have access to all the information in your My RCH Portal account. Your parents or legal guardians will need your written consent to access My RCH Portal.

To give your parents or legal guardians access to My RCH Portal, please complete and return the *My RCH Portal: Parent/legal guardian request for proxy access* form. This form is available from the RCH website at **www.rch.org.au/my-rch-portal** or you can ask for a form at your next hospital appointment.

Please make sure you:

- Read the Terms and Conditions for accessing My RCH Portal. The document is available from the RCH website at **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.
- Complete and sign the *My RCH Portal: Patient request for access* form.
- Attach a copy of your photo identification — this could be a copy of your passport, student card or another type of photo identification.

Please return your completed form and a copy of your photo identification 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

Your details

First name _____   Surname _____

Address _____   Suburb _____

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

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

○ I have attached a copy of my photo identification with this form

By signing below, I certify that I am the patient identified above. I acknowledge that I have read and understand the *My RCH Portal: Patient request for access* form and I agree to abide by the Terms and Conditions for accessing My RCH Portal.

Patient signature _____   Date _____ / _____ / _____

Office use only (HIS staff to complete)

○ Copy of photo ID attached   Type: ○ Passport ○ Student card ○ Other (specify) _____

ID reference number _____   ○ Patient details verified on form, photo ID and in the EMR

○ Activation letter issued and posted to patient on _____ / _____ / _____

Processed by *(print name)*_____   Signature _____