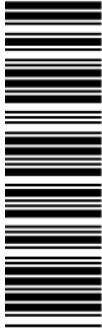


THE ROYAL MELBOURNE HOSPITAL

# CONSENT - PARKVILLE CONNECT

**Please complete this form and fax to:** Heath Information Services Fax: 9342 8008

Email: RMHHISInfo@mh.org.au

Phone: 9342 7359

**This form is only to be completed for health professionals who are registered or are to become registered users of Parkville Connect. By signing this form you enable The Royal Melbourne Hospital to provide access to the EMR Parkville Connect Portal to the nominated health care provider listed on this form.**

Parkville Connect is a secure website that connects GPs, specialists and other healthcare professionals with information in the Parkville electronic medical record (EMR), for The Royal Melbourne Hospital, The Royal Women's Hospital, The Royal Children's Hospital and Peter MacCallum Cancer Centre.

GPs, specialists and other healthcare professionals must be registered to access Parkville Connect. Registered users will get secure, read-only access to information such as:

- Upcoming hospital visits
- Discharge summaries and after visit summaries
- Inpatient and outpatient progress notes
- Allergies, medical history and medications

**For providers who are not currently signed up to Parkville Connect:**
Go to parkvilleconnect.org.au or contact support@parkvilleconnect.org.au. We use The National Health Services Directory (NHSD) to verify practice and health professional details. Details can be updated in the NHSD by contacting: nhsd@healthdirect.com.au

## Details of Patient:

First name: ______________________ Surname: ______________________

Date of Birth: ____________ Gender: ________ Phone number: ______________

Address:______________________________________ RMH MRN:______________

## Details of Provider:

First name: ______________________Surname: ______________________

Practice name: ____________________________________________

Address:______________________________________ Postcode:____________

Phone number: ____________________ Fax: ______________________

Health Provider Relationship: ☐Primary GP ☐Other GP ☐Specialist

☐ Other (please specify) ______________________

## Patient Consent - Parkville Connect:

☐ *I, the above named patient authorise for the above named provider to be granted access to my health information for my ongoing care. I understand the records are shared across The Royal Melbourne Hospital, Peter MacCallum Centre, The Royal Women's Hospital and The Royal Children's Hospital.*

Patient Signature: ______________________________ Date: ______________

CONSENT - PARKVILLE CONNECT

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