PATIENT PORTAL – LINKED ACCOUNTS



Request to Unlink Accounts

In the Epworth patient portal, a person can add other people to their account eg. child, next of kin.

This is known as linking accounts ie. multiple people's accounts attached to the one primary email address.

UNLINKING ACCOUNTS

At any point in time, a person may wish to remove/unlink another person from an account in the patient portal. This request can be from the primary account holder, a person linked to the primary account holder's account or on person's behalf (if they have authority to do so).

HOW TO MAKE A REQUEST TO UNLINK AN ACCOUNT

Complete the attached *Request to Unlink Accounts Form* in full. The request must include the primary account holder, linked accounts details and the applicants details, along with certified copies of the proof of identification documents specified below. NB. You must be over 18 years old to request an account to be unlinked.

PROOF OF IDENTIFICATION REQUIRED

Under the *Health Records Act 2001* (VIC), we may require evidence of the identity of an applicant. If the request is for another person's Epworth account, we require evidence of the applicant's authority to make the request. A completed request must include **certified copies** of the documents listed below.

Certified copies are documents certified by an authorised person as true copies of original documents.
For a full list of people authorised to certify documents, see the attached guidelines.

Applicant = Primary Account Holder or Linked Account:

1. A certified photocopy of your Australian Drivers License or Australian Passport, OR two forms of identification (at least one of which is photographic identification).

Applicant = Neither the Primary Account Holder or Linked Account:

- 1. A certified photocopy of the <u>applicant's</u> Australian Drivers License or Australian Passport, OR two forms of identification (at east one of which is photographic identification), **and**
- 2. A certified photocopy of evidence that the applicant is the authorised representative of the primary account holder or linked account (e.g. Guardianship Order, Medical Enduring Power of Attorney, Appointment of Medical Treatment Decision Maker/Support Person, child's Birth Certificate).

Where requesting accounts to be unlinked for a deceased person:

- 1. A certified photocopy of the <u>applicant's</u> Australian Drivers License or Australian Passport, OR two forms of identification (at least one of which is photographic identification), **and**
- 2. A certified photocopy of evidence that the applicant is the legal representative of the deceased in the form of the Grant of Probate or Letters of Administration.

RETURNING THIS FORM

Completed request forms may be returned to email: ER-PSCLeadership@epworth.org.au

FURTHER QUESTIONS

If you have any questions about unlinking accounts in the patient portal, please contact the Patient Service Centre on:

☎ (03) 9426 6666 Email: ER-PSCLeadership@epworth.org.au

APPLICANT CHECKLIST OF DOCUMENTS TO PROVIDE

- ☐ Fully completed *Request to Unlink Accounts Form*
- ☐ ☐ Attach a **certified copy** of the applicant's photo ID
- ☐ ☐ Attached a **certified copy** of proof of your capacity to make this request on another patient's behalf (*if applicable*)

04/22



PATIENT PORTAL

Request to Unlink Accounts



Mark tick boxes \square with a \checkmark where applicable.

lndicates that a **certified copy** of supporting documentation is required.

Section 1: Primary Account Holder								
Last name:								
Previo	ous last name (if any):							
Given	name(s):	Date of birth (dd/mm/yyyy):						
Medio	care Number (11 digits):	Epworth UR (if known):						
Mobil	e Phone Number:	Home Phone Number:						
	Email address:							
*this	*this email address must be the email used for your account							
Section 2: Linked Patient Details								
Last n								
	bus last name (if any):							
	name(s):	Date of birth (dd/mm/yyyy):						
	care Number (11 digits):	Epworth UR (if known):						
	e Phone Number:	Home Phone Number:						
	Address: email address must be identical to the email to be used to create							
	count in the patient portal to ensure details can be matched							
Section	on 3: Applicant Details							
	Linked Patient (proceed to section 4)							
	Neither the Primary Account Holder or Linked Account (complete	details below)						
Last n	ame:							
Given	name(s):							
Mobile Phone Number:		Home Phone Number:						
You must attach a certified copy of the specified proof of your capacity to make this request on the patient's behalf.								
	Executor							
	Attach Grant of Probate or Letters of Administration							
	Guardian or Administrator							
	Attach Order							
	Medical Enduring Power of Attorney							
	Attach Power of Attorney							
	Medical Treatment Decision Maker							
	Attach Appointment of Medical Treatment Decision Maker							
	Support Person (Appointment)							
	Attach Appointment of Support Person							
	🗎 Attach child's Birth Certificate							
	Other capacity (please specify):							
	Attach proof							

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Section 4: Applicant Proof of Identification							
You must attach a certified copy of one category of identification below for your application to be processed.							
	Current Australian Drivers License OR						
	Current Australian Passport OR						
	1 🗎 Two forms of identification (including at least one form of photographic identification)						
Section 5: Declaration							
I declare that the information I have provided is true and accurate.							
Applicant signature:							
Date (dd/mm/yyyy):							
	·						
HOSPITAL USE ONLY							
	ldentification pro	rovided (including at least one form of photographic identification) viewed					
	Account Unlinked i	n CRM	Date:				
	Notified Applicant		Date:				
	Application form sent to Health Information Services (HIS) for scanning into the primary account holders record in BOSSnet (MR970)						
Staff member name:			Designation:				
Staff member signature:			Date:				

GUIDELINES FOR CERTIFYING DOCUMENTS



Copies of documents provided in support of a Medical Record Access **must** be certified as true copies of the original.

WHO CAN CERTIFY DOCUMENTS?

In Australia, the following people are authorised to certify documents:

- Health professions: Chiropractor, Dentist, Medical practitioner, Nurse, Optometrist, Pharmacist, Physiotherapist,
 Psychologist
- Legal professions: Legal practitioner, Patent attorney, Trade marks attorney
- Court positions: Bailiff, Justice of the Peace, Judge, Magistrate, Registrar, or Deputy Registrar, Clerk, Master of court, CEO
 of a Commonwealth court
- Commissioner for Affidavits, or Commissioner for Declarations (dependent on jurisdictions)
- Government representatives (elected): Federal, State or Territory or Local
- Public servants: Federal, State or Territory or Local employed for five years or more
- Permanent employees of the Australian Health Practitioner Regulation Agency
- Bank officer, building society officer, credit union officer, finance company officer employed for five years or more
- Veterinary surgeon
- Accountant (member of ICA, ASA, NIA or CPA, ATMA, NTAA)
- Minister of religion, or marriage celebrant
- Member of:
 - Chartered Secretaries Australia
 - > Engineers Australia, other than at the grade of student
 - > Australian Defense Force (an officer; or a non-commissioned officer with 5+ years of continuous service; a warrant officer)
 - Australasian Institute of Mining and Metallurgy
- Notary public
- · Holder of statutory office not specified in another item in this Part
- Police officer
- Sheriff or Sheriff's officer
- Teacher (full-time) at a school or tertiary education institute

Outside Australia, the following people are authorised to certify documents:

- Justice of the Peace
- Notary public
- Australian Consular Officer or Australian Diplomatic Officer (within the meaning of the Consular Fees Act 1995)
- Employee of the Commonwealth or the Australian Trade Commission who works outside Australia

WHAT DO THE ABOVE AUTHORISED OFFICERS NEED TO DO TO CERTIFY YOUR DOCUMENTS?

An Authorised Officer should to the following in the presence of the applicant:

- 1. Certify that each document is a true copy of the original.
- 2. Certify that the photograph on the photographic documentation (e.g. license or passport) is a true likeness of the applicant.
- 3. Witness the signature of the applicant.

Certified documents must:

- 1. Be initialed on every page by the Authorised Officer.
- 2. Annotated on the last page as appropriate e.g. "I have sighted the original document and certify this to be true copy of the original" and sighted by the Authorised Officer.
- 3. List the name, date of certification and contact phone number and have the stamp or seal of the Authorised Officer (if relevant) applied.

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