

# **BOTANY TOWN CENTRE MEDICAL PRACTICE**

## **PATIENT PORTAL REGISTRATION FORM THROUGH CONNECTMED**

**There is no cost to register, however you need to be over 16 Years Old and provide the following information:**

- completed registration form
- photo ID, and
- a secure email address

### **ADMIN USE - CHECKLIST**

- ☑ Last Name
- ☑ First Name
- ☑ Email & added in Medtech
- ☑ DOB
- ☑ ID Verified
- ☑ Alert ADDED

**I wish to register on the Connectmed patient portal to access my health information.**

**I confirm that the details below are correct to the best of my knowledge.**

**Name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Photo ID:** \_\_\_\_\_

**Secure E-mail Address:** \_\_\_\_\_

***(Please use a separate secure email address for each family member due to the confidential and private nature of medical information that will accessed)***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Disclaimer: All medical information accessed through the Connectmed patient portal is securely stored within New Zealand by Connectmed and Botany Town Centre Medical Practice do not take any responsibility relating to the security of this information held by Connectmed.***

***Botany Town Centre Medical Practice will not be held liable for any information illegally accessed by another person (other than stated above).***