

## PATIENT INFORMATION CONSENT FORM

### Consent for patient portal registration

I wish to register myself and dependents for the patient portal.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I wish to link my email address to the patient named below.		
Name of dependents*		

\*We recommend that all patients aged 13 years and above have their own patient portal account for privacy and confidentiality reasons. All patients aged 16 or less need to be linked to a patient portal account belonging to their parent or legal guardian. Please visit [www.managemyhealth.co.nz](http://www.managemyhealth.co.nz) to view their privacy policy.

### Consent for receipt of health information

Contact information			
Email		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile		<input type="checkbox"/> Yes	<input type="checkbox"/> No

#### Declaration:

- I consent to receiving health information electronically via email &/or text messaging
- I acknowledge it is my responsibility to advise Picton Surgery in writing immediately if my contact details change.

Name (Print):

Signed:

Date:

\*We will endeavour to ensure that you and your dependent's health information is accurate, complete and up to date. We will also endeavour to protect your personal and health information from misuse or loss and from unauthorised access, modification or disclosure in accordance with the Privacy Act and the Health Information Privacy Code.

### How did you hear about us?

- ☐ Word of mouth – please state whom \_\_\_\_\_
- ☐ Website ☐ Facebook
- ☐ Drive by / walk by ☐ Pamphlet / flyer
- ☐ Other – please state \_\_\_\_\_