

BOTANY TOWN CENTRE MEDICAL PRACTICE

PATIENT PORTAL REGISTRATION FORM THROUGH ManageMyHealth

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, please have number of driver's license
 - a secure email address
 - email to admin@bmp.nz
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I wish to register on the ManageMyHealth 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: _____

Driver's License Number: _____

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 ManageMyHealth patient portal is securely stored within New Zealand by ManageMyHealth and Botany Town Centre Medical Practice do not take any responsibility relating to the security of this information held by ManageMyHealth.*

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