

# Patient Portal Registration



## Please read these terms

1. You must fill and sign this form and provide **photo identification proof** to register with this portal service.
2. **Each applicant must complete one registration form with a unique email address.**
3. Once you have registered, you will receive a confirmation email with your **user name and password**. You can change your own password. Safeguard this to ensure privacy of your health records.
4. The **Patient User Guide** on Health365 website can help you with using this service.

Please visit <https://health365.co.nz> website which also has the:

- Privacy Policy
- Terms and Conditions
- FAQs

5. You must notify Health-I Care of any changes that will affect your portal registration and access to this service.
6. You must ensure invoices are paid on time. Portal services may be removed if your account becomes overdue.

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## I am registering myself and/or children under 16 years of age who are legally in my care.

Patient Full Names..... Date of birth.....

Email address.....

Phone number.....

Patient signature..... Registration date.....

### Children under 16 years old (cross out if not applicable)

Child's Name..... Date of birth.....

Child's Name..... Date of birth.....

Child's Name..... Date of birth.....

#### OFFICE USE

Staff initial \_\_\_\_\_  Check and file ID  Register portal  File Registration Form to the main portal holder  Link family files