## Patient Portal Consent Form

[**www.dodsonmedical.co.nz**](http://www.dodsonmedical.co.nz) **to access links to** [www.connectmed.co.nz](http://www.connectmed.co.nz)

**Please read, sign and hand the attached to reception if you wish to have this service.**

A Patient Portal is a website for you to access medical information specific to yourself. We fully support the concept of a patient held electronic health record.

For us it is a way to have secure electronic communication with you, which can help us manage the day to day running of our practice.

**IMPORTANT**

**Please do not use the patient portal to communicate acute serious problems to your doctor. Phone the surgery for advice in the usual manner (09 486 5482).**

**ONLINE APPOINTMENTS**

We encourage you to use the online appointments for bookings. If you will need longer than the standard 15 minutes, please call for a double appointment.

**REPEAT PRESCIPTIONS**

We encourage you to use the Request Prescription service. You will receive an email when your doctor has done the prescription. Please allow 1 working day for this service. If you need a prescription more urgently then phone reception.

**TEST RESULTS**

We would like to use the Patient Portal as one of the ways of notifying you of test results. We also use texting and telephone. When we file a result, you will be sent an email or text saying your record has been updated.

Your ‘Lab Results’ section in the ‘Health Record’ option will have your results. One column has your doctor’s comments on the test. Please read your doctor's comments and take any action recommended.

If there are serious abnormalities, we will to contact you through other channels, including phone and letter.

**MORE SERVICES**

Over time, we will be adding more services.



**ConnectMed – Patient Portal Registration Form**

Please complete this form and supply one form of photo ID to register for the ConnectMed patient portal.

Each person that uses the portal must have their own unique email address.

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| --- | --- |
| Full Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of Birth: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Cell Phone: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**DECLARATION**

**I have read and understand the attached information.**

I will use the Patient Portal to check lab results, and action the doctor's recommendations.

I am aware that for acute serious problems I will call the surgery 4865482 or 111 in an emergency

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| --- | --- | --- |
| Signature**:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Practice use only | |
| Patient NHI: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Photo ID: | DRIVERS LICENCE/PASSPORT Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Patient Registered on ConnectMed (level2) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Staff Member: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date Completed: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |