

ONEHEALTH PATIENT PORTAL REGISTRATION FORM

Welcome to OneHealth’s Patient Portal (Health365):

1. Access to the Portal is voluntary. Should you choose to opt-in, you will always have the option to opt-out at any time.
2. To register you must complete this form, provide photo proof identity and be **over the age of 16**.
3. Each applicant must complete their own form and register with a **unique e-mail address** (this e-mail address will be the one used for all correspondence).
4. Avoid sharing your mailbox or calendar, with another person, as Health365 takes no responsibility for information being visible to this other person.
5. Once you have registered you will receive a confirmation e-mail with your user name and password.
6. The “Patient Guide to the Portal” will instruct you how to use Health365.
7. Once you have updated your portal password it is important to protect it, in the same way you would protect an internet banking password. Should you choose to authorise access to a family member, or caregiver, then you are responsible for the information they share and who they share it with.
8. An audit trail shows who has accessed the portal, providing you with certainty that the information has only been seen by Authorised OneHealth staff, or by authorised family members or care givers.
9. Parents / Guardians will not have access to their children’s records via the portal.
10. The e-mail address provided below will be the default e-mail used for both the Portal and OneHealth communication.

11. PATIENT PORTALS MUST NOT BE USED IN AN EMERGENCY.

I understand and acknowledge the above and would like to register myself on the patient portal:

Full Name: _____

Date of Birth: _____

Address: _____

EMAIL: _____

Contact Phone: _____

Signed: _____

Date: _____

Practice Use Only:

Photo ID Sighted – Please Circle: Passport Drivers Licence Regular & Known PT

Staff ID: _____