



# Bayradiology

Drs. Erasmus, Vawda, Rabe & Partners

PR 3802248

## PATIENT CONSENT IN TERMS OF THE PROTECTION OF PERSONAL INFORMATION ACT NO 4 OF 2013

Version 2: 4th July 2021

### Dear Patient

It is our duty as Drs Erasmus, Vawda, Rabe and Partner trading as Bayradiology (Practice no 3802248), to obtain your consent to collect and process your personal information and we would like to bring the following to your attention.

#### **(a) Collection of Patients' Personal Information**

Personal information (as defined in the Protection of Personal Information Act) and health information, of the patient will be collected as far as possible from the patient but may also be collected from the casualty/hospital/facility admission records, paramedics, ambulance services, other treating practitioners, the patient's next-of-kin, your employer, and any other lawful source. (In this document, the phrase "patient" also includes any parent, next of kin, guardian or other authorised person)

#### **(b) Processing (Use) of Patients' Personal Information**

The practice will only process, (collect, use, store and disseminate), the patient's information in accordance with the law. The personal information will be used by the practice to provide appropriate treatment and care to the patient; to refer the patient to other health care practitioners for treatment; to communicate with the patient, authorised persons and referring practitioners; for practice administration purposes, including claiming and collecting payment for services rendered from patients, responsible persons or entities, including medical schemes and maintenance of patients' medical records; for reporting to any authorised person or entity; for historical, statistical or research purposes; as proof of services rendered; enforcement of the practice's rights; and/or other related lawful purposes.

#### **(c) Records of Patients' Personal Information**

All personal information will be recorded in the patient's medical records and will be retained in accordance with the law and for lawful purposes. The practice has implemented mechanisms to ensure that adequate security measures are in place to safeguard personal information.

#### **(d) Sharing of Patients' Personal Information**

The personal information collected before, during and after the provision of the medical services, including full details related to the diagnosis and treatment of the patient (in the form of ICD-10 codes or otherwise), may be shared, as may be appropriate, with other practitioners involved in the patient's treatment and care, and other persons who may lawfully obtain access to this information such as the patient's medical scheme, treating practitioners, the patient's next-of-kin, debt collectors, credit bureaus, regulatory bodies, service providers, other public bodies, persons and bodies performing peer review, law enforcement structures and successors-in-title of the practice, as may be applicable. Personal information will not be disclosed by the practice to any person other than those indicated on this form or without the patient's or other relevant person's consent unless authorised in terms of the law.

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**(e) Access to Patients' Personal Information**

The patient may have access to the medical records and may request corrections or deletions to the information, subject to the provisions of legislation and the Health Professions Council of South Africa.

**(f) Accurate and up-to-date Information**

It is important that the patient provides accurate information to the practice about the patient's health status, medical history and other personal details such as a valid e-mail address and mobile number as well as medical scheme membership information to facilitate appropriate treatment and care of the patient, communication with the patient as well as payment of accounts. It is the patient's responsibility to inform the practice if any of the information has changed.

**(g) Concerns about the Processing of Patients' Personal Information**

Any concern or question about the processing of a patient's personal information by the practice, can be raised with any of the treating practitioners or the Information Officer of the practice and a patient may lodge a complaint with the Information Regulator (+27 (0) 10 023 5207 / +27 (0) 82 746 4173 or [infoereg@justice.gov.za](mailto:infoereg@justice.gov.za)).

**(h) Consent**

- (i)* I consent to the processing and disclosure (including disclosure to my parents / guardians / other authorised persons if I am under the age of 18 years) of my personal information as set out in this document or which is already in the possession of the practice.
- (ii)* I confirm that I provide consent of my own free will. I understand that I may withdraw my consent at any time, or object to the processing of my personal information on reasonable grounds and understand that it may impact on the continued provision of care to me, but does excuse me from paying for care and treatment already received.
- (iii)* I consent to the disclosure of ICD-10 codes of my diagnoses on accounts and to my medical scheme for pre-authorisation purposes or otherwise, and the submission of my accounts to my scheme and any person responsible for payment of my accounts.

Patient's full name: \_\_\_\_\_

Patient's signature: \_\_\_\_\_

Authorised person full name: \_\_\_\_\_

(Parent/Guardian of child under 12/  
Guardian/curator/authorized person)

Authorised person signature: \_\_\_\_\_

Date: \_\_\_\_\_

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