PRIVACY OF INFORMATION AND PROTECTION OF PERSONAL INFORMATION

Your right to privacy and confidentiality is protected by South African Legislation including the South Africa Constitution, the National Health Act, the Mental Healthcare Act and The Protection of Personal Information Act (POPIA). You are therefore requested to provide this practice/clinic/hospital with consent to treatment and consent to disclosure of information. Said information shall be utilised to serve as motivation for payment by medical schemes and shall be utilised to monitor your progress and care**..**

1. I hereby provide my voluntary consent to treatment by the duly qualified and authorized doctor and/or staff of Dr K van Niekerk's practice and understand that such treatment may have risks.
2. I understand that I may withdraw my consent, which is my right, at any time of my choosing, and will inform this practice/clinic/hospital of such withdrawal of consent immediately. Without derogation of the practice/clinic/hospital's record-keeping obligations under the law, I may obtain a copy of my records taken by the respective health practitioner, or in the event of furtherance of my medical interests, such as consultation with another health practitioner, the original record taken by the health practitioner.
3. I voluntarily consent to provide personal information to the practice/clinic/hospital including my name, ID number, exact physical address, contact information (email and telephone, sexual orientation, ethnic or social orientation, age, religion, well-being, physical and mental health, culture, financial information and medical aid information; all the aforementioned relating to myself as an identifiable living natural person ("**Personal Information"),** provided that the practice/clinic/hospital; treats this Personal Information as confidential and that the practice not pass on this Personal Information to third parties except as necessary for medical scheme claim purposes as per paragraph 6 and as per paragraph 9,10 below.
4. I voluntarily consent to the practice/clinic/hospital disclosing information regarding my medical history, medical condition, suburb/town/city of residence or employ, diagnosis, prognosis, treatment, improvement in diagnosis and recovery, including ICD 10 Codes ("**the Medical Information**"), to my medical aid. I understand that such disclosure to my medical aid may result in a breach of my confidential Personal Information. I further understand that my Personal Information as it relates to my health may be processed by medical professionals, healthcare institutions/facilities or social services which is necessary for my proper treatment and care and or for the administration of the institution and or medical practice in accordance with section 32 of POPIA.
5. I understand and consent to my Personal Information and Medical Information in paragraphs 4 and 5 being captured electronically onto OutcomesIT patient record management database belonging to Outcomes IT (Pty) Ltd, which database is hosted on a Microsoft Azure server, and that the practice/clinic/hospital has satisfied itself that reasonable measures have been taken by OutcomesIT to ensure that such electronically captured Personal Information and Medical Information remains secure and confidential.
6. Transfers of your personal information will only be made with your explicit written consent and will be subject to adequate data protection agreements in line with Section 72 of POPIA, including standard contractual clauses or binding corporate rules where applicable.
7. We will retain your personal data for as long as necessary to fulfil the purposes outlined in this consent form, or as required by applicable law (e.g., HPCSA guidelines for patient records), after which it will be securely deleted or de-identified..
8. Your principal rights under data protection law are:
   a) the right to access – you can ask for copies of your data.

b) the right to rectification – you can ask us to rectify inaccurate data and to complete incomplete data.
c) the right to erasure – you can ask us to erase your Personal Data.
d) the right to object to processing – you can object to the processing of your personal data.
e) the right to complain to a supervisory authority – you can complain about our processing of your personal data, and
f) the right to withdraw consent – to the extent that the legal basis of our processing of your personal data is consent, you can withdraw that consent.

These rights are subject to certain limitations and exceptions. To exercise any of these rights, please contact our Information Officer at [email/contact info]. We will respond within 21 business days in line with POPIA

9. I understand that Heidi AI is a secure system used to transcribe verbal consultation. My data will be encrypted in transit and at rest, and only authorised personnel will have access.
10. I shall provide a full medical history to the clinic/practice/hospital including all medical conditions which I have or have had, and any medicine that I have or am taking.
11. I voluntarily provide my consent to the practice/clinic/hospital to arrange for, and or provide, as necessary, emergency medical treatment in the event it is required or deemed to be required.
12. I voluntarily consent that the practice/clinic/hospital may provide the Medical Information to other registered healthcare practitioners as registered under the Health Professions Act No. 56 of 1974 (as amended) for referral reasons and or social workers as registered under the Social Service Professions Act and or nurses as registered under the Nursing Act No 33 of 2005; all of whom shall be involved in the management of my health and medical care.
13. I voluntarily consent to my Medical Information being used for research/study/statistical analyses/funding motivation purposes and may be passed on to third parties as de-identifiable data or anonymised data ("**Anonymised Information"**). (i.e. **no** personal identifiable information including name, ID number, exact address, telephone number, email and other contact details will be passed on to any third parties for any reason whatsoever.)
14. I understand that this consent is subject to the Health Professions Act No. 56 of 1974 (as amended), the Health Professions Council of South Africa (HPCSA), the Mental Healthcare Act, the Social Service Professions Act, the Nursing Act, the Protection of Personal Information Act No. 4 of 2013, the Electronic Communications & Transactions Act no. 25 of 2002, the Children's Act No. 38 of 2005, the National Credit Act No. 34 of 2005 and that the provisions of legislation will prevail in the case of any conflict with this document.
15. This form shall not in any way be interpreted as derogating from any power or authority or right vested in law to another person, court or statutory body requesting access to such information.