



## CONSENT TO DISCLOSURE OF INFORMATION

### 1. Consent

I, \_\_\_\_\_ (full names and surname), an adult person (18 years or older) / the parent or legal guardian of a child younger than 12 years of age / a child 12 years or older (*delete what is not applicable*) hereby authorise, freely and voluntarily and with knowledge of the implications of such consent, the Company to disclose the specific information outlined herein to the entities / person(s) mentioned and to the extent identified herein:

### 2. What information is to be disclosed and for what reason? (see below for possible scenarios under which disclosure may be necessary or required by the practice)

The Practice's Account Details and Practitioner's Details to as so far that they are concerned with accounts submission and/or reconciliation of accounts under the Medical Schemes Act 121 of 1998 and the Debt Collectors Act 114 of 1998, Storage of Clinical Information and Consent to Access by the Practice's Patients in accordance with Health Professions Act 56 of 1974. \_\_\_\_\_

### 3. To whom may the information be disclosed?

Name and surname: \_\_\_\_\_

Contact details: \_\_\_\_\_

The above person's relationship to the patient / entity whose information it is (*e.g. my parent/caregiver, my spouse/life partner, my employer, my lawyer, my insurance company, the manufacturer of a product, etc.*):

\_\_\_\_\_

### 4. For how long is this consent valid? (

For as long as the practice uses eMD software for account submission, electronic medical record generation, accounting and /or debt collection. \_\_\_\_\_

Signature: \_\_\_\_\_

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

Witness signature: \_\_\_\_\_

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

Witness initials and surname: \_\_\_\_\_

**Healthcare Providers can withdraw this consent at any time bearing in mind that withdrawal may not be possible in certain instances without negatively affecting the Healthcare Providers' rights and contractual relationships, for which Healthcare Provider takes full liability and indemnifies eMD Technologies.**





---

**Scenario's under which information could be possibly disclosed**

1. Submission of ICD10 Codes and Medications, diagnosis and medications prescribed to Medical Aid Administrators as required by Medical Schemes Act.
2. Storage of personal information on secure servers for future reference by eMD Technologies.
3. Submission of practice information to the respective Medical Aids.
4. Use of your deidentified data for statistical purposes.

