



## 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 patient)

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### 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.*):

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### 4. For how long is this consent valid? (please insert if indefinite or until revoked or if only pertaining to a particular incident (e.g. sick leave taken on specific days or a particular operation or treatment) or for a particular period (e.g. for as long as I am employed by, or from [date] to [date], etc.):

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

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

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

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

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





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

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

1. Request by attending and referring healthcare practitioners for clinical information of the patient.
2. Submission of ICD10 Codes and Medications, diagnosis and medications prescribed to Medical Aid Administrators as required by Medical Schemes Act.
3. Storage of patient's data in secure servers for future reference by patient and/or attending healthcare practitioner.
4. Submission of clinical data entered by yourself to attending healthcare practitioners.
5. Use of your deidentified data for statistical purposes.

