

Engelbrecht & Viljoen

Physiotherapist Inc



PR NO: 0673536

Geregistreerde Fisioterapeute Registered Physiotherapists

Tel: (011) 913 2600

Cell: 083 609 6838

☒ 18097, Sunward Park 1470 211 Rondebult Road/weg 211, Farrar Park

Karen@engelbrechtphysio.co.za

Consent

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A reference to the patient, includes any person who may consent or contract on behalf of a patient, and includes the person responsible for payment of the patient's accounts.

(a) The privacy and security of the personal information of patients (who include any person who may consent or contract on behalf of a patient) are important to us. We will only process personal information, which includes collect, use, store and share such information, in accordance with the Privacy Statement of the practice and if the processing is permitted by law, for a legitimate interest or if the patient has provided consent.

(b) The practice must include codes on accounts that disclose the patient's diagnosis, known as ICD-10 codes. These codes are necessary for funding decisions and benefit allocations by funders such as the patient's medical scheme, the Compensation Commissioner for Occupational Injuries and Diseases and the Road Accident Fund.

(c) Consent:

(i) I confirm that I was given a copy of the practice's Privacy Statement. I confirm that I had an adequate opportunity to read this Statement and that I fully understand my rights in respect of my information held by the practice and how the practice will process my personal information. I declare that all my questions have been answered satisfactorily. I understand how the practice will process my personal information and with whom it will be shared.

or

I confirm that I was given a copy of the practice's Privacy Statement. I confirm that the contents of this Statement have been explained to me in a language that I understand and that I fully understand my rights in respect of my information held by the practice and how the practice will process my personal information. I declare that all my questions have been answered satisfactorily. I understand how the practice will process my personal information and with whom it will be shared.



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(ii) I confirm that I provide consent of my own free will without any undue influence from any person whatsoever. I have received all the information required to provide consent.

(i) I consent to the following specific processing activities of my personal information by the practice:

a. the submission of my accounts to my medical scheme / other funder;

b. the submission of information relevant to my diagnosis and treatment to my medical scheme / other funder, if required;

c. the inclusion of relevant health information in referral letters and when providing reports about your treatment to referring practitioners;

d. to sharing of relevant information with bodies performing peer review of practitioners or clinical practice audits, subject to confidentiality undertakings.

(ii) I consent to that the practice may submit my accounts to my medical scheme / other funder and any person responsible for payment of the accounts on my behalf.

(iii) I consent that my personal information may be used by the practice to bring new products and services to my attention and understand that I may opt out from receiving such marketing communications at any time.

X

Patient / Legal Guardian / Next of Kin