

Megan Whelan Physiotherapy
 BSc (Physio) Wits, MSc (Physio) Wits
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Patient details		Person responsible for the account	
Title		(If different to the details of the patient)	
Surname		Title	
First Names		Surname	
ID number		First Names	
Age		ID number	
Residential Address		Residential Address	
Postal Address		Postal Address	
Cell number		Cell number	
Work number		Work number	
Home number		Home number	
Email address		Email address	
Medical Scheme			
Name of main member		Next of kin	
Membership number		Name	
Main member ID number		Cell number	
Patient's dependent code		Work number	
Referring doctor (if applicable)		Relationship to patient	

INFORMED CONSENT TO PROCESSING OF PERSONAL INFORMATION

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) Confidentiality of Patients' Personal information

The privacy and security of the personal information of patients are important to us.

(b) What is Personal Information?

Personal information is defined in the Protection of Personal Information Act [POPIA]) and includes information such as the contact details, age, gender, medical scheme membership and health information.

(c) Collection of Patients' Personal Information

Personal information will be collected as far as possible from the patient, but may also be collected from the hospital/facility admission form, other treating practitioners, the patient's next-of-kin and any other source from which the practice may lawfully collect information (e.g. the public domain / public records), as may be required in the circumstances.

(d) Processing of Patients' Personal Information

The practice will only process, which includes collect, use, store and disseminate, the patient and any other relevant person's personal information in accordance with the law (e.g. the National Health Act, the Medical Schemes Act, the Health Professions Act and POPIA).

The personal information of the patient will be used as follows:

- (i) to provide him/her with appropriate care;*
- (ii) to communicate with him/her in respect of his/her care, including reminding the patient of appointments and collecting payments for services rendered;*
- (iii) for administrative purposes, including preparing invoices and collecting payment for services rendered;*
- (iv) to refer the patient to other practitioners;*
- (v) to report to referring practitioners;*
- (vi) for participation in clinical trials, if applicable;*
- (vii) record-keeping;*
- (viii) for historical, statistical and research purposes;*
- (ix) as proof;*
- (x) for enforcement of the practice's rights;*
- (xi) for any other lawful purpose related to the activities of a private physiotherapy practice; and/or*
- (xii) as may be requested or authorised by the patient.*

(e) Records of Patients' Personal Information

All personal information will be recorded in the patient's medical record, which may be held electronically, and which will be retained for such periods as may be prescribed by or permitted in terms of the law and for lawful purposes.

(f) Security

The practice has implemented mechanisms to ensure that adequate security measures are in place to ensure that personal information will be kept confidential and protected against destruction and unauthorised access. The practice will inform the patient and the Information Regulator, if any person has unlawfully obtained access to his/her personal information, subject to the provisions of the law.

(g) 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), will 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, other public bodies, persons and bodies performing peer review, law enforcement structures and purchasers of the practice. The practice will obtain the patient's consent for such disclosures, where necessary. Staff members as well as service providers and professional advisers of the practice will obtain access to the information, subject to confidentiality undertakings, and strictly on a need-to-know basis, to provide services and/or advice to the practice. Personal information will not be disclosed by the practice to any person other than those indicated on this form or without the patient's consent unless authorised in terms of the law. If we must provide the patient's personal information to any third party in another country, we will obtain prior consent unless the practice may lawfully do so.

(h) Diagnosis / ICD-10 Codes

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.

(i) Peer Review / Clinical Practice Audits

The practitioners may be subjected to peer review and the practice to clinical audits from time to time. Bodies performing such peer review or clinical audits may need to obtain access to patient information for this purpose. They will be required to sign confidentiality undertakings and only use the information for the specified purposes, before access is granted.

(j) Access to Patients' Personal Information

The patient may have access to his/her personal information held by the practice and may request corrections to it, if required, subject to the provisions of the law. Please enquire at reception and complete the prescribed form. The process is also described in the PAIA Manual of the practice, obtainable from reception or on the practice's website.

(k) Withdrawal of Consent and Objection to Processing

Where consent is provided for the processing of personal information, it may be withdrawn at any time. Depending on the circumstances, this may impact on the patient's continued treatment unless the practice may process the information in terms of the law. If the circumstances make it reasonable and lawful to do so, the practice may terminate its relationship with you.

In certain instances, the patient may object to the processing of his/her personal information, if it is reasonable to do so, unless the practice may do so in terms of the law. The objection must be lodged on the prescribed form. Depending on the circumstances, this may impact on the patient's continued treatment unless the practice may process the information in terms of the law. If the circumstances make it reasonable and lawful to do so, the practice may terminate its relationship with you.

(l) Accurate and up-to-date Information

It is important that the patient provides accurate information to the practice about his/her/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 / other funder information to facilitate appropriate treatment and care of the patient, communication with the patient and payment of accounts. It is the patient's responsibility to inform the practice if any of the information has changed.

(m) Concerns about the Processing of Patients' Personal Information

Should the patient or any other person have any concern or question about the processing of their personal information by the practice, please raise this with any of the treating practitioners or the Information Officer of the practice. A complaint may also be lodged with the Information Regulator (+27 (0) 10 023 5207 / +27 (0) 82 746 4173 or complaints.IR@justice.gov.za).

(n) Consent

(i) I confirm that I had an adequate opportunity to read this document 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) I confirm that the contents of this document 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.

(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.

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

(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 my 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.

Name (Patient/Guarantor/Guardian): _____

Signature: _____

Date: _____

INFORMED CONSENT TO BILLING AND TREATMENT

*All physiotherapy treatments carried out through **Megan Whelan Physiotherapy**, are performed on instruction from the treating doctor or on a patient's/ guardian's request.*

Treatments are given in accordance with the discretion of the physiotherapist.

All the necessary steps will be taken to eliminate and/or minimize any potential risks and, or disadvantages associated with any treatment.

In order to perform certain treatments, the physiotherapist may need to uncover specific parts of the patient's body and make physical contact with him/her. This will at all times be carried out in a professional manner, protecting the privacy of the patient as far as possible.

The patient has a right to request a witness to the treatment be made available.

The patient is encouraged to immediately discuss with the treating therapist if they feel their privacy or decency is being compromised or to ask why a particular technique is being used.

It is inherent to the practice of physiotherapy that the patient is moved and touched and if a patient feels uncomfortable with any procedures it is the patient's duty to verbally refuse to continue with the treatment session.

I understand that I will settle my own account or my account will be sent directly to my medical aid (if I am a member of a Medical Scheme).

I understand that my Medical scheme may not pay for the treatment rendered. If this is the case, then I understand that I am liable for any outstanding fees.

I understand that (in the case where I am not a member of a Medical scheme) that I am personally responsible for payment of the account. The fee is due and payable immediately on completion of the service.

The account is rendered directly to you as required by the Medical schemes act No: 131 of 1998. I agree to pay the physiotherapist fee.

I understand that I remain personally responsible for payment of the account as per this agreement. I understand that I have a separate agreement with my Medical scheme which may not fully reimburse me.

I hereby declare that the billing procedures of this practice have been discussed with me and that I understand the conditions and implications thereof.

I understand that I will be responsible for all legal fees involved, if legal action is needed to collect any outstanding fees.

I declare that this consent was not made under duress.

I have read understood and agree to the contents herein and I confirm that the particulars furnished by me are in all respects true and complete.

Name (Patient/Guarantor/Guardian): _____

Signature: _____

Date: _____