
Medrisk is an authorised Financial Services Provider

POPIA CONSENT FORM TEMPLATE

I, the undersigned, _____ with identity number _____

do hereby consent to the processing of my personal information contemplated in the Protection of Personal Information Act No 4 of 2013, by Dr _____, the practice staff, all locums providing service at the practice and third parties with whom _____ (Practice name) has a contractual relationship.

We collect, hold, use and disclose your personal information mainly to provide you with access to the services that we provide. We will only process your information for a reason you would reasonably expect, including:

1. Providing you with advice and services that suit your needs as requested;
2. To confirm, verify and update your details;
3. Treating and managing yourself in terms of a doctor-patient relationship;
4. The administration of the contractual relationship between myself and _____ (Practice name);
5. Communicating with third parties who have undertaken to indemnify me for the costs of my treatment and management or part thereof including medical schemes and their administrators where relevant; and
6. Collecting monies outstanding from me.

We may need to share your information to provide advice, reports, analyses, or services that you have requested.

Where we share your information, we will take all precautions to ensure that the third party will treat your information with the same level of protection as required by us. Your information may be hosted on servers managed by a third-party service provider, which may be located outside of South Africa.

Name & Surname _____

Date _____ (DD/MM/YYYY)

Signature _____