

CONSENT FOR ELECTRONIC STORAGE AND LIMITED SHARING OF HEALTH RECORDS

I ______ hereby give consent for Meyer & Snyman Inc. and/or their appointed Administrator to capture and store all Personal Information relating to:

- My health records and that of my medical aid dependants,
- including names, identity numbers, and other Personal Information,
- along with details of our medical treatment,
- medications,
- medical appointments,
- procedures relevant to my/our condition for which we are being treated
- as well as medical aid claims

in the Meyer and Snyman Inc. patient database and practice management system.

I confirm that I am authorised to give such consent on behalf of my medical aid dependants. I understand that this Personal Information may be stored either on site at the practice, or else off-site in a secure encrypted cloud environment managed by a third party.

I understand that my/our doctor/s may need to share my/our Special Personal Information with third party healthcare service providers relating to my condition, for example medical aid schemes, healthcare facilities, insurers, administrators, and pharmacists, for the purpose of providing me/us with comprehensive, integrated health services and for conducting member checks in order to obtain all necessary treatment/s for the condition/s being treated by Meyer and Snyman Inc.

I understand that from time to time my Physiotherapist may allow a computer specialist to access his/her patient database which carries my/our Personal Information for the purpose of updating or repairing the database. I give permission for such temporary sharing, on the understanding that the practice has signed Data Processing agreements with such third parties.

I understand that my/our special Personal Information will not be shared with any other third party by my/our Physiotherapist without my/our express, specific, prior permission.

Signed at	on this	day of	, 20

Signature _____

Meyer & Snyman Physiotherapy Inc.

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