

Patient Consent form - PRACMED

PRACMED PTY (Ltd) is a medical administration company which handles medical claims submissions and recoveries on behalf of various medical providers and specialities. As such, your medical provider has given PRACMED a mandate to act on behalf of that practice for the purposes of submitting your claim(s) to your medical scheme, the outcome of which rests solely with your medical scheme based on your membership contract with them and their internal adjudication process.

This is by no means a guarantee of payment and the main member who has contracted with the scheme will remain liable for part or full settlement of your medical provider's claim(s) and that covers all registered beneficiaries under the registered main member as well.

Under the mandate that your provider has given to PRACMED, it operationally requires that they will have direct communication with various parties, including but not limited to the following:

- Medical practices and their staff;
- Hospitals/Clinics/Emergency & Trauma units as well as Rehab facilities and their agents;
- Medical Schemes, their various departments and agents;
- Switching houses (QEDI, Healthbridge);
- Companies that provide services aligned to and associated with medical aids, healthcare service providers as well as healthcare insurance;
- Patients, their beneficiaries and their next of kin.

When exercising the mandate, PRACMED acknowledges the rights of privacy and dignity of all persons and the right to privacy which is protected in the Constitution of the Republic of South Africa. All personal, medical, and patient information collected & used for the purposes of our mandate will be protected from unauthorised access, loss or damage and respected as confidential by all staff members and authorised agents of PRACMED.

This includes the right to protection of personal & medical information and PRACMED has considered all applicable statutory and regulatory frameworks as contained in the laws of South Africa. For detailed information about the legal framework that was applied as well as what constitutes 'Personal Information' and also as to what measures PRACMED has taken with regards to POPIA compliance, please visit www.pracmed.co.za/popia.

I, _____, ID No _____

do hereby give my consent to allow PRACMED to utilise my personal information for the purposes as defined in this document, under the requirements of **The Protection of Personal Information Act No 4 of 2013.**

Signed

Date