

**INFORMED CONSENT FOR THE PROCESSING AND USE OF PERSONAL
INFORMATION IN TERMS OF THE PROTECTION OF PERSONAL
INFORMATION ACT 4 OF 2013 ("POPIA")**

PROVIDED BY:

_____ **(The Data Subject)**
("patient", "parent", "guardian")

FOR PERSONAL INFORMATION TO BE COLLECTED AND PROCESSED BY:

_____ **(Name)**
("the responsible party", "practice" and "the company")

1. INTRODUCTION

This document was prepared in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 ("POPIA"). The POPI Act promotes the right to privacy and aims to protect the Personal Information of consumers. POPIA has its origins in the Constitution of South Africa, given that the Bill of Rights states that "*Every person has the right to privacy*". Each individual's Personal Information forms part of this right to privacy, and POPIA is the legislation that aims to ensure that Personal Information is granted certain levels of protection when it comes into the hands of private or public organisations.

- Dr _____ is a Dentist providing dental services to patients as part of The Thinc Clinic business functions. The practice collects and processes your Personal Information mainly to provide you with access to our products and services, to improve our offering to you and to improve our contractual relationship with you.
- Information we collect from you are: Name, Address, Identity Number, Medical Aid number, email address, telephone / cell number, emergency contact number(s), alternative contact number (next of kin, friends).
- The practice processes your Personal Information by collecting, recording, receiving, collating, organising, sharing, storing, using, handling, transferring, retaining, archiving, and otherwise managing your Personal Information as outlined in the body of this document.
- To process your Personal Information, the practice requires your express and informed consent or that of your minor dependent(s) and adult dependents who are unable to provide their own consent.

2. **DEFINITIONS**

The Protection of Personal Information Act (POPIA) involves The Data Subject and The Responsible Party (who can be natural or juristic persons):

- The Data Subject: the person to whom the information relates.
- The Responsible Party: the person who determines why and how to process Personal Information. For example, profit companies, non-profit companies, governments, state agencies and people.

3. **PURPOSE**

I consent to the practice sharing my Personal Information in accordance with the conditions of lawful processing as set out in the terms of POPIA and within the framework of the Doctor-Patient relationship with selected healthcare providers, medical schemes, administrators, service providers, business partners and any other contracted third parties necessary who are involved in the provision of any product or service to me.

I agree that Personal Information provided to the practice will be used:

- to give effect to my contractual relationship with the practice and to conduct its operations for the provision of dental or specialist services to me and/or my dependents and for any referrals to other specialists and service providers.
- to provide a report to the practice's indemnity or insurance providers. The recipient will be notified of the need to protect the confidentiality of the personal information.
- to comply with obligations required by any legislation or regulations affecting this practice or industry codes to which we subscribe, or which apply to us, or when it is otherwise allowed by law.
- to notify me about changes to any products or services.
- for audit and record keeping purposes.
- to protect the legitimate interests of myself, the practice and / or any third parties.
- to store my personal health information in a secure manner in any format.
- to furnish my medical scheme with information relating to services rendered to me or my dependents.
- to access mine or my dependents medical scheme benefits.
- to provide emergency dental services to me or my dependents.
- to provide specialists with access to my personal health information.
- in connection with legal proceedings including debt collection.

POPIA places great emphasis on establishing rights and duties that are designed to safeguard Personal Information. In terms of POPIA the legitimate needs of the practice to collect and use Personal Information are balanced against the rights of individuals to have their right of privacy. I understand and agree that if the practice is not furnished with my consent or my dependents consent, the practice will not commence treatment and cannot share my Personal Information with any specialists, sub-contractors or other service providers who may be required to partake in my treatment.

4. RIGHT TO WITHHOLD CONSENT

I understand that I have the right to withhold consent to the practice collecting and processing my Personal Information at any time. I do however agree and understand that should I withhold consent the practice will not be able to provide dental services to me or my dependants.

5. STORAGE OF PERSONAL INFORMATION

I agree to my Personal Information being stored in both electronic and in hard copy formats and archived in a secure location. Hard copies of Personal Information will be stored safely under lock and key. Should I no longer be an active patient of the practice, my Personal Information will be held for as long as the law or the practice's indemnity/insurance providers require it and thereafter destroyed or erased.

6. RETENTION OF PERSONAL INFORMATION

The Practice will retain my Personal Information in compliance with POPIA and in compliance with other applicable legislation. The practice will not retain Personal Information for longer than is necessary and for the required purpose. The exceptions to the above provision specifically provided for in POPIA are as follows:

- the retention of your Personal Information is required by law;
- the practice reasonably requires your Personal Information for lawful purposes related to its business functions or activities (e.g., tax regulations);
- the retention of your Personal Information is required in terms of an agreement or a contractual provision between the practice and me.

7. DISCLOSURE OF PERSONAL INFORMATION

I agree that the recipients of my Personal Information are me, medical schemes / administrators, healthcare providers, specialists, dental technicians, and pathologists (including practice staff, facilities, dental suppliers, researchers, emergency medical service providers). The practice is legally obliged to provide adequate protection for the Personal Information they hold and to stop unauthorised access and use of my Personal Information. They will ensure that such disclosure made between the practice and the recipient comply with strict confidentiality and security conditions as contained in the POPI Act by continuing to review their security controls and related processes on an ongoing basis.

8. OBJECTION TO PROCESSING

I understand that I have the right granted by the South African regulator, to object to the practice processing my Personal Information at any time, and on reasonable grounds relating to my particular situation. Upon receipt of my notice of objection to processing with clear reasons, the practice shall hold in obedience any further processing of my Personal Information until my objection has been addressed, withdrawn and accepted by the practice. The practice will no longer process my Personal Information in the event of my objection unless the practice can demonstrate compelling legitimate grounds for processing my Personal Information which override my interests, rights, and freedoms, or for the establishment, exercise, or defence of a legal claim. I also understand that the potential consequence of my objection is the practice's right to discontinue any treatment.

9. RIGHT TO WITHDRAW CONSENT

I understand that I have the right granted by the South African regulator, to withdraw my consent to the practice processing my Personal Information at any time. Should I wish to exercise the right to withdraw my consent, I may at any time direct in writing the withdrawal of my consent to the Information Officer of the practice, provided however, that such withdrawal does not affect the specific performance of a contract which I am a party to.

10. TRANSFER OUTSIDE SOUTH AFRICA

I agree to the practice transferring my Personal Information outside the borders of South Africa to its indemnity / insurance providers in a foreign country when the transfer is necessary to perform in terms of a contract and the foreign country have in place privacy laws which provide adequate protection, and which are similar to POPIA.

11. ACCESS TO YOUR PERSONAL INFORMATION

I have the right at any time granted by the South African regulator, to obtain from the practice free of charge, any details regarding my Personal Information that the practice holds. A request shall be made in writing to the Information Officer of the practice detailing the information required.

12. RIGHT TO CORRECTION/ERASURE

I have the right to request the practice, to rectify and /or erase my Personal Information without undue delay which is, no longer necessary in relation to the purpose for which it was collected, inaccurate, irrelevant, excessive, out of date, incomplete, misleading, or unlawful. I understand that changes to my Personal Information must immediately be communicated to the practice for these changes to be updated. I understand and agree that the practice is not responsible for information on their systems which is inaccurate, as a result of my wilful neglect and or failure to update my personal information. I have the right to request the practice to erase any record of my Personal Information that the practice is no longer authorised to hold in terms of any other law and where my consent has been withdrawn.

13. MARKETING

The practice undertakes not to process or share my Personal Information with any third party for the purpose of marketing to me the third party's supplies or other products. Notwithstanding this, I agree the practice may process my Personal Information for

providing me with practice products and services. Should I not wish to receive these communications, I will provide the Information Officer at the practice (as per the email address below) with a detailed opt out, listing the type of communication that I do not wish to receive.

DECLARATION

I agree:

- I will not hold the practice responsible (whether direct or indirect) for any loss that may arise from the use of my Personal Information.
- I may not hold the practice responsible for any loss that may result from the incorrect use or disclosure of the information by any healthcare provider to whom the practice has provided the Personal Information.
- to give permission for the practice to give my medical scheme / or administrator details of my diagnosis and clinical information required.
- that I had an opportunity to read the terms and conditions (or they have been read to me), and I fully understand the consequences of these terms and conditions. I had sufficient opportunity to ask questions about this consent form and the questions were answered to my satisfaction by the practice.
- my consent is provided of my own free will without any undue influence or coercion from any person whatsoever.
- I have permission of my dependant(s) to give their consent, where such consent has been provided and I indemnify the practice against this.

The Data Subject:

Name

Contact number

Email address

Signature

Date

The Practice Information Officer:

Name

Contact number

Email address

Signature

Date

