Petro van Heerden
Clinical psychologist
MA (Clin. Psych)

THE PROTECTION OF PERSONAL INFORMATION ACT

PATIENT PRIVACY NOTICE

This Notice explains how we obtain, use and disclose your Personal Information, in accordance with the requirements of the Protection of Personal Information Act ("POPIA").

The privacy of our patients is of utmost importance to us. The necessary measures will be taken to ensure that any and all information, including Personal Information (as defined in the in the Protection of Personal Information Act 4 of 2013) provided by you or which is collected from you is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013, and is stored in a safe and secure manner.

About Practice

Petro van Heerden -Clinical Psychologist

30 Buffels Road -Rietondale -Pretoria - 0084

The information we collect

We collect and process your Personal Information mainly for the purpose of providing a comprehensive and integrated healthcare service. For this purpose, we will collect special information, including but not limited to: Names, Identification, Contact Details, Medical Aid Details and Claims, Medical Treatment including Current and Historical Health Records. Medications, Medical Appointments, Procedures from you as well as other service providers.

We collect information directly from you - you provide us with your personal and health details. Where possible, we will inform you what information you are required to provide.

How we use your information

Your Personal Information will be used for the purpose of providing a healthcare service. In addition, where necessary, your information may be retained for legal purposes. For example:

• To confirm and verify your identity and/or to verify that you are an authorized medical aid member.

• For billing, audit and record keeping purposes.

• In connection with legal proceedings.

• For handover and collection of outstanding accounts.

Disclosure of information

We may disclose your personal and health information to third party operators:

• Where the specific purpose is for supporting Petro van Heerden's provision of an integrated health treatment to you.

• Where separate consent has been given for insurance and medical aid requests.

• Where we have a duty or a right to disclose in terms of law or industry codes.

- Fo handover and collection of outstanding accounts.

• Where we believe it is necessary to protect our rights.

Information Security

We are legally obliged to provide adequate protection for the Personal Information we hold and to stop unauthorized access and use of Personal Information. We will, on an on-going basis, continue to review our security controls and related processes to ensure that your Personal Information remains secure. Our security policies and procedures cover:

• • Computer and network security.

• Access to Personal Information.

• Secure communications.

• Retention and disposal of information.

• Acceptable usage of Personal Information.

• Governance and regulatory issues.

• Monitoring access and usage of private information.

• Investigating and reacting to security incidents.

When we contract with third parties, we impose appropriate security, privacy and confidentiality obligations on them to ensure that Personal Information that we remain responsible for, is kept secure. Anyone to whom we pass your Personal Information needs to agree to treat your information with the same level of protection as we are obliged to.

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Correction of your information

You have the right to ask us to update, correct or delete your Personal Information. We will require a copy of your ID document to confirm your identity before making changes to Personal Information we may hold about you. We would appreciate it if you would keep your Personal Information accurate.

Definition of Personal Information

According to the Act "Personal Information'' means information relating to an identifiable, living, natural person, and where it is applicable, an identifiable, existing juristic person. Further to the POPI Act, Petro van Heerden also includes the following items as Personal Information:

• All addresses including residential, postal and email addresses.

• Change of name – please forward copy of new ID.

• Medical Aid details, including claims and benefits. Accuracy of Information and Onus POPIA requires that all your Personal Information and related details as supplied are complete, accurate and up to date. Whilst we will always use our best to ensure that your Personal Information is reliable, it is your responsibility to advise Petro van Heerden of any changes to your Personal Information, as and when these changes may occur.

How to contact us

If you have any queries about this notice; you need further information about our privacy practices; wish to withdraw consent; exercise preferences or access or correct your Personal Information, please contact us on 012 329 25 13 or at consult@petrovanheerden.co.za

THE PROTECTION OF PERSONAL INFORMATION ACT DECLARATION AND INFORMED CONSENT

1. In accordance with the Protection of Personal Information Act (POPIA) and the HPCSA Ethical Rules,

I _____ ID_____

Hereby give consent to Clinical psychologist, Petro van Heerden for the collection, processing, and secure storage of my personal and health information for the purposes of psychological assessment, treatment, clinical recordkeeping, communication, and billing.

I authorize the practice to submit relevant personal and clinical information to my medical scheme and its administrators for purposes of billing, claims, authorizations, PMB applications, funding decisions, and related administrative processes. Protection of Personal Information Act (POPIA) and the HPCSA Ethical Rules

I confirm that I am authorized to give such consent on behalf of my medical aid dependents. I understand that this Personal Information may be stored on site at practice.

2. I understand that my information is confidential and may only be shared:

- With medical schemes and their administrators for claims, authorizations, PMB and funding processes
- With other healthcare practitioners involved in my care, where clinically necessary
- With accounting, legal, or debt-collection services in the event of non-payment
- Where required by law or to prevent serious harm Only the minimum necessary information will be disclosed.

4. I understand that from time-to-time PETRO VAN HEERDEN may allow a computer specialist to access his 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.

5. I understand that my/our special Personal Information will not be shared with any other third party, other than mentioned herein, by my/our medical doctor without my/our express, specific, prior permission.

5. I declare that all Personal Information being supplied by me to PETRO VAN HEERDEN is accurate, up to date, not misleading, and that it is complete in all material aspects.

6. I undertake to advise PETRO VAN HEERDEN immediately of any changes to my Personal Information, as and when any of the details change.

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7. By providing PETRO VAN HEERDEN with my Personal Information, I consent and give PETRO VAN HEERDEN permission to process and further process the Personal Information, as and when required, that I supply, understanding the purposes for which the Personal Information is required and for which it will be used.

Signed at _____ on this _____ day of _____, 20_____

Signature _____

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- Where required by law or to prevent serious harm Only the minimum necessary information will be disclosed.

Patient Name: _____

Identity number _____

Signature: _____

Date: _____

Parent / Guardian (if minor): _____

Signature: _____