

Dr Nicolette van Zyl, General Practitioner

PRIVACY POLICY

PATIENT CONSENT TO COLLECT & DISCLOSE INFORMATION

Please read this information carefully and sign where indicated below. Please write any specific requests regarding your information or any limits to your consent underneath your signature.

Dr van Zyl's medical practice collects information from you for the primary purpose of providing quality health care to properly advise and treat you. Such information may include; full medical history, family medical history, ethnicity, genetic information, personal contact and health fund details.

Both the practice staff (eg secretary) and Dr van Zyl may participate in the collection of this information. This information will normally be collected directly from you.

There may be occasions when Dr van Zyl will need to obtain information from other sources such as other doctors, other health professionals or hospitals. Please sign consent for obtaining additional information from other health care professionals on your behalf, if needed. In any event Dr van Zyl will inform you of the need to obtain information from other doctor's/ medical professionals/ hospitals before contacting them, except in an emergency. In case of a *medical emergency* Dr van Zyl may need to obtain information without asking you and also obtain information from other parties such as next of kin or family members.

Dr van Zyl may use the information you provide her with, in the following ways:

1. Administrative purposes in running the medical practice, account keeping and billing purposes
2. Disclosure to others involved in your health care, including treating Doctors and Specialists outside this medical practice, including other health care providers and insurance/health fund companies. This may occur through referral to other doctors or for medical tests and in the reports or results returned to me following such referrals.
3. Disclosure for research and quality assurance activities to improve individual and community health care and practice management. You will be informed when such activities (such as research) are being conducted and given the opportunity to "opt out" of any involvement.

PLEASE NOTE: Email does not provide a completely secure and confidential means of communication. It is possible that your email communication may be accessed or viewed by another internet user while in transit to me. Email should not be used for very personal, urgent or emergency communication.

With respect to you obtaining a copy of your medical information there may be a reasonable charge for photocopying, printing, postage for this service.

Consent: I have read the information above and I provide my consent for Dr Nicolette van Zyl and associated practice staff to collect, use and disclose my personal information as outlined above.

I understand that I am not obliged to provide any information requested of me, but that my failure to do so, may compromise the quality of the health care and treatment given to me.

I understand that I may withdraw my consent to the use and disclosure of my personal information (except where legal obligations must be met).

NAME: _____

SIGNATURE: _____

Date _____

Please write down any Limitation to Consent / Directions regarding your personal information:

PRACTICE POLICY.

Dr van Zyl works from 2 locations on the following days:

1. **Altydgedacht (Durbanville)** 6 Chatelaine Crescent:
Tuesdays, Wednesdays and Thursdays, please contact me if you require other days, I will always try to help.
2. **Kuilsriver** @ Haasendal Dental, Haasendal Gables Shopping Centre, for aesthetic treatments. Available Fridays and Saturdays twice a month.
Contact number 021 903 1405

The practice is typically closed on weekends, public holidays and for two weeks over the Christmas / New Year Period.

Dr van Zyl also travels to Australia once a year to work in the Australian Health Care System. She will let her patients know in advance when she is not available and make sure there are alternative arrangements in place in case you need medical attention.

Please be so kind as to cancel your appointment within two business days (48 hrs) of the appointment, otherwise you will be charged 50% of the appointment fee if you do not attend.

FEES

Dr van Zyl will check your funds before claiming from your medical aid. She may claim from medical aids if they are reliable, otherwise she may ask you to pay for your consultation at the time that she sees you.

Please settle your account at the time of your consultation.

A credit card facility is available. Cash or EFT is also acceptable.

Standard GP Consultation rate for 2021 = R580

Contact Information:

Dr van Zyl Practice: 072 959 6433

e-mail: dokter.nicolette@gmail.com