Dr. Fatima Khan | PR.Nr. 0810827
Specialist Physician / Nephrologist
MBBCh, FCP (SA), Cert Neph (SA)

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The principal member is responsible for all accounts. We will deliver the invoice to your medical aid where possible but payment of the account remains the responsibility of the patient or guardian or main member as detailed below.

PATIENT INFORMATION FORM

MAIN MEMBER DETAILS	PATIENT DETAILS
Full Name:	Full Name:
ID Number:	ID Number:
Occupation:	Occupation:
Marital Status:	Relationship:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Email Address:	Email Address:
Home address:	Postal address: (if different)

NEXT OF KIN DETAILS

Full Name:	Email Address:
Cell Phone:	Work Phone:

MEDICAL DETAILS

Full Name:	Medical Aid:
Membership #:	Option/Plan:
Dependant code:	Referring Doctor:
Family Doctor Name:	Gap Cover: Y N
Contact number:	Name of institution:

I confirm that the information provided by me is true and correct

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Signature Date:

SIGNED BY PARENT/GUARDIAN OR PERSON RESPONSABILE FOR THE ACCOUNT

GENERIC MEDICINE

I understand and acknowledge that my Medical Scheme may insist that I substitute medicine that appears on my prescription with its generic equivalent. It is within my doctor's sole discretion and clinical judgement whether or not to allow for the generic substitution of my medicine and no substitution may take place where the doctor has written 'no generic substitution' on my prescription.

MEDICAL CERTIFICATES ('SICK NOTE')

I hereby acknowledge that I understand that although I am entitled to ask for a medical certificate from my doctor, he/she is under no obligation to issue such a certificate.

PLEASE TURN OVER

Privacy Policy & The Protection of Personal Information (POPIA) Notice

The Protection of Personal Information (POPI) Act requires us to inform our patients on how we use disclose, and destroy personal information we obtained. We are committed to protecting our patient's privacy and will ensure that your personal information is used appropriately, transparently, securely, and according to applicable legislation.

By visiting, interacting and or receiving medical treatment with Dr K Khan (the practitioner), the patient consents to the following:

1. My personal information may be collected, processed, recorded, used, and must be safeguarded during the rendering of medical services to me by Dr F Khan , hereafter referred to as the practitioner.
2. The practitioner may also add to my personal information, with information received from other medical service providers and third parties to offer a more comprehensive and appropriate service to me.
3. The practitioner may verify, share, and disclose my personal information to third parties whose services or implants are used to adequately and appropriately render medical services to me. This may include, where applicable: The hospital, Anaesthesiologist, General practitioners, Surgical assistants, and Paramedical services involved in my treatment and the booking and planning of surgical interventions.
4. I have the right to access my personal information which the practitioner holds once my account is paid up to date and that it can take up to 30 days to process my request.
5. Any information I supplied to the practitioner is voluntary.
6. I have the right to ask the practitioner to update, correct or delete my personal information on reasonable grounds. This is to be made in writing, by me.
7. My personal information as well as diagnosis will be disclosed to my medical aid scheme, the practitioners billing company (Axialmed) and the main member of the account and/or if applicable, my broker.
8. Medical Aid Schemes: Should I not agree for you to disclose my diagnosis on my account (quote/statement/invoice) then the medical aid scheme has the discretion to reject my claim and I will be responsible to settle the account. (You will be required to provide written notice upon each visit, should you not wish for your diagnosis / ICD10 codes to appear on your account)
9. Where applicable; that my personal information as well as diagnosis, will be disclosed to the person/entity responsible for the payment of my account i.e to my partner or employer.
10. Once I object to the practitioner processing my personal information, the practitioner may no longer process my personal information, unless it is within reasonable parameters such as to conclude a transaction or outstanding business.
11. Once I withdraw my consent for the practitioner to process my personal information, I understand that the practitioner is still obliged under legislation to keep such information for 5 years after termination of the relationship between the practitioner and myself and/or that the practitioner may retain my medical records for their protection, as long as the practitioner remains in practice.
12. The practitioner may disclose my information where they have a duty or a right to do so in terms of applicable legislation or where it may be necessary under any other law.
13. The practitioner may record and store audio and/or video footage of consultations and surgical procedures between the practitioner and patient, for quality and note-taking purposes.
14. That where I did not give written consent for the practitioner to obtain my information, that the practitioner cannot be held responsible for obtaining such information.
15. Should I refuse to provide my Personal Information, where the practitioner's purpose for such collection is based on a contractual requirement, legal obligation and/or legitimate interest of the practitioner, I understand that it will hinder the practitioner's ability to perform his duties and responsibilities. Where reasonable justification exists, the practitioner may as a consequence reserve his right to refuse admission, diagnosis and treatment

I, the undersigned, am personally responsible for payment and not my medical aid. In the event of divorce the parent accompanying the minor is responsible for settlement of the account. In the event of any legal action being instituted against me for recovery of any amount whatsoever, I shall be liable for all legal costs including admin costs and a 20% admin fee on each instalment paid. If the matter is defended, I will be liable for legal costs incurred on an attorney/client scale.

Once my account has been handed over there will be no further correspondence entered into with the practice. All correspondence will be with ARA (Anthony Richards & Assoc). The National Credit Act 34 of 2005 is not applicable to this claim.
I hereby choose my above address as my domicilium citandi et executandi for all purposes under this agreement.

I HAVE READ, UNDERSTAND AND AGREE TO THE CONDITIONS MENTIONED ABOVE.

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Signature Date:

AxialMed agrees to maintain the confidentiality of your confidential information that the patient grants AxialMed access to and undertakes to utilise the said confidential information for the purpose of rendering of accounts.