



**DR MARK PURDY**  
SPECIALIST UROLOGIST

**DR MR PURDY**  
MBChB (UCT) FC Urol (SA) MMed (Wits)  
MP0582921 • Pr No: 0519693

**MIDVAAL PRIVATE HOSPITAL**  
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Zuurfontein 1912

Tel. 016 454 4559

accounts@vaalurology.com • www.vaalurology.com

FILE No.

**PATIENT DETAILS**

TITLE:	SURNAME:	FIRST NAME(S):	
ID NUMBER:	DATE OF BIRTH:		AGE:
GENDER: <b>M F</b>	HOME LANGUAGE:		
TEL (MOBILE):		TEL (OTHER):	
EMAIL:			

**Initial** If you choose not to use your own personal email address, you agree that you will not hold the Practice responsible for any breach of confidentiality when communications with you are sent via this channel (as it relates to your medical treatment / account status with Dr Purdy).

**MEDICAL AID DETAILS**

PRIVATE PATIENT ☐

MAIN MEMBER NAME (AS PER CARD):	
MEDICAL AID SCHEME:	MEMBERSHIP No.:
SPECIFIC MEDICAL AID PLAN / OPTION:	
DEPENDANT CODE OF MAIN MEMBER:	DEPENDANT CODE OF PATIENT:

**MAIN MEMBER DETAILS**

FAMILY CHECK DONE ☐

TITLE:	SURNAME:	FIRST NAME(S):	
ID NUMBER:			
PHYSICAL ADDRESS:			CODE:
POSTAL ADDRESS:			CODE:
TEL (MOBILE):		TEL (OTHER):	
EMAIL:			

**REFERRING DOCTOR(S)**

SELF-REFERRAL ☐

NAME:
FAMILY GP (IF DIFFERENT TO REFERRING DOCTOR ABOVE):

**Initial** I consent that Dr Purdy may provide a Feedback Report relating to my medical treatment to my Referring Doctor and/or GP.

**SPECIALIST REFERRAL/AUTHORISATION**

AUTH/SPECIALIST REFERRAL No. REQUIRED: <b>Y N</b>
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The Practice collects and processes your Personal Information to provide you with access to our healthcare services. We only collect the information we need. You consent that the Practice may contact you on the details you provide. Details can be updated at any time at your request. Patient Details are used for clinical/treatment communications. Main Member Details are used for account/billing communications.

**Important Note:** Medical aid is an agreement between a patient and a medical scheme. Dr Purdy is not a Financial Services Provider and the patient remains liable for the full costs of all services obtained at the practice (unless a payment arrangement exists between Dr Purdy and the fund).

Patient Signature



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# TERMS OF AGREEMENT & BILLING CONSENT

January - December 2023

I, \_\_\_\_\_ (full name) and ID Number \_\_\_\_\_

hereby acknowledge, understand, and agree that:

- 1 Dr Purdy is a private practice - **he sets his own fees (please turn over)** and only has payment arrangements at contracted rates, with selected medical schemes. In the absence of such an arrangement, Dr Purdy uses his own annual billing policy and a co-payment will apply (IN and OUT of Hospital). If funds are exhausted or if uninsured, then payment for the full consultation and/or any additional procedures is due.

*A scheme rate of 100% is merely 100% of what the scheme is willing to pay. It has no relationship with the costs of running a practice. This practice is not able to offer services at 100% scheme rates, hence co-payments apply. Feel free to seek treatment elsewhere if you do not agree with our billing policy.*

- 2 Medical aid is an agreement between the patient and a medical scheme, and **you remain personally responsible for understanding your specific scheme/plan option rules** in terms of your scheme exclusions / the network hospitals you have access to / the day-hospital network hospitals you have access to / obtaining the necessary specialist referral numbers, facility co-payments, etc.
- 3 Tariffs applicable to medical scheme patients vary from scheme to scheme (and even from specific plan option to plan option). Those details are available from your scheme. **A co-payment is the difference between what a Doctor sets his/her fees at and what your scheme sets for paying the Doctor** (our billing software works out this difference automatically, which allows us to advise what the co-payment will be for the current year).
- 4 If/when required, **the cost of:**  
(a) **Completing Documentation** (insurance forms/motivation letters and/or chronic medicine applications) (tariff code 0133 – R480,00); and  
(b) **Repeat Prescription without** a Consultation (tariff code 0132 – R150,00);  
**will be charged for** and you agree you are liable for these costs should your medical aid not settle them.

- 5 Dr Purdy's account is rendered in accordance with the *Medical Schemes Act* and is completely separate from any other medical accounts like pathologists (e.g. urine/blood tests), radiologists (e.g. scans and x-rays) and other hospital casualty/medical personnel involved in your care.

- 6 **You are personally responsible for payment of Dr Purdy's account** as per this agreement (regardless of whether pre-authorization was given). In some cases, you may need to reclaim from your medical scheme. If for whatever reason your scheme does not settle your account with Dr Purdy, or pays you directly, then you need to settle the account immediately with Dr Purdy.

*Gap Cover is an agreement between the patient and insurer. We do not deal with your Gap Cover insurers - you will need to claim back after settling Dr Purdy's account.*

- 7 By choosing Dr Purdy's practice, you consent to us submitting claims to your medical scheme. It does not mean that the scheme has received the account or that they agree to pay the account. To facilitate payment of accounts, you agree that Dr Purdy may disclose the ICD10 codes (diagnosis codes) when invoicing your scheme (at their discretion, a scheme can reject claims where a patient chooses not to disclose clinical information).
- 8 Patient outcomes/healthcare results cannot be guaranteed by Dr Purdy. Results vary based on a variety of unique and independent factors including staging of disease at time of first diagnosis; how one's body reacts to treatment and/or procedures; and the level of patient compliance in terms of prescribed medication and/or suggested course of treatment and/or further work-ups or follow-ups, etc. Dr Purdy will always counsel you on available treatment options (and the consequences of not undergoing treatment), but **the choice to pursue/not pursue treatment remains yours**. As a result, you undertake to not hold Dr Purdy and his staff liable for any negative consequence arising out of your treatment choices.
- 9 The HPCSA's "General Ethical Guidelines for Reproductive Health" provides for the use of a **chaperone** during *Intimate Examinations*. The *Medical Protection Society* defines *Intimate Examinations* as including, but not limited to, examination of the breasts, genitalia and rectum, and any time where it is necessary to touch the patient in close proximity. Dr Purdy employs a **Clinical Assistant who is available to ALL patients who would like a chaperone present during their examination**. If Dr Purdy requests a chaperone and you do not consent, the examination will not be completed.

*All patients under 18 must be chaperoned by a parent/guardian. All patients, regardless of gender, may request a chaperone - please advise Dr Purdy.*

- 10 In accordance with the *National Credit Act*, Dr Purdy has a right to charge interest under incidental debt up to 2% per month on accounts that have not been settled by 30 days after consultation or treatment. You are liable for all counsel/tracing agent/legal fees (attorney and client), collection commission as well as all charges stipulated by the Debt Collectors Act relating to the recovery of your outstanding account with Dr Purdy.
- 11 In terms of the *Protection of Personal Information (POPI) Act*, Dr Purdy and all employees are required to treat all personal information concerning all patients, including their health information, as private and confidential. The obligation of confidentiality goes beyond undertaking not to divulge confidential information; it includes a responsibility to make sure that all records containing patient information are kept securely. Your personal information is stored, used, protected and disposed of, in accordance with applicable laws and guidelines (turn over for more specific details). The *Privacy Policy - Patient Consent as Data Subject* document that is signed separately is available for download at [www.vaalurology.com/privacy-policy](http://www.vaalurology.com/privacy-policy)
- 12 According to the *Consumer Protection Act* healthcare providers have a responsibility to act with a fiduciary duty towards their patients. **Dr Purdy's duty is to have a patient's best interests in mind and to act in good faith, with honesty and integrity**. It is a mutual relationship that recognises a patient's autonomy in terms of the management of their health.
- 13 This agreement cannot be altered or unilaterally changed; and any changes will have to be agreed to in writing and signed by Dr Purdy personally.
- 14 You confirm that the address reflected on the Patient Information Folder is the chosen *domicilium citandi et executandi* for all purposes under this agreement and any notice received at this address will be valid for all legal purposes.
- 15 I understand I have a right to refuse treatment offered to me; and in so doing, accept the risks and implications thereof, which will be explained to me by Dr Purdy.
- 16 **By signing this agreement, I understand the terms set out herein and the typical tariffs charged for consultations and procedures.**

*Please ask Dr Purdy's staff if you would like a copy of this document - alternatively more detailed information along with our Welcome Pack (which contains this document) is available for download at [www.vaalurology.com/welcome](http://www.vaalurology.com/welcome)*

Signature of patient, member of Medical  
Aid or person responsible for payment

Place

Date

# RATES FOR CONSULTATIONS & PROCEDURES

January - December 2023

Dr Purdy's fees are set out below - your signature on the reverse indicates you have noted, and agreed to, Dr Purdy's billing policy.

As a service to patients we invoice the fund and advise you of the amount that will not be covered (i.e. the co-payment you will need to settle on the day of treatment). For patients who are with certain medical aids (e.g. Momentum or LA-Health); and other insurers that are not registered as medical schemes in South Africa (e.g. OnePlan Insurance); we do not / can not submit these invoices electronically and the patient will need to pay in full and claim back from their medical scheme/insurer themselves (invoices are emailed so please ensure we have a valid email address on file).

Dr Purdy is contracted with selected medical aids (Discovery Classic IN HOSPITAL; and Bestmed, Bonitas, FedHealth, GEMS, Keyhealth, Medihelp & Polmed IN & OUT OF HOSPITAL) and in these cases will bill according to contracted tariffs. Where no contract exists, a co-payment on the day will apply. If you are unsure, please ask if we are contracted with your particular medical aid/plan option.

## OUTPATIENT (IN THE ROOMS / OUT OF HOSPITAL)

In the absence of a payment arrangement, and if uninsured or underinsured or if funds are exhausted then typical outpatient procedure codes used and rates charged include:

Procedure Code	Description	Tariff
0191	Consultation for New/Established Patient (usually applies to first consultation with a specialist)	R1,100
0190	Consultation for New/Established Patient (usually applies to follow-up consultations with a specialist)	R900
3628 / 3629	Renal Tract Ultrasound	R800
4188	Urinary Dipsticks	R20
1989 / 1992	Uroflow	R420
0146	Unscheduled Emergency Consultation in the Rooms (permissible to charge over and above 0191 or 0190)	R210
0133	Completion of Forms (motivation to medical aid, insurance, etc)	R480
0132	Repeat Prescription without a Consultation (telephonic request)	R150

## INPATIENT (IN HOSPITAL)

- 1 All inpatient consultation fees (tariff codes 0173, 0109 and 'emergency tariff' 0147) are charged at **Discovery Classic Rates**.
- 2 All inpatient procedure codes are charged at **Discovery Classic Rates** and non-Discovery-Classic plan options and other non-contracted medical schemes only cover about half of the fee and a co-payment will apply (again, the amount will differ based upon medical scheme and specific plan option - you will receive a quotation as an estimate of what the co-payment will be and your medical scheme will be billed the full amount and you will be notified of any balance outstanding).

# OTHER IMPORTANT PRACTICE INFORMATION

## PRIVACY POLICY / CONFIDENTIALITY

*In seeking medical treatment with Dr Purdy, personal information is collected for the specific purpose of providing medical services: confirming benefits and/or obtaining authorization from medical aids; phone/email/address details are used to communicate account balances with you (or main member if you have medical aid). If you have been referred, Dr Purdy may receive your name/scheme details, which are only retained if you are treated by Dr Purdy.*

*Employees with access to patient's personal details sign a confidentiality clause in their contract to protect your personal information. Paper-based files are stored in lockable filing cabinets. Digital information stored by our practice management software is protected by appropriate security standards and access to this information via the browser is password-protected. All computers at Dr Purdy's rooms are also password protected.*

*Physical healthcare records belong to the Practice that creates them. Patients have rights concerning the information contained in their records, but do not own the actual documents or electronic files. Retention (and disposal) of medical records by Dr Purdy follow guidelines contained in the HPCSA's "Guidelines on the Keeping of Patient Records" and those outlined in the POPI Act. The PAI Act makes provision for patients to access these records - appropriate forms and fees are available at Dr Purdy's website: [www.vaalurology.com](http://www.vaalurology.com)*

## INFORMED CONSENT

*This document advises you regarding the charges levied by Dr Purdy at his practice for IN-ROOMS procedures. Quotations are generated prior to planned IN-HOSPITAL procedures so you can make an informed decision about whether to proceed with treatment with Dr Purdy. Dr Purdy will work through individual procedure consent with you - you will be given time to consider your treatment options, to ask questions and understand the risks involved. You will also be given a detailed information breakdown of the procedure.*

If at any point in your interactions with Dr Purdy or staff at the practice, you do not understand something, **please ask us for clarity**. It is your duty and right to indicate to us when you need more information and/or explanations.

**YOU ARE WELCOME TO ASK FOR AN ESTIMATE OF COSTS BASED UPON YOUR PARTICULAR MEDICAL AID BEFORE TREATMENT COMMENCES. YOU MAY ALSO CHOOSE TO CANCEL YOUR APPOINTMENT AND/OR PROCEDURE IF YOU SO WISH.**



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# PRIVACY POLICY - PATIENT CONSENT AS DATA SUBJECT

YOUR RIGHTS AND OUR OBLIGATIONS IN ACCORDANCE WITH THE PROTECTION OF PERSONAL INFORMATION ACT OF 2013

Dr Mark Purdy ("the Practice/Responsible Party"), is a sole practitioner in the field of Urology. The Practice comprises a registered healthcare professional under the Health Professions Act, and is subject to the rules and regulations of the Health Professions Council of South Africa ("HPCSA") insofar as it regulates the privacy and personal information of patients and third parties. In seeking medical treatment with Dr Purdy, Personal Information is collected for the specific purpose of providing medical services. This consent documents your agreement to the collection of your Personal Information for this purpose and outlines our obligations to you in terms of how we process your Personal Information.

I, \_\_\_\_\_ (full name) and ID Number \_\_\_\_\_ ("Data Subject")  
consent to the collection and use of my Personal Information as outlined below by the Practice for the sole purpose of receiving medical treatment with Dr Purdy.

- 1 The Protection of Personal Information Act 4 of 2013, ("POPIA") and the Regulations promulgated thereunder give effect to the right to privacy provided by section 14 of the Bill of Rights of the Constitution of the Republic of South Africa 1996. The Act and Regulations require the Information Officer of the responsible person as defined under the Act to develop, implement, monitor and maintain a compliance framework, (Regulation 4 of Regulations published under GG number 42110 dated 14/12/18).

*POPIA involves three parties - "Data subject": the person to whom the information relates. In our case, the patients who seek treatment at the Practice. "Responsible party": the person who determines why and how to process. For example, profit companies, non-profit companies, governments, state agencies and people. Called controllers in other jurisdictions. In our case, this is Dr Mark Purdy. "Operator": a person who processes personal information on behalf of the Responsible Party. For example, an IT vendor. Called processors in other jurisdictions. In our case, this would be Vericlimb by Medicharge.*

- 2 The Practice collects and processes your Personal Information to provide you with access to our healthcare services and products, to help us improve our offerings to you, to support our contractual relationship with you and for certain other purposes explained below. The type of information we collect will depend on the purpose for which it is collected and used. We will only collect information that we need.
- 3 The Practice processes information directly from you, the **Data Subject**, when you visit the rooms for your first consultation. You will be asked to complete a patient folder. You may also email us directly and we will then have your name and email address. Should you choose to email your Personal Information to us prior to your first consultation, please ensure the PDF is password protected using your ID Number. Where possible we will inform you what information you are required to provide to us and what information is optional.
- 4 As a Specialist, the **Responsible Party** often forms part of a multidisciplinary team involved with your care. By signing this document, you give permission to the Practice to request (and receive) relevant Personal Information (histology/pathology results, x-rays/scans, reports, etc). This helps the **Responsible Party** formulate a comprehensive treatment plan. Possible sources of information include, but are not limited to: Pathologists, Radiologists, Oncologists, other Specialists, your GP or the hospital admissions/casualty department. If requested, the Practice will provide this document as evidence of your consent that we may request (and receive) your Personal Information.  
*Note: If you do not become a patient of The Practice, your Personal Information is not retained.*
- 5 The Practice collects information directly from your GP when they phone on your behalf to make an appointment. We do this to confirm your available benefits and to check whether your medical aid membership is valid.
- 6 Personal Information we collect from you:

- A copy of your ID Document & Medical Aid Card.
- In some instances a referral letter from your GP indicating the reason for your consultation at the Practice.

*The Patient Folder or Patient Information Document (prior to first consultation)*

- Your full name & ID Number (to verify your identity against your ID document and medical aid card).
- Your occupation (could indicate potential occupational health risks and/or exposures).
- Your home language (so we know how to communicate effectively).
- Your home address (in case we need to serve legal documents to you).
- Your telephone/cell number (to communicate regarding treatment plans and results and billing communications).
- Your email address (to communicate regarding treatment plans and results and billing communications).
- Your medical aid details (to verify your eligibility for treatment).
- The main member details (if different to the patient) are collected to ensure we can communicate regarding billing aspects of treatment.
- Your next of kin information is only collected in the event of an emergency.
- Your referring doctor (for some medical aids, this information is required to process the specialist consultations; and we will then provide feedback to the referring provider after you have received treatment).

*In Consultation with Dr Purdy (Doctor's notes in file)*

- Current presenting complaint.
- Information about allergies and current medications.
- Relevant past medical and surgical history.
- Details on diagnosis and treatment plan.

- 7 You consent that the Practice may contact you by any one of the following communication channels: telephone, SMS, email, WhatsApp, etc. These communication channels will be used for professional communication only. This may include (but not be limited to) accounts, statements, treatment information, consents and theatre booking information, practice information, system and/or scheme updates, where necessary. You acknowledge that none of these communication methods are completely secure or encrypted communication methods and the **Data Subject** will not hold the Practice responsible for any breach of confidentiality via these communication channels.
- 8 **IMPORTANT NOTE: By supplying the Practice with an email address or phone number that is not your own, you consent to that person receiving communications regarding your health and account status with the Practice. You knowingly accept the risks associated with using someone else's details for communications that may contain your Personal Information and will not hold the Practice responsible for any breach of confidentiality when the Practice communicates with you via these communication methods.**
- 9 We place great importance on the security of all Personal Information associated with our patients. We have security measures in place to protect against the loss, misuse, and alteration of Personal Information under our control. For example, every piece of data that we provide to our **Operator**, is via a secure login to their website and encrypted using Secure Sockets Layer (SSL) technology to prevent unauthorized access to a collection of such data. Security and privacy policies are periodically reviewed and adjusted as necessary and only authorized personnel have access to Personal Information. A separate "Addendum to Medicharge License Agreement" has been signed between the Operator and Responsible Party regarding Confidential Information and POPIA as it relates to the processing of your Personal Information.



10 We are legally obliged to provide adequate protection for the Personal Information we hold in paper-based files and to stop unauthorised 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 is secure. Out of office hours, our cabinets are locked as is The Practice. Access to the floor inside the hospital where The Practice is located is also locked out of office hours. Security cameras are in the basement and lift lobby to the floor.

11 We will use your Personal Information only for the purposes for which it was collected (i.e. management of your health) and agreed with you in this consent (this list below is not exhaustive and some variations on use could still occur within the framework of your medical treatment):

- To confirm and verify your identity; and in so doing, verify that you are an authorised customer for security purposes (i.e. that you match the identity of the main member/dependent of the medical aid).
- To confirm available benefits with your medical aid so that we can advise you whether you have benefits available to cover the costs of treatment.
- To obtain an authorisation for a procedure with your medical aid (to do this your medical aid requires we disclose your ICD10 code).
- To provide relevant Personal Information to a multidisciplinary team responsible for your treatment (i.e. an anaesthetist or another doctor acting as an Operative Assistant); and any other third party medical service providers who may need to obtain authorisation from prosthesis and/or other benefits to provide you with adequate care.
- To book you for a procedure, your relevant Personal Information is supplied to the hospital at which theatre is booked.
- To submit claims for payment to your medical aid through our **Operator's EDI/Switch** (again, payments are only approved by the fund with a valid ICD10 code).
- To provide feedback regarding your treatment to referring Doctor(s).
- To provide feedback regarding your treatment/care to your GP as listed on your file.
- For medico-legal record-keeping purposes.
- In connection with legal proceedings.
- To carry out our obligations arising from any contracts entered into between you and us.
- To conduct customer satisfaction research and/or for statistical analysis (depersonalised information only).
- To contact you regarding new treatments related to your diagnosis or for new products and services which may be of interest to you, provided you have given us consent to do so or you have previously requested a product or service from us and the communication is relevant or related to that prior request and made within any timeframes established by applicable laws.
- To notify you about changes to our service.
- Where your fund has requested copies of invoices (only after supplying us with the appropriate signed consent).
- To respond to your queries or comments and to communicate with you regarding your health.
- To communicate with you and/or the main member regarding account matters.
- To request additional information from other Healthcare Providers involved in your care/treatment.
- To provide letters of motivation to the fund where there is a dispute regarding (a) authorisation/benefits or (b) the fund's non-payment of invoices.
- Where your insurer/fund has requested the completion of a Personal Medical Attendant Report with/without copies of Results/Reports.

12 We will also use your Personal Information to comply with legal and regulatory requirements or industry codes to which we subscribe, or which apply to us, or when it is otherwise allowed by law:

- Where we collect Personal Information for a specific purpose, we will not keep it for longer than is necessary to fulfil that purpose, unless we must keep it for legitimate business or legal reasons. In order to protect information from accidental or malicious destruction, when we delete information from our services we may not immediately delete residual copies from our servers or remove information from our backup systems.
- We do not send direct marketing – your email and mobile phone number will only be used to receive those communications which we are legally entitled to send regarding your treatment and/or billing communications.

13 Your rights as a Data Subject are as follows:

- **the right to access** (you can ask for copies of your personal data held by The Practice).
  - **the right to rectification** (you can ask us to rectify inaccurate personal data and to complete incomplete personal data).
  - **the right to erasure** (you can ask us to erase your personal data, but we may not always be legally able to comply as we have to retain Personal Information for the duration as described under the HPCSA Guidelines on Retention of Medical Records).
  - **the right to object to processing** (you can object to the processing of your personal data).
  - **the right to complain to a supervisory authority** (you can complain about our processing of your personal data to the Information Regulator).
  - **the right to withdraw consent** (to the extent that the legal basis of our processing of your personal data is consent, you can withdraw that consent).
  - **the right to not be subjected to unsolicited electronic communication** (unless the you are our patient and we have sold goods or services to you, or where you have consented to the communication and you had and have the opportunity to object to the communication).
  - **the right to not be subjected to automated decision-making** (based on your Personal Information in contravention of section 71, POPIA).
- These rights are subject to certain limitations and exceptions. You may exercise any of your rights in relation to your personal data by written notice to us.*

14 The HPCSA offers the following guidance on the retention (and destruction) of medical records and The Practice will manage your records accordingly. Your last date of service will be matched to the timeframes below and your paper-based file will be shredded in a Security Level: P4 (High Security) shredder and then disposed of. Your electronic file will be removed from our database and digitally destroyed. A register will be maintained. No personally identifiable information will be stored in this register.

- Records should be kept for at least **6 years** after they become dormant.
- The records of minors should be kept until their **21st birthday**.
- The records of patients who are mentally impaired should be kept until the **patient's death**.
- Records pertaining to illness or accident arising from a person's occupation should be kept for **20 years after treatment has ended**.
- Records kept in provincial hospitals and clinics should only be destroyed with the authorisation of the Deputy Director-General.
- Retention periods should be extended if there are reasons for doing so, such as when a patient has been exposed to conditions that might manifest in a slow-developing disease (i.e. asbestosis). In these circumstances, the HPCSA recommends keeping the records for at least **25 years**.

In terms of section 14 of the Protection of Personal Information Act 4 of 2013 records of Personal Information must not be retained any longer than is necessary for achieving the purpose for which the information was collected and processed. Records should not be retained randomly on an indefinite basis. Statutory and regulatory obligations to keep certain types of records for specific periods will be complied with by The Practice.

Signature of patient (or parent/guardian in the case of a minor)

Place

Date

**THIS DOCUMENT IS AVAILABLE FOR DOWNLOAD ON OUR WEBSITE: [WWW.VAALUROLOGY.COM/PRIVACY-POLICY](http://WWW.VAALUROLOGY.COM/PRIVACY-POLICY)**

**Information Officer:** Dr Mark Purdy (Specialist Urologist) - [drpurdy@vaalurology.com](mailto:drpurdy@vaalurology.com)  
**Deputy Information Officer:** Candice Purdy (Practice Manager) - [candice@vaalurology.com](mailto:candice@vaalurology.com)

Dr Mark Purdy  
Dr M Purdy  
0460000519693  
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Nile Drive Three Rivers  
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## PATIENT – PRACTICE CONTRACT GENERAL TERMS AND CONDITIONS

### Dear Valued Patient

This document explains the general conditions under which this practice sees patients. It does not constitute an informed consent to any specific treatment, nor a quotation or price for any service rendered by the practice. Informed consent and price information can be provided each time you visit the practice and will depend on the care you need / seek, and other factors such as your medical scheme cover.

This serves as a binding contract between you, the patient, and the practice. For patients 18 years and older registered as dependants on a medical aid, a separate patient-practice contract with an individual signature may be required. Failing the completion of such a separate contract, the signatory of this contract accepts full responsibility of all beneficiaries on his / her medical aid.

### YOUR HEALTHCARE IS IMPORTANT TO US

You hereby provide consent for the exchange of personal and clinical information between all relevant or referred healthcare professionals, medical schemes, and their administrators or appointed managed care organisations.

Under the provisions of The Children's Act, children may consent to certain medical treatment from the age of 12 years. Parents / guardians are however required by law to cover the expenses incurred for the healthcare of their children.

### WHAT DOES YOUR MEDICAL AID COVER?

Your treatment, healthcare costs, and quality of your professional care can be severely affected by the type of medical plan you belong to. It remains your responsibility to familiarise yourself with the benefits and terms and conditions associated with your chosen medical aid benefit option.

Ascertain the exact amounts your scheme provides for, in terms of consultations, procedures and treatments as well as what your medical aid will cover. Where a designated service provider has been appointed by your medical aid, it remains your responsibility as the patient to familiarise yourself with any medical and financial restrictions when consulting a non- designated service provider.

With increasing interventions from your medical scheme, please be aware that the practice will not allow the medical scheme to violate the healthcare professional's clinical independence. Where a medical aid or its advisors intervene to overrule your healthcare professional's preferred diagnostic approach or treatment, your healthcare professional accepts no responsibility for consequent adverse outcomes. You may be requested to allocate responsibility to the medical aid and its medical advisors in the event of adverse treatment outcomes.

You remain responsible for any amount that your medical scheme or Funder does not pay for any services rendered and invoiced for, by the practice.

### Billing Policy

Dr Purdy charges a set fee for consultations; unless a payment arrangement exists with your medical aid, CO-PAYMENTS for consultation codes apply.

- **Fee for First Consultation (code 0191): R1,100**
- **Fee for Subsequent Consultations (code 0190): R900**

Dr Purdy charges DISCOVERY CLASSIC rates IN-HOSPITAL; please request a quote to see what your medical aid will cover: CO-PAYMENTS apply.

### PRE-AUTHORISATIONS

If pre-authorisation is required for any medical procedure or treatment, it remains your responsibility to ensure that the planned treatment is covered by your medical aid. It is also imperative to ensure that the necessary finances are put in place to cover the non-insured costs. It remains your responsibility to furnish the practice with the relevant information and authorisation numbers. If the medical aid will not cover all costs, you undertake to pay any amount that is not covered by your medical aid. Where your medical aid questions any aspect of your treatment, your healthcare professional may submit a letter of motivation to the medical aid and insist on a peer-to-peer discussion if appropriate.

### SETTLING OF ACCOUNTS AND CO-PAYMENTS

The practice staff will inform you should the practice have any arrangements in place with your medical aid.

The practice reserves the right to claim directly from you in which case you will be provided with a detailed invoice that is payable within 30 days from date of service. You have the option to claim this back from your medical aid should you wish to do so.

Please take note of this practices' billing policy in relation to costs for services rendered. Where an exact price cannot be presented, a quotation could be provided, subject to its own terms and conditions. Due to the billing policy, a co-payment may be levied by the medical aid or the practice. Such charges above the medical aid policy coverage, will be payable by you.

You (or your parent / guardian) remain liable for the account at all times, for services rendered by the practice even if you are covered by a medical aid or any other third party. This contract does not prevent the practice from taking all reasonable and practical steps to recover any outstanding amounts from any obligated party. You hereby consent that your personal information may be provided to attorneys or debt recovery agencies to recover from you any amounts due if they remain unpaid. The practice reserves the right to charge interest on your outstanding account that is due from date of service up to maximum interest allowed in the National Credit Act No. 34 of 2005 ("NCA").

It remains your responsibility to inform and update all personal and medical aid information with the practice and to keep the practice regularly informed with regard to any changes on your contact details, benefits and list of dependants. Please note that the use of someone else's medical aid card with or without such a person's consent or knowledge, constitutes fraud. The practice will report such instances to the medical aid concerned to protect the practice from being regarded as a cooperative in committing fraud.

The practice reserves the right to charge a service fee for any credit given in terms of the provisions of the NCA.

## SICK CERTIFICATES

The practice will only provide sick certificates should the specific condition warrant such a certificate. If a diagnosis is provided on the sick certificate, the certificate will be handed only to you, unless otherwise specified by you in writing. Discretion in disclosing your condition or diagnosis to your employer remains with you. If you or your employer considers claiming for a disability, you may be required to disclose the nature and extent of such a disability to your employer, insurance company and / or other third party, where applicable.

## CONFIDENTIALITY, POPIA and DATA RETENTION

All information handled by the practice is regarded and treated as strictly confidential by the healthcare professional and the practice staff. Legislation compels the practice to provide certain information on accounts, including diagnostic information. Failure to submit the correct codes might lead to the claim being incorrectly paid or rejected by your medical scheme or funder. The Practice must also disclose ICD-10 codes on referral letters, requests for special investigations (e.g. radiology, pathology) etc.

In the event of a third-party request for confidential information from the practice, and in doubt regarding the safety of confidentiality processes, the practice may insist on following the standard operating procedures legislated in any legislation.

You hereby consent in terms of the Protection of Personal Information Act 4 of 2013 ("POPIA") as amended from time to time, that the practice may share your personal information (including diagnostic information) for practice administration services, including external practice administration providers contracted by the practice, historical, statistical, research purposes, or practice business planning with other service providers to enhance systems and services, this to include sharing with the personal information with other Healthcare Practitioners, Medical Schemes and their relevant administrators, Claim/Invoice Switch Houses in the course of providing the services to you. Your participation in this regard is highly appreciated.

Your personal Information will be securely retained by the practice for a period of no longer than 6 years after your last visit to the practice, or as required by legislation if longer than this period.

The Practice shall not transfer or authorise the transfer of Personal Information to countries outside of the Republic of South Africa without your prior written consent (which written consent you hereby provide in terms of section 72(1)(b) of POPIA to allow such transfer outside the Republic of South Africa) for the purposes as defined in the POPIA and specifically to provide the required services to the Practice and to you. If Personal Information processed under this Agreement is transferred from the Republic of South Africa to third party in another country, the transferring Party shall comply with sections 72, 57 and 58 of POPIA. This portion of this Agreement is only applicable to Practices with their Data Subject's Personal Information (PI) (your PI) located within the jurisdiction of the POPIA.

You further hereby consent that the Practise may contact you by any one of the following communication methods/platforms/systems ("communications"); namely: phone, SMS, Email, social media platforms such as WhatsApp, Telegram, Signal or similar services or any future communications. You understand that these communications will be used for professional communication only. This will include (but not be limited to) accounts, statements and information, practice information, system updates, professional updates, prescriptions, and reports where necessary and indicated. You acknowledge that none of these communications are completely secure or encrypted communications, and you will not hold the Practice responsible for any breach of confidentiality via these communications.

## Please tick the appropriate box(es):

☐

I understand the implication and agree that, where appropriate, the healthcare professional and practice may disclose my ICD-10 diagnosis code(s) under the conditions described above.

or

☐

I understand the implications and request that the healthcare professional does not disclose the specifics of my diagnosis. The healthcare professional is to use ICD-10 code U98.0 (Patient refusing to disclose clinical information). In this case I assume full liability for the account in its entirety.

## SIGNATURES

I hereby acknowledge that I have read and understood the above information.

I have also been given the opportunity to ask questions prior to having signed this contract and acknowledge that all information submitted by me is true and correct. I understand that I am under continued obligation to advise the practice / healthcare professional of any changes of my information, or consent, or medical condition, that may occur after submission of this contract and acknowledge, by signing this contract, that I am legally bound by the provisions of the contract.

Patient / Main Member / Parent / Guardian name

Patient / Main Member / Parent / Guardian ID Number

Patient/Main Member/Parent/  
Guardian Signature

Date of Signature

### List of Dependants covered by this contract:



Name of dependant

Date of Birth

**Medical Aid Escalation Processes:** Should you have any queries or complaints, or perceive that you have been misinformed with regard to your medical aid benefits, the suggested route for these to be lodged is the following:

1. Medical Scheme
2. Principal Officer
3. Council for Medical Schemes (CMS) at 0861 123 267 or visit [www.medicalschemes.com](http://www.medicalschemes.com)