

DRROARAMMUTLA

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CONSENT TO DISCLOSE PERSONAL INFORMATION TO THIRD PARTIES

Providing your information to third parties:

Dr Rammutla and his staff will not disclose your personal health information to a third party (e.g., insurance companies, medical schemes, medical suppliers or employers) **unless**:

- you have consented to the disclosure, or this disclosure is necessary because you are at risk of harm without treatment, and you are unable to give consent; for example, you might be unconscious after an accident, or
- Dr Rammutla is legally obliged to disclose the information (e.g., infectious diseases, suspected child abuse or a court order), or
- obtaining quotations from medical suppliers for a proposed procedure or
- · the information is necessary to obtain medical scheme payments, or
- the information is necessary for Dr Rammutla's practice to carry out a review of the practice for the purpose of improving the quality of care provided. This provides safeguards to protect the confidentiality of the information provided.
- Information we may give to the specified third parties:

<u>Biographic Information</u>: Membership number, date of birth, ID number, postal and email address, physical address and telephone numbers, etc.

<u>Medical Information</u>: Pathology, radiology, PMB conditions, chronic conditions and medications, procedure codes and claims transactions, etc.

Date:	Time:,	Signed at
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Full Name & Surname:______ ID number: ______