

Application for the Population Medicine Value Care Programme



Kindly indicate the Population Medicine Programme you are enrolling for:

PPO Serve Other

Section A: Patient details

ID:																		DOB:	C	C	Y	Y	M	M	D	D	
Title:		Name:										Surname:															
Home Language:											Gender:					M	F	Employer:									
Work Tel Number:																		Occupation:									
Cell Number:																		Email address:									
Med Scheme Plan /Option: <input type="checkbox"/> Tanzanite One <input type="checkbox"/> Beryl <input type="checkbox"/> Ruby <input type="checkbox"/> Emerald Value <input type="checkbox"/> Emerald <input type="checkbox"/> Onyx																											
Membership No:														Dependent Code:													
Residential Address:																											

I (or my legal guardian, should I be under 18 years of age, and on my behalf), hereby agree and consent to be enrolled to The Value Care Team, collection and sharing of my personal information including health information and any other personal information provided by myself to the healthcare providers signed on with The Value Care Team to manage my treatment by the health services management company, PPO Serve, for the purpose of providing me with integrated healthcare services. I consent to PPO Serve processing my personal information to assist with developing healthcare products and services including personalised care plans, and measuring and monitoring the quality of care the Value Care Team provides. I further agree to the following:

The Value Care Team will:

- Disclose my information only to members of the multidisciplinary team involved in my care, and in accordance with the laws of privacy and confidentiality.
- Store my information in systems that are equipped with appropriate safeguards to protect my privacy and confidentiality.
- Not process, share, sell or otherwise use my personal information in an unauthorised manner.
- Provide care in a professional manner.

Viewing my medical records

I consent to the Value Care Team and health care providers:

- Obtaining and reviewing my personal and health related information to create a personalised care plan for me;
- Obtaining and reviewing blood and other relevant results to adapt my personalised care plan where needed;
- Discussing my treatment with other members of the Value Care Team, other healthcare providers and PPO Serve; and
- Sharing my anonymized personal information in measuring the quality of the care provided from time to time; and
- Contacting me to discuss treatment options and advice on medical treatment plans.

Storage of personal information

- My Personal Information will be stored electronically or in hard copy in a safe and secure environment. Hard copies of personal information will be stored and retained safely under lock and key. After I am no longer an active patient, my personal information will be retained for as long as the law or practice's indemnity/insurance providers require it.

Retention of Personal Information

- The Value Care Team will not retain Personal Information for longer than is necessary and for the required purpose. The exceptions to the above principle specifically provided in POPIA are where –
- the retention of the record is required or authorised by law;
- the practice reasonably requires the record for lawful purposes related to its functions or activities;
- the retention of the record is required in terms of an agreement between the practice and myself; or
- the record is retained for historical purposes, with the practice having established appropriate safeguards against the record being used for any other purpose.
- When the personal Information is no longer required, it shall be destroyed or deleted in a manner that prevents its

reconstruction in an intelligible form.

Intended recipients

- I agree the intended recipients of my personal health Information are me, healthcare providers, specialists, practice staff, medical schemes/ administrators and emergency medical service providers. Such disclosure shall always be made between the practice and recipient to comply with strict confidentiality and security conditions as contained in the POPI Act.

Objection to Processing

- I understand that I have the right, to object to The Value Care Team processing my personal information, on reasonable grounds. On receipt of my notice of objection with reasons, The Value Care Team shall hold any further processing of my personal Information until my objection has been addressed, resolved, withdrawn or upheld and accepted by the practice. If my objection is upheld, no further processing of my personal Information shall be done by The Value Care Team. I acknowledge that practice also reserves the right to discontinue treatment.

Right to withdraw consent

- I understand that I have the right to withdraw my consent to The Value Care Team processing my personal information at any time, provided any processing before such withdrawal or if the processing is necessary for the conclusion or performance of a contract to which I am a party will not be affected.
- I understand that I can revoke consent for The Value Care Team’s access to my personal Information. Once this information is captured and updated by me completing and submitting an Unenrolment Form, my personal information will no longer be shared. I understand and agree that this may affect my treatment and I take responsibility for my decision.

I undertake that

- The information I provide is complete, accurate, not misleading and will be updated where necessary, considering the purpose for which it was collected by The Value Care Team.
- If I have any complaints regarding the handling of my personal information, I agree to follow the Value Care Team’s internal complaints process first, so that they can try to resolve my issue internally.
- I have read this information and consent form (or that someone has read it to me), which is written in a language I understand.
- I have been granted the chance to ask questions and I feel that all my questions have been adequately answered.
- I will make myself available for treatment; carry out The Value Care Team instructions; and return for follow-up treatment. Should I fail to follow The Value Care Team advice and guidance, I accept that I may be unenrolled from the programme.

Patient/Member Signature

Date:

d	d	m	m	y	y	y	y
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(Legal guardian to sign if younger than 18)

Legal guardian Detail: (if legal guardian signed above)

ID:																DOB:	C	C	Y	Y	M	M	D	D							
Title:		Name:														Surname:															

Section B: Primary General practitioner

Initials		Surname:													Practice no:															
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Please fax the completed form to **0800 436 7329** or email to enquiries@gems.gov.za

Private bag X782 Cape Town • **Call Centre:** 0860 00 GEMS (4367) • **Fax:** 0861 00 GEMS (4367)
Email enquiries@gems.gov.za • **Fraud Line** 0800 21 2202 • **HIV Aids Helpline** 0860 436 736 • www.gems.gov.za