

# HIV/AIDS Disease Management Programme

## change of contact details form



Please complete all fields below clearly and legibly to enable us to update your details and ensure timeous and accurate communications.

### Section A: Patient details

Surname

First name

ID no  Date of birth

Membership no  Dependant code  Option

### Section B: Contact details

Tel no (H) (  )  (W) (  )  Fax no (  )

Cell phone no

Email

Preferred address for confidential mail

Code

### Declaration - change of contact details

- I understand that the purpose of this form is to update my contact details for the use of the GEMS HIV/AIDS Disease Management Programme (DMP) only.
- I authorise the GEMS HIV/AIDS Disease Management provider to use any of the above details provided to communicate information relevant to the GEMS HIV/AIDS DMP to me.
- I understand that the GEMS HIV/AIDS Disease Management provider shall use its best endeavours to uphold the confidentiality of all information related to my HIV infection.
- My preferred method for contact related to confidential GEMS HIV/AIDS Disease Management matters are via: (please select your choice/s)  
 Email     Mail/post     Fax no     Work no     Home no     Cell phone no

Patient name \_\_\_\_\_ Patient signature \_\_\_\_\_ Date

**Email the complete form to [hiv@gems.gov.za](mailto:hiv@gems.gov.za) or fax to 0800 436 7329  
or contact us on 0860 436 6736**