

Permission for third-party access

Enquiries: 086 0100 678

Email: membership@medihelp.co.za

Postal address: PO Box 26004, ARCADIA, 0007

Website: www.medihelp.co.za

Purpose of this form

By completing this form, you allow Medihelp Medical Scheme to share your information with the third party you nominate. The nominated third party may or may not have a direct relationship with Medihelp.

How to complete this form

- To ensure the prompt processing of your request, please complete this form in full. Incomplete forms will not be considered as a valid consent.
- Submit copies of the identity document of the member as well as the nominated third party with this form, for security reasons.**

NB: By giving a third party access to your information, you permit them to see your biographic information, details of you benefits, your financial and medical information. Examples of these type of information are listed below:*

Examples of biographic information	Examples of benefit information	Examples of financial information	Examples of medical information
<ul style="list-style-type: none"> Membership number Date of birth ID number Postal and email address Physical address Telephone numbers 	<ul style="list-style-type: none"> Benefit option Medical savings account funds available Medical savings account funds spent Available benefits Waiting period details 	<ul style="list-style-type: none"> Medical scheme tax certificate and tax reports Membership fees 	<ul style="list-style-type: none"> Chronic conditions Prescribed minimum benefits conditions Doctors' accounts paid Claims transaction history Medical procedures performed in hospital and in a doctor's rooms Medicine used Pathology and radiology tests performed HIV-related information

*This list contains only some of the information that may be provided to your nominated third party.

1. Member's information

Membership number

Surname

Initials

ID/Passport number

Telephone number

Cell number

Email address

2. Third-party's details

2.1 First nominated third party

Initials and surname

W FEKE

Relation to member

MED CLAIMASSIST

Telephone number

0210074523

Email address

WANDA@MEDCLAIMASSIST.CO.ZA

Title

☒

Mrs

Ms

Other (specify)

ID/Passport number

9208315851089

Cell number

2.2 Second nominated third party

Initials and surname

Relation to member

Telephone number

Email address

Title

Mr

Mrs

Ms

Other (specify)

ID/Passport number

Cell number

2.3 Company nominated as a third party (only a once-off nomination is permitted)

Name of company

Name of contact person who will request information

Telephone number

Email address

3. Types of information to be accessed by the nominated third party

Please specify the type of information that each nominated third party may access and the access period, by ticking the applicable boxes and completing the required fields below. If you do not specify any details here, Medihelp will assume that you wish to give the nominated third parties access to all your information from the date of signing Section 4 of this form until you revoke the permission in writing. Any third-party access will expire on the date when your membership terminates.

Types of information	First nominated third party	Second nominated third party	Nominated company	From	To
All information listed below	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div>d d m m y y y y</div>	<div>d d m m y y y y</div>
Biographical information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div>d d m m y y y y</div>	<div>d d m m y y y y</div>
Benefit information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div>01/11/2023</div>	<div>30/12/2024</div>
Financial information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div>d d m m y y y y</div>	<div>d d m m y y y y</div>
Medical information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div>01/11/2023</div>	<div>30/12/2024</div>
Instruct Medihelp to change any details on my behalf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div>d d m m y y y y</div>	<div>d d m m y y y y</div>

4. Terms and conditions





- 4.1 By signing this document you give Medihelp permission to make certain information available to the third party or third parties nominated by you in this form. This permission may be revoked by you or Medihelp should either party be in breach of any of the terms and conditions of this agreement.
- 4.2 Medihelp may not be held responsible for any loss, whether direct or indirect, which may result from disclosing the information.
- 4.3 The nominated third party or third parties receiving this information may not hold Medihelp responsible for any claims that result from the wrongful use or disclosure of the information by the named third party or third parties.
- 4.4 Once you have given permission, Medihelp may provide all the types of information selected by you on this form to the nominated third party or third parties.
- 4.5 This permission will end on the date or dates specified in Section 3 of this form. If you did not specify an end date in Section 3 of this form, the permission will only end when Medihelp receives your instruction in writing to this effect or when the purpose of the permission has been served.
- 4.6 Medihelp will only share the biographic, financial and medical information relating to you and your dependants if such information is requested by the third party or third parties that you have nominated on this form, and the third party or third parties undertake to keep the information confidential.
- 4.7 Once Medihelp has shared your information with the nominated third party or third parties, Medihelp has no control over how the third party or third parties will use this information and will therefore no longer be responsible for the safeguarding thereof. The nominated third party or third parties must undertake to treat the information as private and confidential, in line with the relevant data protection legislation that is also applicable to Medihelp.
- 4.8 Medihelp takes no responsibility for any incorrect information provided to the nominated third party or third parties, as it is the responsibility of the member to provide Medihelp with updated information.
- 4.9 The member is entitled to change or revoke this permission at any time, in which case the third party or third parties will no longer be able to access the member's information.
- 4.10 The permission given by the member, as set out in this form, is valid from the date as stipulated by the member and will continue until the member changes or revokes the permission.
- 4.11 Medihelp will not be responsible for any loss or damage (whether direct or indirect) that may arise from the use of this information, other than where it is due to or attributable to grossly negligent or fraudulent conduct by Medihelp.
- 4.12 The member grants the third party or third parties nominated in this form full power of authority to perform the tasks as expressly stated from the date as indicated.
- 4.13 By signing this form, the member acknowledges that he or she has read all the terms, conditions and consequences of giving consent (or has had such read to him or her) and fully understands these. The member moreover acknowledges that he or she has had sufficient opportunity to ask questions about this consent form and has had these questions, if any, answered to his or her satisfaction by Medihelp.

If you believe that Medihelp has used your personal information contrary to its Privacy Policy, you have the right, under the Protection of Personal Information Act, to lodge a complaint with the Information Regulator, but we encourage you to first follow our internal complaints process to resolve the matter. If, thereafter, you believe that we have not resolved the matter adequately, you can contact the Information Regulator at:

The Information Regulator (South Africa)
JD House
27 Siemens Street
Braamfontein
2017

Tel: 010 023 5207
Email: PAIAComplaints@inforegulator.org.za or
POPIAComplaints@inforegulator.org.za

When I sign this form, I confirm that the information provided is true and correct and my signature below indicates my understanding of an agreement to comply with the terms of this consent form.

Signature of member		Date	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="5"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="2"/> <input type="text" value="8"/>
Signature of first nominated third party		Date	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/>
Signature of second nominated third party		Date	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="d"/> <input type="text" value="d"/>
Signature of company nominated third party		Date	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="d"/> <input type="text" value="d"/>

