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 Unit 12 Roodebloem Office Park
20 Bella Rosa Street
Rosenpark, Bellville

INFORMED CONSENT FOR THE PROCESSING OF PERSONAL INFORMATION

In terms of the Protection of Personal Information Act 4 of 2013 (POPIA)

PROVIDED BY

PATIENT / PARENT / GUARDIAN

("the Data Subject" and "the Signatory")

TO

HAYES DENTAL

("the Responsible Party", "the Practice", or "the Company")

1. PURPOSE OF THIS CONSENT

Hayes Dental is a dental practice providing oral healthcare services.

In the course of providing dental treatment and related services, the Practice collects, receives, records, stores, uses, shares and otherwise processes Personal Information.

This document records your informed consent for the lawful processing of Personal Information in accordance with POPIA.

2. LEGAL BASIS FOR PROCESSING

I understand and acknowledge that:

- Certain Personal Information is required for diagnosis, treatment, healthcare administration, medical scheme claims, referrals, legal compliance and practice management.
- Processing of Personal Information is necessary for the provision of safe and lawful dental care.

- Without the required Personal Information, the Practice may be unable to provide treatment or related services.

3. PERSONAL INFORMATION COLLECTED

The Practice may collect and process Personal Information including, but not limited to:

- Identification and contact details
- Medical and dental history
- Clinical records, radiographs and photographs
- Medical scheme information
- Financial and account information
- Communication records
- Information relating to dependants where applicable

Special Personal Information relating to health will be processed strictly for healthcare purposes.

4. PURPOSES FOR PROCESSING PERSONAL INFORMATION

I consent to my Personal Information being processed for the following purposes:

- Provision of dental diagnosis, treatment and follow-up care
- Referrals to specialists, laboratories and healthcare providers
- Communication with medical schemes and administrators
- Submission of accounts and benefit verification
- Emergency healthcare services

- Practice administration and record keeping
- Compliance with legal, ethical and regulatory obligations
- Protection of the legitimate interests of the Practice, the patient, or third parties
- Reporting to indemnity insurers where required
- Debt recovery or legal proceedings where applicable

5. SHARING OF PERSONAL INFORMATION

I consent to the Practice sharing Personal Information, where necessary, with:

- Healthcare practitioners and specialists
- Dental laboratories and technicians
- Medical schemes and administrators
- Practice staff and authorised service providers
- Indemnity insurers
- Emergency service providers
- Regulatory or legal authorities where required by law
- Debt recovery or legal proceedings where applicable
- Necessary third parties

All recipients are required to maintain confidentiality and appropriate security safeguards.

6. STORAGE AND SECURITY OF PERSONAL INFORMATION

Personal Information will be stored electronically and/or in hard copy in secure systems and facilities.

The Practice undertakes to implement reasonable technical and organisational safeguards to protect Personal Information against:

- loss
- unauthorised access
- disclosure
- damage or destruction

While reasonable safeguards are implemented, electronic storage and communication may carry inherent security risks.

7. RETENTION OF PERSONAL INFORMATION

Personal Information will be retained only for as long as necessary to:

- fulfil the purpose for which it was collected,
- comply with legal and ethical record-keeping requirements,
- satisfy indemnity insurance obligations, or
- comply with agreements between the Practice and the Data Subject.

When no longer required, records will be securely destroyed or permanently de-identified.

8. TRANSFER OF INFORMATION OUTSIDE SOUTH AFRICA

Personal Information may be transferred outside South Africa where required for indemnity cover, cloud storage, or service provision, provided that:

- the recipient is subject to laws substantially similar to POPIA, or
- contractual safeguards ensuring protection of Personal Information are in place.

9. RESEARCH PURPOSES

Personal Information used for research, education, audit or statistical purposes will be anonymised or de-identified unless additional specific consent is obtained.

10. COMMUNICATION WITH PATIENTS

The Practice may communicate with patients regarding healthcare administration, including:

- appointment reminders
- treatment follow-ups
- oral health recalls
- accounts and administrative matters
- referrals
- oral health recommendations

Communication Preferences

Please indicate preferred methods:

Email

Telephone

Marketing Communication Consent

Practice newsletters, updates or promotional communication require separate consent:

I CONSENT to receiving marketing or practice news communication

I DO NOT CONSENT

Consent may be withdrawn at any time in writing.

11. ACTIVE PATIENT DEFINITION

An **active patient** is defined as a patient who has attended the Practice for consultation, examination or treatment within the preceding **36 months**.

The Practice may communicate with active patients regarding ongoing healthcare, recalls and administrative matters forming part of continuity of care.

12. WITHHOLDING OR WITHDRAWING CONSENT

I understand that:

- I may refuse or withdraw consent at any time in writing.
- Withdrawal will not affect processing already lawfully performed.
- Withdrawal of consent may limit the Practice's ability to provide treatment or administrative services.

13. DATA SUBJECT RIGHTS

I acknowledge my rights under POPIA, including:

- the right to access my Personal Information;
- the right to request correction or updating of inaccurate information;
- the right to request deletion where permitted by law;
- the right to object to processing on reasonable grounds;
- the right to withdraw consent;

- the right to be informed of data breaches affecting my information.

Requests must be submitted in writing to the Information Officer.

14. ACCURACY OF INFORMATION

I acknowledge that:

- I am responsible for informing the Practice of any changes to my Personal Information.
- The Practice cannot be held responsible for inaccuracies resulting from failure to update my information.

15. LIABILITY AND SECURITY ACKNOWLEDGEMENT

The Practice undertakes to comply with POPIA and to apply reasonable safeguards to protect Personal Information.

I acknowledge that authorised third-party providers receiving information are independently responsible for safeguarding such information once received.

16. COMPLAINTS

If I believe my Personal Information has been processed unlawfully, I may lodge a complaint with:

Information Regulator (South Africa)

Website: www.justice.gov.za/inforeg

Email: complaints.IR@justice.gov.za

Tel: 010 023 5200

17. INFORMATION OFFICER

Information Officer: Dr Nicolene Hayes

Practice: Hayes Dental

Physical Address: Unit 12, 20 Bella Rosa street, Rosenpark, 7530

Telephone: 0219101457

Email: info@hayesdental.co.za

The Information Officer is responsible for ensuring POPIA compliance and responding to all Personal Information requests.

18. DECLARATION AND CONSENT

I confirm that:

- I have read and understood this consent form, or it has been explained to me.
- I had the opportunity to ask questions.
- My consent is given freely and voluntarily.
- Where I provide information relating to dependants, I am authorised to do so.

Patient Signature: _____

Print Name: _____

Date: _____

DEFINITIONS

Data Subject: The patient or dependant to whom Personal Information relates.

Personal Information: Information relating to an identifiable living natural person or juristic person, including but not limited to health, identity, contact, financial, biometric or correspondence information.

Processing: Any operation concerning Personal Information including collection, storage, use, dissemination, modification or destruction.

Record: Any recorded information regardless of form or medium.

Responsible Party: Hayes Dental, determining the purpose and means of processing Personal Information.

HAYES
DENTAL