

PR No 3801543

servicedesk@caperad.co.za

In compliance with the Protection Of Personal Information Bill (Act 2013)



CONSENT TO TRANSFER (SEND/RECEIVE) IMAGES/REPORTS OR REFERRAL AND MOTIVATION LETTERS TO A 3rd PARTY, MEDICAL AID SCHEME OR LEGAL ENTITY

PATIENT / LEGAL GUARDIAN / PARENT OF PATIENT AUTHORISATION

I, _____

ID Number: _____

authorise Cape Radiology, practice number 3801543, to release my and/or my legal ward's, medical images, medical reports, referral and motivation letters to:

Recipient name and contact number	
Recipient email address	
Medical Aid/Legal Entity Name	
Member number	
Patient details of which as stipulated below	
Patient Name	
Patient ID Number or date of birth	
Relation to Patient	
Study description/s	
Date of study/ies	
If known, Account (accession) Number/s	

I understand that the above-mentioned information will be transferred (sent/received) electronically to the specified recipient and that my consent is voluntary and can be withdrawn at any time.

I confirm that by transmitting the above-mentioned information to the person indicated above Cape Radiology is not in breach of my patient confidentiality in accordance with the POPI Act of 2013. I hereby indemnify Cape Radiology from any claim, damages or costs arising, directly or indirectly, in connection with the transmission of the above medical information.

Signature of Patient/Legal Guardian/Parent of Patient _____

Who warrants that he/she is duly authorized to sign on behalf of the patient where applicable.

Date: _____

Dr Dahya & Partners Inc.

Dr Vijay Dahya (Managing); Dr Nadia Kamaar; Dr Dilesh Chhiba; Dr Jeannine Owen; Dr Tharbit Hartley
Assisted by: Dr Andrew du Toit; Dr Althea van Zyl; Dr Lisel Richter-Joubert; Dr Zorina September-Jaffer; Dr Zakariya Vawda