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Patient Consent Form: Use of Electronic Health Records

By signing this form, you hereby agree to let Healthstream (Proprietary) Limited ("HealthDocs" or "we/us") retain and/or host your personal information and medical history on our HealthDocs Mobile Application and/or Website <http://www.healthdocs.co.za> and consent to your personal information and medical history being viewed by your healthcare professional(s). Complete terms and conditions and privacy policy are available at <http://www.healthdocs.co.za/termsandconditions.html>.

1. Your Personal Information - These are items of personal information that will be retained by us and viewable on the HealthDocs Mobile Application and/or Website by your healthcare professional

Your Electronic Health Record - These are the details of your medical history that you consent to let your healthcare professional enter on your electronic health record on the HealthDocs Mobile Application and/or Website:

- 1.1. Your medical condition:

Your general state of health, as well as any conditions you suffer from, including chronic conditions;

- 1.2. Test results:

Any test results relating to your medical condition;

- 1.3. Relevant information:

Any other information your healthcare professional may deem as relevant in helping you to manage your medical condition.

2. To whom do we disclose this information?

- 2.1. Healthcare Professionals:

Your healthcare professional has access to your personal and medical information. In addition you may authorise other registered healthcare professionals registered on the HealthDocs Mobile Application and/or Website to have access to your personal and medical information on the HealthDocs Mobile Application and/or Website; and

- 2.2. HealthDocs:

As the operator of the HealthDocs Mobile Application and/or Website on which your personal and medical information is stored, we have access to your personal and medical information.

3. What we do with this information?

- 3.1. We use the personal and medical information provided by you and your healthcare professional to create a "Patient Profile" that allows both you and your healthcare professional to access and view your patient file information stored on the HealthDocs Mobile Application and/or Website which may include, but is not limited to, information relating to:

- 3.1.1. your diagnosis and/or medical condition(s);
- 3.1.2. treatment provided to you by your healthcare professional;
- 3.1.3. medicines prescribed to you by your healthcare professional;

3.1.4. clinical notes drafted by your healthcare professional; and

3.1.5. results of any medical tests.

My signature below confirms that I agree to and understand the terms of this Consent Form and confirms that the information provided by me in this Consent Form is both true and correct.

Name of Doctor or
Medical Practice _____ Practice
Number _____

My Full Name
and Surname _____ ID Number _____

Signature _____ Date _____

Complete the section below only if you are signing in your capacity as a personal representative of the patient.

My Full Name
and Surname _____

Patient's Name
and Surname _____

Relationship to
Patient _____

Signature _____ Date _____