

CONSENT TO DISCLOSURE OF INFORMATION

(keep one copy in patient file, one copy to patient)

1. Consent

I, _____ (*full names and surname*), an adult person (18 years or older) / the parent or legal guardian of a child younger than 12 years of age / a child 12 years or older (*delete what is not applicable*) hereby authorise, freely and voluntarily and with knowledge of the implications of such consent, the Practice to disclose the specific information outlined herein to the entities / person(s) mentioned and to the extent identified herein:

2. What information is to be disclosed and for what reason? (*see below for possible scenarios under which disclosure may be necessary or required by the patient*)

3. To whom may the information be disclosed?

Name and surname: _____

Contact details: _____

The above person's relationship to the patient / entity whose information it is (*e.g. my parent/caregiver, my spouse/life partner, my employer, my lawyer, my insurance company, the manufacturer of a product, etc.*):

4. For how long is this consent valid? (*please insert if indefinite or until revoked or if only pertaining to a particular incident (e.g. sick leave taken on specific days or a particular operation or treatment) or for a particular period (e.g. for as long as I am employed by, or from [date] to [date], etc.*):

Signature: _____

Date: _____

Witness signature: _____

Date: _____

Witness initials and surname: _____

Patients can withdraw this consent at any time bearing in mind that withdrawal may not be possible in certain instances without negatively affecting patients' rights and contractual relationships, for which patient takes full liability and indemnifies the Practice.



Life Knysna Private Hospital
1st Floor - Suite 1, Hunters Estate Dr
Hunters Home, Knysna, 6570



+27 (0) 44 382 0461



admin@drstevenson.co.za

Scenario's under which information could be possibly disclosed

Patient can give permission and agree that:

- Another person (such as their **parent, a spouse, etc.**) **sit in at the consultation / procedure**. Such a person would then hear and/or see information that would otherwise remain confidential between the patient and healthcare practitioner.
- Another person (such as **family members**) receive **updates on how the patient is doing** before, during and/or after a procedure, when in hospital / ICU, etc.
- Another person or entity can get a **copy of specific health records** (e.g. a copy of the patient's file, a medical report, a copy of a sick certificate, etc.), prescription, etc.
- A person who can consent to treatment and care when the patient cannot (e.g. **when the patient is unconscious**), can receive information about the patient which will enable them to make the decision.
- The **employer** be informed of specific aspects, e.g. the nature of the patient's illness, how long s/he would be away and why, etc. Patients take sole responsibility for any consequence that may flow from a disclosure to an employer.
- An **insurance company**, which require the completion of form, and/or the drafting of a report.
- A pharmaceutical or medical device company, to which details of a **negative event associated with a product** must be shared.
- A **medico-legal report**, a report constituting a second opinion, a report to an attorney, etc.



Life Knysna Private Hospital
1st Floor - Suite 1, Hunters Estate Dr
Hunters Home, Knysna, 6570



+27 (0) 44 382 0461



admin@drstevenson.co.za