

STATEMENT OF CONSENT TO DATA PROCESSING

1. I, _____, hereby grant DR NICO STEVENSON INC to process my personal data for billing purposes and submitting claims to medical insurance companies which is attached to this declaration.
2. I am aware that I may withdraw my consent at any time by using the Data Subject Consent Withdrawal Form, which may be obtained on the practice website <https://www.drstevenson.co.za>

Signed by the Data Subject: _____

Date: _____



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