

PRACTICE TERMS AND CONDITIONS

These terms and conditions set the basis upon which the Practice and Patient or parents and legal guardians of patients and the Practice will conduct their relationship.

By your signature to these Terms and Conditions, you accept that you have read the document in its totality, that you understand the contents, and that you have been given an opportunity to ask questions which have been answered to your satisfaction.

PAYMENT OF PRACTICE FEES

Fees are set according to the following principles:

1. This Practice bills according to a billing policy; a copy of the billing policy is available from reception.
2. The terms and tariffs applicable to medical scheme patients vary from scheme to scheme and even from option to option (plan to plan). Please note that this practice is not contracted into any medical scheme, and therefore, the amount we charge will be different from the amount which your medical scheme will reimburse. You have to obtain those details from your scheme. If you are concerned about the amounts, you have to talk to your scheme.
3. Our fees cover your Practice visit (i.e., the consultation) and any equipment or medicines used in the consultation.
4. Our fees exclude the costs of the hospital (admission, ward, theatre, and other fees), anaesthetists, pathologists (for blood tests), radiologists (for X-rays and scans), and therapists involved in your care. You have to discuss their fees with them.
5. Please note that the cost of healthcare sometimes depends on how your body reacts to treatments and/or operations. The law allows us to step in to save your life or to prevent or reduce harm to you. We will charge for the costs of this.
6. All accounts must be settled within 30 calendar days of the date on the account. If you have not received an account from us within 30 days, please let the Practice know immediately.
7. By choosing the Practice, you understand that—
 - a) We do not submit accounts to medical schemes. For once-off consultations and procedures in rooms, you have to pay us before you leave the Practice after a consultation. For repeat interventions and in-hospital work, an account will be sent to you for payment; once paid, you will be able to claim back from your medical scheme.
 - b) Confirm that the person indicated on the Practice form as belonging to the scheme as principal member or dependent is indeed a member with a valid membership at the date of visiting the practice.
8. You, if you are an adult, remain fully liable to settle the full account, irrespective of whether your scheme gave pre-authorisation or not. This also applies if you are a dependent on someone else's medical scheme. In some cases, medical schemes will only pay a portion of the treatment costs, and there is then still a part of the costs/fees outstanding. You are liable to pay this to us within 30 calendar days of the date appearing on the account you receive from us.
9. If your account is not paid after the 30 calendar days, we will give, in terms of the National Credit Act, notice of 20 working days that your account is in arrears. If you fail to settle the account within another 10 days, the account will be handed over for debt collection. This may result in you having a bad credit record.
7. We will charge interest in the amount allowed by the National Credit Act per month on all outstanding accounts. You will also be responsible for all costs relating to the debt collection, such as commissions and fees levied by the debt collector or attorney.
8. If you feel your medical scheme should have been paid in full, you can lay a complaint at the Council for Medical Schemes or the National Consumer Commission.
9. It is your responsibility to obtain pre-authorisation from your medical scheme for any appointment at this Practice or for any treatment or procedures which will be performed by a doctor of this practice. You understand that pre-authorization is never a guarantee of payment and that should your Medical Scheme not cover any pre-authorized appointment, treatment, or procedure, for whatever reason, you will be liable for this amount.

APPOINTMENTS

13. The Practice will at all times endeavor to run on time; however, certain instances may require that the doctor see a patient for a longer appointment than booked, or an

emergency requires the doctor to leave the Practice.

14. In the instance where the doctor is running late, the Practice will endeavor to contact you and inform you of the delay. You do, however, understand that this is not always possible.
15. Appointments are booked at the Practice at 20-minute intervals; in the event that you think you may need a longer appointment than this, kindly inform the receptionist when booking your appointment.
16. Please note that the Practice does not offer any consultations via telephone, text, WhatsApp, or email. In the case of an emergency, please go to the nearest emergency room, who will contact the Practice.
17. It is your responsibility to phone the practice to book a follow-up consultation after any procedures.
18. Cancellation of appointments should be done at least 24 hours before the time of the appointment.

RISK OF CLINICAL COMPLICATIONS

19. Whilst the Practice and their doctors will do their best to ensure a satisfactory outcome with regard to your healthcare, no clinical procedure or treatment is entirely risk-free, and the results of any particular treatment cannot be guaranteed. If you have any concerns or queries, you should discuss them with the doctor. Your doctor will discuss your healthcare condition with you, together with any treatment and procedure (risks and benefits) required.
20. You confirm and understand that your own behavior and participation in your (or that of a child or dependent) healthcare will also impact the outcome of any treatment or procedure. Please note that the Practice reserves their rights to refer you to another Healthcare Professional should you not follow the express instructions of your doctor.
21. If you do not follow the instructions of your doctor, you undertake not to hold the Practice and its staff liable for any negative consequence. The Practice may also terminate their relationship with you if the instructions of your doctor are not followed. If the termination of your relationship occurs, your doctor will provide you with a referral to another healthcare practitioner.

CONFIDENTIALITY AND PROTECTION OF PERSONAL DATA OR INFORMATION

22. At the Practice, it is our legal duty to respect the confidentiality of all of our patients. We will treat all information provided to us by you as confidential and will not disclose any such information to any person without your express written consent or as otherwise required by law.
23. The Practice is required to collect healthcare information with regards to your health for the doctor to adequately perform their clinical duties. You herewith consent to the collection and processing of your healthcare information for this purpose. The Practice is also required to obtain certain personal data relating to your name, telephone numbers, physical address, email address, medical scheme details, etc., for the Practice to register you as a patient, to provide a clinical service (purposes relating to the doctor/patient relationship or possible doctor/patient relationships) and for billing purposes (including the recovery of unpaid accounts). If any next of kin or family member information is provided by you to the Practice, you confirm that you have express permission from the next of kin or family member to provide that information.
24. Even if a family member or third party requests your healthcare information, the Practice will only release such information with your written consent. In the event that the Practice is contacted by a family member or third party to request your healthcare information, you will be notified and requested to confirm in writing that such family member or third party may have access.
25. The following special cases exist where the law compels us to disclose your personal

information, and by agreeing to our services, you acknowledge that the practice is hereby authorized to disclose to the medical scheme (Some medical schemes provide all information on all the dependents on a scheme to the principal (main member) or the Compensation Commissioner, Road Accident Fund or Insurer or to whom a claim is submitted in relation to amounts payable to the practice, full details as to the nature, diagnosis, condition or treatment of the patient.

26. We may transfer your personal information or data to any firm, organization, or person that we use to invoice on our behalf, collect payments, and recover debts, or to provide a service on our behalf. This personal information and data will, in some instances, include an ICD10 code, procedure code, and billing information.
27. The Practice does not accept liability for any personal information that is disclosed as a result of any disclosure contained in paragraph 21, and you should direct queries on this to the medical scheme you belong to or the Compensation Commissioner, Road Accident Fund, or Insurer or to whom a claim is submitted.
28. Please note that a staff member of the Practice may contact you with regards to test results where no engagement with the doctor is required. Please inform the Practice should you not want to be contacted by a staff member.
29. You hereby acknowledge and agree, in line with the provisions of section 15(1) of the National Health Act, that the practice and its staff may, if you are/were admitted to hospital and under the care of this Practice, access your hospital records and/or the records of any other health care professional simultaneously involved in your care when such access is in your best interest by assisting the care you receive and/or appropriate billing thereof and only for periods when you will be or have been under the care of this Practice and its staff. In certain instances, we will receive your healthcare information from your other treating healthcare practitioners; in instances where we receive this information, we will inform you accordingly.
30. If you would like any of your healthcare information updated or deleted, please make such requests to the Practice in writing. Please note that healthcare information can only be deleted if in accordance with legal requirements.
31. In the unlikely event of any data breaches within the Practice, the Practice will immediately notify you.
32. Our Information Officer can be contacted should you require any further information regarding the contents of this letter, please note that a copy of the Practices PAIA and POPIA policies can be obtained from reception.
33. You hereby indemnify and hold us harmless from any loss, damages, or injury that you may incur as a result of your furnishing incorrect or incomplete personal data or information to us.

COMPLAINTS OR COMPLIMENTS PROCESS

34. The practice would like to hear should you have any compliments, complaints, or concerns with regard to any issue or your experience at the Practice.
35. The Practice aims to ensure that all complaints and concerns are addressed appropriately and expeditiously. Should you have any complaint or concern with regards to the Practice or the doctor who treated you, kindly address such concerns or complaints in writing via email to the practice at admin@drstevenson.co.za. This will then urgently be addressed.
36. In the event that you would like to meet with the Practice to discuss any complaint or concern, the Practice welcomes this engagement. The Practice will then utilize the services of an independent mediator to chair any meeting and aim to reach a resolution.
37. The Practice urges all persons to use this avenue before taking any action at any external entity.

PATIENTS 12 - 18 YEARS OLD

38. The Children's Act, 2005 allows A child to provide consent to treatment without the consent of their parent or legal guardian (children 12 - 18 years who understand the implications of the treatment).
39. In the event that the Practice treats or consults with your child, you confirm that you understand that, as a parent or legal guardian, you are legally liable to cover the cost of your child's healthcare, even if you are not aware that they have been seen by the Practice.
40. You also confirm that you understand that prior to any operation on a child, there is a special legal dispensation and forms that must be used and completed.

CONSUMABLES

40. In the event, during a procedure, it is required that your doctor is required to change the treatment plan as discussed with you, and they are required to substitute a medicine or a device, your doctor will do so and discuss this with you after the procedure.
41. If we have to substitute a medicine or device with another one, we will obtain your consent where possible.
42. Where a prescription is provided by this practice and you are asked by your pharmacist, upon filling the prescription, if you would like to substitute any of the medications prescribed for others such as a generic, please, ask the pharmacist whether such substitution would be in your best interest, or request that the pharmacist contacts the Practice. Substitution of a drug is only allowed if you are offered a generic drug and not another completely different drug.

CONCLUSION

43. By your signature hereto, you confirm that you have reviewed these terms and conditions and have been given an opportunity to clarify any queries you may have had or to ask questions.
44. You understand that these terms and conditions are a contract between yourself and the Practice.
45. By your signature hereto you agree to adhere to all the rules of the practice and further that neither you, your family members or any person associated with you, will harass any staff member of the Practice, including you doctor. In the event that you, your family member or person associated with you harass or threaten any staff member of the Practice you understand that the Practice reserve right to terminate its relationship with the patient.
46. Should the Practice terminate their relationship with you or the patient, due to paragraph 41 not being complied with, we will refer you to another Practice.
47. By your signature hereto you acknowledge that both you and the Practice will comply with the requirements and regulations set out in the protection of personal Information Act No 4 of 2013 ("POPI") and that the processing of all your personal data and information will be processed in order to provide the services of the Practice.
48. By your signature hereto you acknowledge that both you and the Practice will comply with the requirements and regulations set out in the protection of personal Information Act No 4 of 2013 ("POPI") and that the processing of all your personal data and information will be processed in order to provide the services of the Practice.

Signature of patient / parent / guardian:

Practice:

Date:



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