



**DR MARK PURDY**  
SPECIALIST UROLOGIST

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# PRIVACY POLICY - PATIENT CONSENT AS DATA SUBJECT

## YOUR RIGHTS AND OUR OBLIGATIONS IN ACCORDANCE WITH THE PROTECTION OF PERSONAL INFORMATION ACT OF 2013

*Dr Mark Purdy ("the Practice/Responsible Party"), is a sole practitioner in the field of Urology. The Practice comprises a registered healthcare professional under the Health Professions Act, and is subject to the rules and regulations of the Health Professions Council of South Africa ("HPCSA") insofar as it regulates the privacy and personal information of patients and third parties. In seeking medical treatment with Dr Purdy, Personal Information is collected for the specific purpose of providing medical services. This consent documents your agreement to the collection of your Personal Information for this purpose and outlines our obligations to you in terms of how we process your Personal Information.*

I, \_\_\_\_\_ (full name) and ID Number \_\_\_\_\_ (the "Data Subject") consent to the collection and use of my Personal Information as outlined below by the Practice for the sole purpose of receiving medical treatment with Dr Purdy.

- 1 The Protection of Personal Information Act 4 of 2013, ("POPIA") and the Regulations promulgated thereunder give effect to the right to privacy provided by section 14 of the Bill of Rights of the Constitution of the Republic of South Africa 1996. The Act and Regulations require the Information Officer of the responsible person as defined under the Act to develop, implement, monitor and maintain a compliance framework, (Regulation 4 of Regulations published under GG number 42110 dated 14/12/18).

*POPIA involves three parties - "Data subject": the person to whom the information relates. In our case, the patients who seek treatment at the Practice. "Responsible party": the person who determines why and how to process. For example, profit companies, non-profit companies, governments, state agencies and people. Called controllers in other jurisdictions. In our case, this is Dr Mark Purdy. "Operator": a person who processes personal information on behalf of the Responsible Party. For example, an IT vendor. Called processors in other jurisdictions. In our case, this would be Vericlimb by Medicharge.*

- 2 The Practice collects and processes your Personal Information to provide you with access to our healthcare services and products, to help us improve our offerings to you, to support our contractual relationship with you and for certain other purposes explained below. The type of information we collect will depend on the purpose for which it is collected and used. We will only collect information that we need.
- 3 The Practice processes information directly from you, the **Data Subject**, when you visit the rooms for your first consultation. You will be asked to complete a patient folder. You may also email us directly and we will then have your name and email address. Should you choose to email your Personal Information to us prior to your first consultation, please ensure the PDF is password protected using your ID Number. Where possible we will inform you what information you are required to provide to us and what information is optional.
- 4 As a specialist, the **Responsible Party** often forms part of a multidisciplinary team being called upon to assist with your care if you are already in hospital. The Practice would then collect Personal Information about you from the hospital admissions/casualty department, another Specialist or your GP. *If you do not become a patient of The Practice, your Personal Information is not retained.*
- 5 The Practice collects information directly from your GP when they phone on your behalf to make an appointment. We do this to confirm your available benefits and to check whether your medical aid membership is valid.
- 6 Personal Information we collect from you:

- A copy of your ID Document & Medical Aid Card.
- In some instances a referral letter from your GP indicating the reason for your consultation at the Practice.

*The Patient Folder or Patient Information Document (prior to first consultation)*

- Your full name & ID Number (to verify your identity against your ID document and medical aid card).
- Your occupation (could indicate potential occupational health risks and/or exposures).
- Your home language (so we know how to communicate effectively).
- Your home address (in case we need to serve legal documents to you).
- Your postal address (for posting statements to you).
- Your telephone/cell number (to communicate regarding treatment plans and results and billing communications).
- Your email address (to communicate regarding treatment plans and results and billing communications).
- Your medical aid details (to verify your eligibility for treatment).
- The main member details (if different to the patient) are collected to ensure we can communicate regarding billing aspects of treatment.
- Your next of kin information is only collected in the event of an emergency.
- Your referring doctor (for some medical aids, this information is required to process the specialist consultations; and we will then provide feedback to the referring provider after you have received treatment).
- Information about allergies and current medications.

*In Consultation with Dr Purdy (Doctor's notes in file)*

- Current presenting complaint.
- Relevant past medical and surgical history.
- Details on diagnosis and treatment plan.

- 7 You consent that the Practice may contact you by any one of the following communication channels: telephone, SMS, email, WhatsApp, etc. These communication channels will be used for professional communication only. This may include (but not be limited to) accounts, statements, treatment information, consents and theatre booking information, practice information, system and/or scheme updates, where necessary. You acknowledge that none of these communication methods are completely secure or encrypted communication methods and the Data Subject will not hold the Practice responsible for any breach of confidentiality via these communication channels.
- 8 **IMPORTANT NOTE: By supplying the Practice with an email address or phone number that is not your own, you consent to that person receiving communications regarding your health and account status with the Practice. You knowingly accept the risks associated with using someone else's details for communications that may contain your Personal Information and will not hold the Practice responsible for any breach of confidentiality when the Practice communicates with you via these communication methods.**
- 9 We place great importance on the security of all Personal Information associated with our patients. We have security measures in place to protect against the loss, misuse, and alteration of Personal Information under our control. For example, every piece of data that we provide to our **Operator**, is via a secure login to their website and encrypted using Secure Sockets Layer (SSL) technology to prevent unauthorized access to a collection of such data. Security and privacy policies are periodically reviewed and adjusted as necessary and only authorized personnel have access to Personal Information. A separate "Addendum to Medicharge License Agreement" has been signed between the Operator and Responsible Party regarding Confidential Information and POPIA as it relates to the processing of your Personal Information.

- 10 We are legally obliged to provide adequate protection for the Personal Information we hold in paper-based files and to stop unauthorised access and use of personal information. We will, on an on-going basis, continue to review our security controls and related processes to ensure that your Personal Information is secure. Out of office hours, our cabinets are locked as is The Practice. Access to the floor inside the hospital where The Practice is located is also locked out of office hours. Security cameras are in the basement and lift lobby to the floor.
- 11 We will use your Personal Information only for the purposes for which it was collected (i.e. management of your health) and agreed with you in this consent (this list below is not exhaustive and some variations on use could still occur within the framework of your medical treatment):

- To confirm and verify your identity.
- To confirm and verify that you are an authorised customer for security purposes (i.e. that you match the identity of the main member/dependent of the medical aid).
- To confirm your available benefits with your medical aid so that we can advise you whether you have benefits available to cover the costs of treatment.
- To obtain an authorisation for a procedure with your medical aid (to do this your medical aid requires we disclose your ICD10 code).
- To provide relevant Personal Information to a multidisciplinary team responsible for your treatment (i.e. an anaesthetist or another doctor acting as an Operative Assistant); and any other third party medical service providers who may need to obtain authorisation from prosthesis and/or other benefits to provide you with adequate care.
- To book you for theatre, your relevant Personal Information is supplied to the hospital at which theatre is booked.
- To submit claims for payment to your medical aid through our **Operator's** EDI/Switch (again, payments are only approved by the fund with a valid ICD10 code).
- To provide feedback regarding your treatment to referring Doctor(s).
- To provide feedback regarding your treatment/care to your GP as listed on your file.
- For medico-legal record-keeping purposes.
- In connection with legal proceedings.
- To carry out our obligations arising from any contracts entered into between you and us.
- To conduct customer satisfaction research and/or for statistical analysis (depersonalised information only).
- To contact you regarding new treatments related to your diagnosis or for new products and services which may be of interest to you, provided you have given us consent to do so or you have previously requested a product or service from us and the communication is relevant or related to that prior request and made within any timeframes established by applicable laws.
- To notify you about changes to our service.
- Where your fund has requested copies of our invoices (only after supplying us with the appropriate signed consent).
- To respond to your queries or comments.
- To communicate with you regarding your health.
- To communicate with you and/or the main member regarding account matters.

- 12 We will also use your Personal Information to comply with legal and regulatory requirements or industry codes to which we subscribe, or which apply to us, or when it is otherwise allowed by law:

- Where we collect Personal Information for a specific purpose, we will not keep it for longer than is necessary to fulfil that purpose, unless we must keep it for legitimate business or legal reasons. In order to protect information from accidental or malicious destruction, when we delete information from our services we may not immediately delete residual copies from our servers or remove information from our backup systems.
- We do not send direct marketing – your email and mobile phone number will only be used to receive those communications which we are legally entitled to send regarding your treatment and/or billing communications.

- 13 Your rights as a Data Subject are as follows:

- **the right to access** (you can ask for copies of your personal data held by The Practice).
  - **the right to rectification** (you can ask us to rectify inaccurate personal data and to complete incomplete personal data).
  - **the right to erasure** (you can ask us to erase your personal data, but we may not always be legally able to comply as we have to retain Personal Information for the duration as described under the HPCSA Guidelines on Retention of Medical Records).
  - **the right to object to processing** (you can object to the processing of your personal data).
  - **the right to complain to a supervisory authority** (you can complain about our processing of your personal data to the Information Regulator).
  - **the right to withdraw consent** (to the extent that the legal basis of our processing of your personal data is consent, you can withdraw that consent).
  - **the right to not be subjected to unsolicited electronic communication** (unless the you are our patient and we have sold goods or services to you, or where you have consented to the communication and you had and have the opportunity to object to the communication).
  - **the right to not be subjected to automated decision-making** (based on your Personal Information in contravention of section 71, POPIA).
- These rights are subject to certain limitations and exceptions. You may exercise any of your rights in relation to your personal data by written notice to us.*

- 14 The HPCSA offers the following guidance on the retention (and destruction) of medical records and The Practice will manage your records accordingly. Your last date of service will be matched to the timeframes below and your paper-based file will be shredded in a Security Level: P4 (High Security) shredder and then disposed of. Your electronic file will be removed from our database and digitally destroyed. A register will be maintained. No personally identifiable information will be stored in this register.

- Records should be kept for at least **6 years** after they become dormant.
- The records of minors should be kept until their **21st birthday**.
- The records of patients who are mentally impaired should be kept until the **patient's death**.
- Records pertaining to illness or accident arising from a person's occupation should be kept for **20 years after treatment has ended**.
- Records kept in provincial hospitals and clinics should only be destroyed with the authorisation of the Deputy Director-General.
- Retention periods should be extended if there are reasons for doing so, such as when a patient has been exposed to conditions that might manifest in a slow-developing disease (i.e. asbestosis). In these circumstances, the HPCSA recommends keeping the records for at least **25 years**.

In terms of section 14 of the Protection of Personal Information Act 4 of 2013 records of Personal Information must not be retained any longer than is necessary for achieving the purpose for which the information was collected and processed. Records should not be retained randomly on an indefinite basis. Statutory and regulatory obligations to keep certain types of records for specific periods will be complied with by The Practice.

Signature of patient (or parent/guardian in the case of a minor)

Place

Date

**THIS DOCUMENT IS AVAILABLE FOR DOWNLOAD ON OUR WEBSITE: [WWW.VAALUROLOGY.COM/PRIVACY-POLICY](http://WWW.VAALUROLOGY.COM/PRIVACY-POLICY)**

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**Deputy Information Officer:** Candice Purdy (Practice Manager) - candice@vaalurology.com