



ADMISSIONS FORM / IFOMU YONGENISO / OPNAMEVORM

/ PAGE 1

Please email your completed forms together with a copy of your Medical Aid Card & I.D. to number@eyeandlasersa.com no later than 2 days prior to your surgery. Please bring all originals on the day.

Nceda uthumele iiform zakho ezigwalisiweyo kunye ne- kopi yakho yeKhadi le-Medical Aid kunye nesazisi ku- number@eyeandlasersa.com iintsuku zibembini phambi kosuku loqhaqho. Nceda uze nesazisi sakho kunye ne-khadi le medical ngosuka lotyando.

Stuur asb. jou voltooidde vorms saam met 'n kopie van jou Mediese Fons kaart en I.D. na number@eyeandlasersa.com nie later as 2 dae voor jou prosedure nie. Bring asseblief oorspronklike dokumente op die dag.

Theatre /
Ithiyetha /
Teater

Admission No /
Inombolo yokwamkela /
Opname Nr

Pre Admissions No /
Inombolo yowamkelo lwangaphambili /
Toelatings Nr

Rec No /
Inombolo yokushicilela /
Kwitansie Nr

Notes /
Amanqaku /
Notas

FOR OFFICE USE / YENZELWE UKUSETYENZISWA KWI-OFISI / VIR KANTOOR GEBRUIK

Date Of Admission / Ngomhla wokwamkelwa / Datum van Opname	Time arrived / Ixesha lokufika / Tyd Aankoms
Doctor / Ugqirha / Dokter	Time admitted / Ixesha lokungeniswa / Tyd Toegelaat
Anaesthetist / I-Anaesthetist / Narkotiseur	Time discharged / Ixeha lokukhutshwa / Tyd Ontslaan
Procedure / Inkqubo / Prosedure	
Codes / Kodi / Kodes	

FOR COMPLETION BY PATIENT (PLEASE PRINT) /
YENZELWE UKUGCWALISWA SISIGULANE (SICELA UPRINTE) /
MOET DEUR PASIENT INGEVUL WORD (DRUKSKRIF ASSEBLIEF)

PATIENT DETAILS / IINKCUKACHA ZESIGULANE / PASIËNT

Surname/ Ifani / Van	Title / Isihloko iThayile / Titel
Full Name / Igama elipheleleyo / Voorname	
Date of Birth / Umhla wokuzalwa / Geboortedatum	ID No / INOMBOLO YESAZISI / ID Nr
Employer / Umqeshi / Werkgewer	Male / Female Indada / Ibhinqa Manlik / Vroulik
Contact No / Inombolo yomnxeba / Kontak Nr	Cell / Iselifowuni / Sel



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/ PAGE 2

PLEASE OBTAIN AUTHORISATION FROM YOUR MEDICAL AID 48 HOURS BEFORE ADMISSION /
 NCEDA UFUMANE UGUNYAZISO KWIZIKO LAKHO LEKHADI LEMPILO KWIIYURE EZINGAMA-48 NGAPHAMBI KOKUBA UNGENISWE /
 VERKRY ASSEBLIEF MAGTIGING VAN U MEDIESE FONDS 48 UUR VOOR TOELATING

MAIN MEMBER OF MEDICAL AID / ELONA LUNGU LWEKHADI LEZEMPILO / HOOFID VAN MEDIESEFONDS

Surname / Ifani / Van	Title / Isihloko / iThayile / Titel
Full Name / Igama elipheleleyo Voorname	
ID No / Inombolo yesazisi / ID Nr	E-mail / I-imeyile / E-pos
Relationship to Patient / Ubudlelwane kwisigulane / Verwantskap aan Pasient	
Postal Address / Idilesi yePosi / Posadres	
Residential Address / Idilesi yendawo yokuhlala / Woonadres	
Occupation / Umsebenzi / Beroep	Employer / Umqeshi / Werkgewer
Main Member Work No / Mombolo yomnxeba yelungu eliyintloko / Werk Nr	
Home Tel No / Umnxeba wasekhaya uNo / Huis Nr	Cell / Iselfowuni / Sel

MEDICAL AID / /INDAWO YAMAKHADI EZEMPILO / MEDIESEFONDS

Medial Aid Name / IGama likaNcedo lweMedical / Naam Van Mediese Fonds	
Plan / Option / Isicwangciso / Ukhetho / Opsie	
Medial Aid No / Inani loncedo lweMedical / Mediese lidmaatskap Nr	
Dependant Code / Ikhawudi yoMxhomekeki / Afhanklike kode	Authorisation No / Inombolo yogunyaziso / Magtigings Nr
Next of Kin / Umntu Okunokuqhagamshelwana Naye / Naasbestaande	
Relationship to patient / Ubudlelwane kwisigulane / Verwantskap aan pasiënt	
Contact No / Inombolo yomnxeba / Kontak Nr	

CONDITIONS FOR ADMISSION

The patient is admitted to Medical Forum Theatre Day Hospital (MFT) on the terms and conditions set out below.

Guarantee of Payment and Consent to Bill

Any person who signs the admission form on behalf of the patient (Legal Guardian / Curator) or as the patient agrees to be jointly (where applicable) liable for payment of the hospital account.

Due to changing requirements from the Health Professionals Council, you are now required to sign a consent to bill prior to your surgery here at MFT. MFT belongs to the National Hospital Network group (NHN) and your medical aid negotiates the tariffs we charge with NHN at the beginning of every year. These amounts vary depending on your medical aid. Your account will reflect a combination of tariff codes and amounts which make up the full amount.

All our accounts are submitted electronically to your medical aid. It remains your responsibility to ensure that your account is fully settled within 90 days. Every medical aid determines at what rate their scheme will reimburse us for the codes we bill. We cannot take any responsibility for your medical aid reimbursing your claim at a lower rate than the amounts we charge.

IMEKO YOKUNGENISWA

Isigulana samkelwa kwiMedical Forum Theatre Day Hospital (MFT) ngemibandela ebekiweyo apha ngezantsi.

Uqinisekiso lweNtlawulo kunye neMvume yeMali-ntlawulo

Nawuphi na umntu osayina ifom yokwamkelwa ngenxa yesigulana (uMgcini osemthethweni / uMgcini) okanye umguli uvuma ukuba ngokudibeneyo (apho kufanelekileyo) unoxanduva lokuhlalwa i-akhawunti yesibhedlele.

Ngenxa yokutshintsha kweemfuno ezivela kwiBhunga lezeMpilo, ngoku kufuneka usayine imvume yokuya ngaphambili phambi koqhaqho apha kwi-MFT. I-MFT liqela leNational Hospital Network (NHN) kwaye uncedo lwakho lwezonyango luxoxa ngerhafu esiyihlawula nge-NHN ekuqaleni konyaka. Ezi zixa ziyahluka ngokuxhomekeke kuncedo lwakho lwezonyango. Iakhawunti yakho iza kubonisa ukudityaniswa kweekhowudi zerhafu kunye nezixa ezenza yonke imali.

Zonke iikhawunti zethu zingeniswa ngombane kuncedo lwakho lwezonyango. Kuhlala kuluxanduva lwakho ukuqinisekisa ukuba iakhawunti yakho igcinwe ngokupheleleyo ngaphakathi kweentsuku ezingama-90. Uncedo ngalunye lwezonyango luchaza ukuba lingakanani inqanaba isikimu sabo esiya kusibuyisela ngeekhowudi zethu. Asikwazi ukuthwala uxanduva malunga noncedo lwakho lwezonyango ukubuyisela ibango lakho ngexabiso eliphantsi kuneemali esizibizayo.

If an account is still outstanding on 90 days, we reserve the right to hand the account over to Collect-A-Debt for collection. This process will incur extra costs to yourself which will be added to the balance outstanding.

Indemnity

It is an explicit condition of admission to MFT, that the Hospital will not be held liable for loss or damage to the personal effects of the patients and the Hospital nor will the staff take responsibility for the safe keeping of patient's personal valuables for the duration of their stay.

Personal Information Declaration

I declare that all Personal Information supplied to MFT for the purpose of medical treatment is accurate, up-to-date and complete in all aspects. I undertake to inform MFT should any of my details change. I further give MFT permission to process my Personal Information, as provided above and acknowledge that I understand the purpose for which it is required and for which it will be used.

Ukuba iakhawunti ayikahlawuleki ngeentsuku ezingama-90, sinelungelo lokufaka i-akhawunti kubaqokeleli bamatyala ukuze liqokelelwe. Le nkqubo izakuzisa iindleko ezongezelelekileyo kuwe neziya kongezwa kwibhalansi engekahlawulwa.

Imali yokhuselo

Xa uthe wamkelwa kwisibhedlele i-MFT, isibhedlele asisayi kuthabatha uxanduva xa uthe walahlekelwa okanye wonakalelwa zizinto zakho okanye izinti zesigulane. Abasebenzi ngokunjalo abasayi kugcina izinto ezizezakho ngexesha lokuhlala kwakho esibhedlele.

ISibhengezo soLwazi lobuqu

Ndivakalisa ukuba lonke ulwazi lobuqu olunikezwe kwihloleli yeqonga lezonyango (MFT) ngeenjongo zonyango lichanekile, luhlaziyiwe kwaye lugqityiwe kuzo zonke iindlela. Ndizimisele ukwazisa i-MFT xa inkcukacha zam zithe zatshintsha. Ndikwanika imvume ye-MFT yokuqhubeka nolwazi lwam, njengoko kubonelelwe apha ngasentla kwaye ndiyavuma ukuba ndiyayiqonda injongo eyimfuneko nesetyenziselwa yona.

VOORWAARDES VIR OPNAME

Die pasiënt word in Medical Forum Theatre Day Hospital (MFT) opgeneem ingevolge die bepalings en voorwaardes soos hier onder uiteengesit.

Waarborg van Betaling en erkenning toe te staan

Enige persoon (wettige voog / kurator) wat hierdie toelatingsvorm namens die pasiënt onderteken of die pasiënt self, stem daartoe in om gesamentlik (waar van toepassing) en afsonderlik aanspreeklik te wees vir die betaling van die Hospitaalrekening.

As gevolg van die verandering van vereistes deur die "Health Professional Council", word daar nou van u verwag om skriftelik toestemming te gee vir 'n rekening om gelewer te mag word deur MFT. MFT behoort aan die National Hospital Network group (NHN), en u mediese fonds onderhandel met NHN rakende ons tariewe aan die begin van elke jaar. Hierdie tariewe verskil afhangende van u mediese fonds. U rekening sal 'n kombinasie van tarief kodes en bedrae reflekteer, wat tesame die volle bedrag sal aandui.

Alle rekeninge word elektronies aan u mediese fonds gestuur. Dit bly egter u verantwoordelikheid om te verseker dat u rekening binne 90 dae ten volle betaal word. Elke mediese fonds bepaal self teen watter koers hulle skema ons sal vergoed teenoor die

kodes aangedui op die rekening. Ons kan nie verantwoordelikheid aanvaar indien u mediese fonds u teen 'n laer tarief vergoed as die bedrae wat deur ons gehef word nie.

Indien 'n rekening op 90 dae nog uitstaande is, behou ons die reg om die rekening aan Collect-A-Debt te oorhandig vir invordering. Hierdie proses sal ekstra kostes vir u self meebring, en sal by die uitstaande balans gevoeg word.

Vrywaring

Dit is 'n uitdruklike voorwaarde vir Hospitaalopname, dat MFT nie aanspreeklik sal wees vir die verlies of beskadiging van 'n pasiënt se persoonlike besitting nie. Die personeel by MFT sal ook nie verantwoordelikheid neem vir pasiënte se persoonlike besittings gedurende u verblyf nie.

Verklaring van Persoonlike Inligting

Ek verklaar dat alle Persoonlike Inligting verskaf aan die MFT vir die doel van mediese behandeling akkuraat, op datum en volledig is in alle respekte. Ek onderneem om MFT in kennis te stel sou enige inligting verander. Hiermee gee ek verder vir MFT toestemming om my Persoonlike Inligting, soos hierbo verskaf te verwerk, en ek erken en verstaan die doel waarvoor dit benodig word en waarvoor dit gebruik word.

Signature of Patient / Utyikityo lwesigulane / Handtekening van Pasiënt	
Print Name and Surname / Printa igama nefani / Naam en Van in Drukskrif	
Date / Umhla / Datum	
Signature of Admissions Clerk / Utyiityo lukamamkeli / hantekening van Ontvangspersoon	
Print Name and Surname Admissions Clerk / Printa igama nefani / Naam en Van in Drukskrif	
Date / Umhla / Datum	

PROTECTION OF PERSONAL INFORMATION NOTICE AND CONSENT FORM

Where any reference is made herein to the “patient”, it includes any person who may consent or contract on behalf of a patient, and includes the person responsible for payment of the patient’s account.

1. BACKGROUND:

- 1.1 The Protection of Personal Information Act of 2014 (POPIA) is the central piece of legislation that regulates the lawful collection, storage, use, handling, processing, transfer, retention, archiving and disposal of a patient’s personal information.
- 1.2 Medical Forum Theatre is responsible to collect, store, use, handle, process, transfer, retain, archive and otherwise manage personal information in a lawful, legitimate and responsible manner in accordance with the provisions of POPIA.

2. INFORMATION WE COLLECT:

- 2.1 Your name, title, identity number, address, contact details, date of birth, identity number, employment details, home language, gender, marital status, e-mail address, referring doctor details,
- 2.2 Parent/Spouse, Partner and Guardian Information
- 2.3 Details concerning medication, treatment and other issues concerning your health.
- 2.4 Test Results
- 2.5 Pre-admission information.
- 2.6 Medical Aid Scheme and/or Insurance Information (Option, Membership Number, Main Member Name, Main Member Identity Number)

Please take note that medical information, test results and account information will only be disclosed to the individuals identified in the patient information sheet.

3. PURPOSE OF THE COLLECTION:

- 3.1 The purpose for the collection of your Personal Information and the reason for Medical Forum Theatre requiring your Personal Information is to enable Medical Forum Theatre to:
 - 3.1.1 Comply with lawful obligations, including amongst others, all applicable legislation to the medical profession.
 - 3.1.2 Give effect to the Agreement between you and Medical Forum Theatre.
 - 3.1.3 Advise you in respect of treatment options available.
 - 3.1.4 Provide the correct care, medical procedures, treatment and advice.
 - 3.1.5 Advise you about any changes in your treatment regime.
 - 3.1.6 Ensure a comprehensive medical record is available.
 - 3.1.7 Process your admission for surgery.
 - 3.1.8 Contact you in relation to your treatment or to respond to your communications.
 - 3.1.9 Contact you in relation to outstanding medical accounts.
 - 3.1.10 Complete a post-operative survey.
 - 3.1.11 Undertake any necessary administrative process for a lawful purpose in running our medical practice.
 - 3.1.12 Process and/or take any reasonable steps to relating to any medical billing purpose.
 - 3.1.13 Compile statistical data and/or conduct relevant research.

4. STORAGE OF PERSONAL INFORMATION:

- 4.1 All your Personal Information, whether hard copy or soft copy, will be held and stored securely and for the purpose for which it was collected.

5. RETENTION, ARCHIVING AND DESTRUCTION OF PERSONAL INFORMATION:

- 5.1 The POPIA principle that Personal Information is not retained for longer than is necessary for achieving the purpose for which it is collected and subsequently processed, is one by which Medical Forum Theatre abides.
- 5.2 Medical Forum Theatre may retain the Personal Information longer as prescribed, in the event that:
 - 5.2.1 The retention of the record is required or authorised by law;
 - 5.2.2 Medical Forum Theatre reasonably requires the record for lawful purposes related to its function or activities.
 - 5.2.3 The personal information is required for historical and research purposes.
- 5.3 When Medical Forum Theatre is no longer authorised to retain your Personal Information, it shall destroy or delete such Personal Information or records of Personal Information or de-identify them in a manner that prevents their reconstruction in an intelligible form.

6. DISCLOSURE AND TRANSFER OF PERSONAL INFORMATION TO OTHERS:

- 6.1 Medical Forum Theatre may from time-to-time transfer and disclose your Personal Information to other parties.
- 6.2 Medical Forum Theatre may, as authorised by the National Health Act, share personal and health information with other service providers and medical professionals who are involved in your care and where such sharing is in your best interest. We may also share your personal information where a court order or any law requires that disclosure.
- 6.3 Insurance companies, medical aid schemes and their administrators and managed healthcare organisations may process information as needed to perform in terms of an insurance or medical agreement or to assess the risk insured or covered provided you have not objected to the processing.
- 6.4 Where the law requires that information regarding certain diseases be notified to the relevant authorities, we will do so without delay.
- 6.5 Where we share your personal information with any third party, they will be required to respect your privacy and we will take necessary steps to ensure that the third party has the necessary safeguards in place to secure your personal information.
- 6.5 Our premises are surveyed by CCTV cameras for the purposes of security and the safe provision of care. Images and video may be retained for a limited period.

7. TRANSFER OF PERSONAL INFORMATION OUTSIDE OF SOUTH AFRICA:

7.1 It may become necessary for us to process and/or share your personal information with third parties domiciled outside the borders of South Africa. Such personal information will only be processed in accordance with your consent provided to us and in order to allow us to provide you with the required medical treatment. In the event that such personal information is to be processed and/or shared, your specific consent thereto will be obtained.

8. YOUR RIGHT TO OBJECT TO THE PROCESSING OF YOUR PERSONAL INFORMATION:

8.1 You have the right to have your Personal Information processed in accordance with the eight conditions of lawful processing of Personal Information as set out in POPIA.

8.2 In terms of Section 11(3) of POPIA and in the prescribed manner, you have a right unless legislation provides for such processing, to object at any time to Medical Forum Theatre processing your Personal Information, on reasonable grounds and relating to your particular situation.

8.3 In addition to the right to notify us of your objection to the processing of your Personal Information, you have the right to submit a complaint directly to the Information Regulator in terms of Section 74 of POPIA, alleging interference with the Protection of Personal Information.

9. YOUR RIGHT TO WITHDRAW YOUR CONSENT TO THE PROCESSING OF YOUR PERSONAL INFORMATION BY MEDICAL FORUM THEATRE:

9.1 In terms of Section 11(2) of POPIA, you have the right to withdraw your consent to Medical Forum Theatre processing your Personal Information, provided that the lawfulness of the processing of your Personal Information before such withdrawal or the processing of Personal Information – if the processing is necessary to carry out actions for the conclusion or performance of a contract to which you are a party – will not be affected.

9.2 In the event however that you elect to withdraw your consent, this will not affect the lawfulness of our use of your personal information but may lead to us withholding treatment and/or advice on your treatment or entail that we may no longer be able to provide you with your chosen product or service.

10. YOUR RIGHT TO ACCESS YOUR PERSONAL INFORMATION:

10.1 You have a right at any time to request Medical Forum Theatre to provide you with:

- 10.1.1 The details of any of your Personal Information that Medical Forum Theatre holds, including record relating to your Personal Information; and
- 10.1.2 The details of the manner in which Medical Forum Theatre has used and processed your Personal Information.

10.2 Such request shall be made in writing to the Information Officer of Medical Forum Theatre (see 14.1 for Information Officer details).

10.3 The request shall make the request in terms of Section 53 of the Promotion of Access to Information Act (PAIA) and specifically, as set out in Form "C" of the PAIA Regulations of 2002 as

amended, which standard form is available on request from the Information Officer of insert Medical Forum Theatre.

11. YOUR RIGHT TO REQUEST CORRECTION, DESTRUCTION OR DELETION

11.1 You have the right to request Medical Forum Theatre, where necessary, to correct and/or delete your Personal Information that is inaccurate, irrelevant, excessive, out of date, incomplete, misleading or obtained unlawfully.

11.2 You also have the right to request Medical Forum Theatre to destroy or to delete a record of your Personal Information that Medical Forum Theatre is no longer authorised to retain.

12. ACCURACY OF INFORMATION AND ONUS:

12.1 POPIA requires that all your Personal Information and related details as supplied are complete, accurate and up to date.

12.2 Medical Forum Theatre will always use its best endeavours to ensure that your Personal Information is reliable, it is your responsibility to advise Medical Forum Theatre of any changes to your Personal Information, as and when these occur.

13. DIRECT MARKETING, ADVERTISING AND PROMOTIONAL ACTIVITIES:

13.1 Medical Forum Theatre undertakes not to further process your Personal Information for the purpose of marketing to you or providing you with third party products or other optional products.

13.2 Patient Satisfaction Survey: I however confirm that I (the patient) give Medical Forum Theatre consent to send me a patient experience survey after my procedure on the email address provided in my Admission Forms.

14. INFORMATION OFFICER:

14.1 The Information Officer details are as follows...
Dr Andries Marais
Tel 041 3730682, info@medicalforumtheatre.co.za

15. DECLARATION AND INFORMED CONSENT:

15.1 I consent to providing the Personal Information required, to Medical Forum Theatre, on the understanding that Medical Forum Theatre is responsible to abide by the principles set out in POPIA, in Medical Forum Theatre's POPIA Policy and in this document.

15.2 I declare that all Personal Information being supplied by me to Medical Forum Theatre is accurate, up to date, not misleading, and that it is complete in all material aspects.

15.3 I undertake to advise Medical Forum Theatre immediately of any changes to my Personal Information, should any of the details change.

15.4 By providing Medical Forum Theatre with my Personal Information, I consent and give Medical Forum Theatre permission to process and further process the Personal Information, as and when required, that I supply to Medical Forum Theatre, understanding the purposes for which the Personal Information is required and for which it will be used.

Name and Surname:

Signature:

Date: