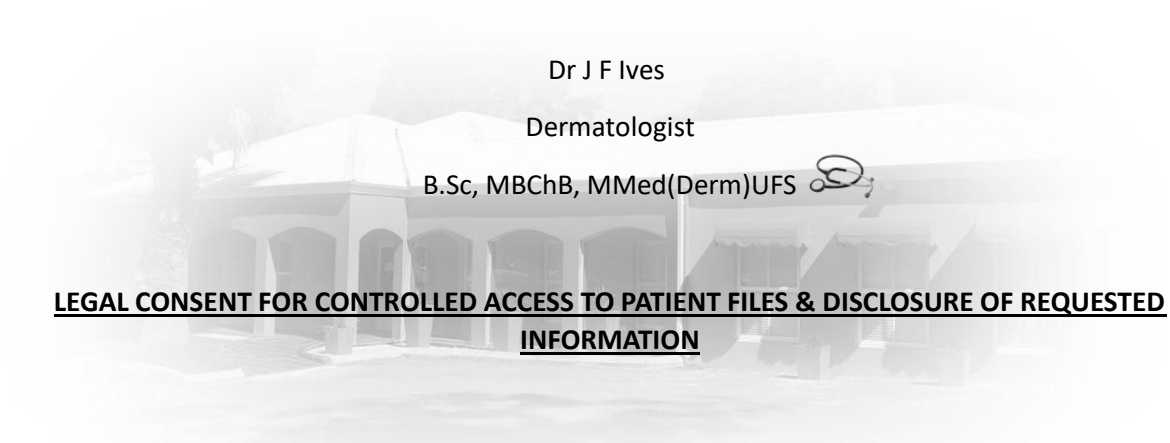
Dr J F Ives

Dermatologist

B.Sc, MBChB, MMed(Derm)UFS



LEGAL CONSENT FOR CONTROLLED ACCESS TO PATIENT FILES & DISCLOSURE OF REQUESTED INFORMATION

I, the Patient, hereby authorise the staff members of Dr JF Ives, Dermatologist, practicing out of 93 Kragga Kamma Road, Framesby, Port Elizabeth, to locate, draw, open, and access my personal file solely for the purpose of retrieving the specific information that I have requested. All access and processing of personal and health information will be carried out in accordance with the Protection of Personal Information Act (POPIA), which requires that such information be collected, used, and stored lawfully, securely, and only for purposes related to medical care and practice administration. By providing consent, I acknowledge that my information will be protected against unauthorised access and that I retain the right to access, correct, or object to how my information is processed.

Patient Declaration

I confirm that I have read and understand my request/rights, as set out above, and I am providing informed consent giving access to my file for the purpose stated above. I understand that:

- My file contains confidential information;
- Access is restricted to the information I have requested;
- Identity verification may be required

_____ _____

Patient / Guardian signature Date

_____

Patient name

Staff Member Acknowledgement: I acknowledge that I will access the Patient's file only for the authorised purpose and will comply with all confidentiality and data-protection requirements.

_____ _____

Staff member signature Date