Dr Nicholas Giles
SPECIALIST PSYCHIATRIST

POPI Act consent form

In terms of the Protection of Personal Information Act 4 of 2013 (POPIA). Please read our POPI Act Privacy Notice, available on the Patient Information page of our website or on request, before completing this form.

PATIENT DETAILS

Full name

ID number / date of birth

Telephone

Email address

CONSENT

By signing below, I confirm that:

- ☐ I have read and understood the POPI Act Privacy Notice.
- ☐ I consent to Dr Nicholas Giles collecting, processing and storing my personal information, including my health information, for the purposes described in the Privacy Notice.
- ☐ I consent to my information being shared with my medical aid scheme and other healthcare practitioners involved in my care, where relevant.
- ☐ I consent to my personal information being transferred outside South Africa where this occurs through the Practice's use of email (Gmail) for communication.
- ☐ I understand that I may withdraw this consent at any time by contacting the Information Officer, and that I have the rights described in Section 10 of the Privacy Notice.

PATIENT SIGNATURE

Full name | Signature | Date

PARENT / LEGAL GUARDIAN

For a minor or dependant, to be signed by a parent or legal guardian.

Full name | Signature | Date

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