

Dr. Annelize Keevé

Pr. Nr 0007196, P.O. Box 22, Zastron, 9950, Tel 051 – 6731 490/ 051 6731 062 Cel 082 499 2361



Contract Pertaining to Payment

Date	Comp. Nr:
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1. Patient Details

Surname	Full Names
Relation to account holder	ID Nr

2. Person Responsible for Account / Main Member

Surname	Full Names			
Title	Mr	Mrs	Me	ID Nr
Home Address				
Postal Address				
Email Address	Home Language			
Tel Nr (Home)	Code	Number	Tel Nr (Cell)	
Occupation	Employer			
Work address				
Medical Aid + option	Number			

3. Particulars of Spouse/ life partner

Surname	Name			
Title	Mr	Mrs	Me	ID Nr
Work address	Work Tel nr			
Home Address				
Tel Nr (Home)	C	Number	Tel Nr (Cell)	

4. Next of kin

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PERSONAL INFORMATION PROTECTION COMPLIANCE PRINCIPLES

1. Personal Information Document

This document sets out how DR. ANNELIZE KEEVÉ will collect, use and protect your personal information, including those on whose behalf you act or on behalf of who require information, services and/or goods from us. If you have any questions or comments arising from this document, please contact DR. ANNELIZE KEEVÉ's Information Officer Zukiswa Lebusa at the surgery.

2. Personal information.

The personal information that DR. ANNELIZE KEEVÉ is most involved in dealing with, will be information relating to medical history and information, age, racial demographical information, birth dates, identity numbers, passport numbers, occupation information, personal and work email and contact details.

3. The purpose of the collection, use and disclosure (the processing) of your personal information

For DR. ANNELIZE KEEVÉ to:

- Obtain correct diagnoses from registered third parties, medical professionals and/or researchers.
- provide you with services you request and/or require; or
- otherwise engage with you

It is necessary for us to collect, use and disclose your personal information to complete these and other transactions related to your requirements. More specifically, you will note that your information may be collected, used and/or disclosed in the obtaining of ancillary or additional services.

Your personal information will not be processed for a purpose other than what is identified (the "purpose") without obtaining your consent beforehand.

4. To whom will your personal information be disclosed

The personal information that may be processed and disclosed to other parties includes:

- medical professionals and researchers,
- employees of Dr. ANNELIZE KEEVÉ,
- third party service providers or other third parties in relation to the purpose or who are sources of your personal information,

5. Consent and Permission to process your personal information

You agree that by signing this documentation, written consent is given for processing your personal information. DR. ANNELIZE KEEVÉ draws to your attention that in terms of POPI and other laws of the country, there are instances where your express consent is not necessary to permit the processing of your personal information, which may be related to police investigations, litigation or when your personal information is publicly available.

6. Your rights regarding the processing of personal information

- You may withdraw your consent to the processing of your personal information at any time, and should you wish to do so, you must provide DR. ANNELIZE KEEVÉ with reasonable notice to this effect.
- You are encouraged to ensure that where your personal information changes in any respect, you notify DR. ANNELIZE KEEVÉ so that our records may be updated. DR. ANNELIZE KEEVÉ will largely rely on you to ensure that your personal information is correct and accurate

Geteken _____ Datum _____
Signed _____ Date _____