

## CONSENT TO RECEIVE TELEHEALTH SERVICES

(children 12 years or older, adults 18 years of age and older and of sound mind  
- for children younger than 12 year of age, the parent or caregiver must provide consent)

Patient full names and surname \_\_\_\_\_

Patient Identity Number \_\_\_\_\_

Main member/Parent/ Guardian name and surname \_\_\_\_\_

Main member/Parent/ Guardian Identity Number \_\_\_\_\_

Patient Medical Scheme Name and number \_\_\_\_\_

## AGREEMENT TO TELEHEALTH

I, the Patient/ Parent/ Guardian/ Caregiver hereby agree and understand that:

1. To be serviced by the Practitioner from this Practice, with whom I have established a practitioner-patient relationship, or as a new patient, by means of electronic media (Medici, Skype, Zoom or similar; and/or by telephone and/or by WhatsApp Call or FaceTime call) as authorised by the relevant Statutory Body / Council (HPCSA / AHPCSA / SANC / SACSSP) for the period of the Covid-19 Lockdown or after as determined by the relevant Statutory Body / Council.
2. This platform will be used to render healthcare services to me, and that the usual consent processes will be followed (i.e. I will be informed of my health status, as well as the benefits, risks and implications of the care, as well as informed financial consent relating to the billing of services). I understand that I can opt out of receiving care at any stage but acknowledge that it may not be in my best interest and I therefor release the Practitioner from being legally liable for this.
3. There is no subscription required when using the electronic platforms mentioned above, such as costs for the Applications ('Apps') used, but I understand that I will carry my own costs of any infrastructure and/or running costs associated with such service being rendered e.g. the data used, telephone and/or computer, etc.
4. The Practitioner may encourage me to present myself for a face-to-face consultation at a healthcare facility close to me, if he/she is in doubt that the telehealth consultation is in my best interest, provided that it would be safe for me, the Practitioner and others, to do so. I understand that I must follow the rules set by that facility, and I will make enquiries first before going there.
5. I will be billed for these Telehealth services in line with the practice's billing policy and agreement. I also understand that, due to the nature of the current pandemic, that the Practitioner may have to give urgent attention to their patient, and/or have to move my appointment to a later or earlier time or day.

6. My medical scheme may or may not cover the costs of this care. I undertake to cover any shortfall that my scheme does not cover, which may be the full amount. However, I understand that the relevant Statutory Body / Council allows such care, and that certain services must be funded by my scheme in full.
7. Should I not be available for a scheduled and agreed upon telehealth session, and I don't cancel this within the required time as detailed in the informed financial consent with the practice, that I could be charged for the session, and that the medical scheme will not be billed for the missed session.
8. I consent to record-keeping of the sessions, i.e. the Practitioner's notes, which are required by law, and with my prior consent, to the recording of the live sessions as video and/or sound recordings should this be required. I understand that I do not have to consent to such a recording.
9. The service may have limitations relating to technology, such as data and internet failures (e.g. bandwidth issues, dropped calls or bad reception).
10. Although the Practitioner will adhere to the existing rules relating to confidentiality:
  - a. I understand that I must take the necessary precautions at home to ensure my confidentiality during telehealth service provision;
  - b. I understand that I must take the necessary precautions and measures to ensure the security and password protection of my devices and systems used in the telehealth services, in order to protect my personal information;
  - c. I understand that, should I want a family member, caregiver, parent or other person to attend the sessions with me (in person or through remote internet connection), I will provide my written consent to such attendance prior to the consultation. I understand that without this written consent, should such a person be in attendance, the engagement may be cancelled or rescheduled;
  - d. I understand and agree that, should the practitioner believe that I may have been exposed to Covid-19 and/or do have Covid-19, he/she would refer or advise me to undergo a test, and I understand that the results of such tests must be reported by my Healthcare Practitioner, by law, to the NICD – National Institute of Communicable Diseases.

I, therefore, freely and voluntarily consent to this service, and I understand the implications thereof, including the costs related to it.

Signed at \_\_\_\_\_ (place) on \_\_\_\_\_ (date).

Patient/ Parent/ Guardian/ Caregiver signature \_\_\_\_\_ (which the Practice and Patient agree can be electronically affixed)

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**Medical Aid Escalation process:** Should you have any queries or complaints, or perceive that you have been misinformed with regards to your medical aid benefits, the suggested route for these to be lodged is the following:

1. Medical Scheme
2. Principle Officer
3. Council for Medical Schemes (CMS) at 0861 123 267 or visit [www.medicalschemes.com](http://www.medicalschemes.com)

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*In acknowledgment of the author of this document, a thank you to Elsabe Klinck and Associates  
For any further assistance please contact Elsabé Klinck & Associates at [elsabe@elsabeklinckassociates.co.za](mailto:elsabe@elsabeklinckassociates.co.za)  
or visit <https://elsabeklinckassociates.co.za>*