**Privacy Policy**

This policy outlines how we protect the personal information we collect about you. Personal information is any identifying information about you, including your physical and mental health. We value patient privacy and are committed to being accountable for how we treat your personal information. Everyone working for this office is required to adhere to the protections described in this policy.

This policy was developed in compliance with the *Protection of Personal Information Act,2020* (POPI)*.* POPI sets out rules for how organizations such as our office can collect, use, disclose, store and retain your personal information. If you have any questions regarding our privacy practices, please contact Dr Raman-Abdulla at email: enquiries@theeyedoc.co.za.

# Collection, Use and Disclosure of Personal Information

## What personal information do we collect?

We collect the following personal information:

* Identification and contact information (name, address, date of birth, telephone number, emergency contact, etc.)
* Billing information (medical aid or private)
* Health information (symptoms, diagnosis, medical history, test results, reports and treatment, record of allergies, prescriptions, etc.)

## Why do we collect your personal information?

We collect your personal information for the purposes of identifying you, providing you with care, administering the services that we provide and communicating with you. We collect only the information that is required to fulfill those purposes. We do not collect any other information, or allow information to be used for other purposes, without your express (i.e., verbal, written or electronic) consent - except where authorized to do so by law.

## When and to whom do we disclose personal information?

**Implied consent for provision of care:**

By virtue of seeking care from Dr Raman-Abdulla (Practice number 0574031), your consent is implied (i.e., assumed) for your information to be used by this office to provide you with care, and to share with other health care providers involved in your care.

**Disclosure to other health care providers:**

Your implied consent extends to us sharing your personal information with other providers involved in your care, including (but not limited to) other physicians and specialists, pharmacists, lab technicians, nutritionists, physiotherapists and occupational therapists.

**Disclosures authorized by law:**

There are limited situations where we are legally required to disclose your personal information without your consent. These situations include (but are not limited to) billing medical aid providers, laboratories, x-ray departments, reporting infectious diseases, or by court order. All necessary third-party providers will also be subject to protecting your data in accordance with the POPI act.

**Disclosures to all other parties:**

Your express consent is required before we will disclose your information to other third parties for any purpose other than to provide you with care or unless we are authorized to do so by law. Examples of disclosures to other parties requiring your express consent include (but are not limited to) third parties who are conducting medical examinations for purposes not related to the provision of care, enrolment in clinical (research) trials and provision of charts or chart summaries to insurance companies.

You may give permission and agree that:

* Another person (such as a parent, spouse etc.) sit in at the consultation/procedure. Such a person would then hear and see information that would otherwise remain confidential between patient and doctor.
* Another person (such as a family member receive updates on how the patient is doing before, during and after a procedure, when in hospital/ICU etc.
* Another person or entity can get a copy of specific health records (sick certificate, medical report, prescription etc.)
* A person who can consent to treatment and care when the patient cannot (e.g., when the patient is unconscious), can receive information about the patient which will enable them to make the decision.
* The employer be informed of specific aspects, e.g., the nature of the patient’s illness, how long she or he would be away and why, etc. Patients take sole responsibility for any consequence that may flow from a disclosure to an employer.
* An insurance company, which may require the completion of form, and or drafting of a report.
* A pharmaceutical or medical device company, to which details of a negative event associated with a product must be shared.
* A medico-legal report, a report constituting a second opinion, a report to an attorney etc.

**Withdrawal of consent:**

You can withdraw your consent to us collecting your personal information or having your information shared with other health care providers or other parties at any time by giving us reasonable notice, except where the collection or disclosure is authorized by law. However, please discuss this with your physician first so we can explain the possible consequences of withdrawing consent.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full names and surname) an adult person/the parent or guardian of a minor, hereby authorise freely and voluntarily and with knowledge of the implications of such consent, the Practice to disclose information outlined above in the manner described in accordance with the POPI act.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Patient Rights

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## How can records be accessed?

You have the right to access your record in a timely manner. You may request a copy of your record, for a minimal fee. If you wish to view the original record, one of our staff must be present to maintain the integrity of the record, and a minimal fee may be charged for this access. Patient requests for access to your medical record can be made verbally or in writing to your physician or the staff (see office address at top of Policy).

## Are there limitations on access?

In extremely rare circumstances you may be denied access to your records, for example if providing access would create a significant risk to you or to another person.

## What if the records are not accurate?

We make every effort to ensure that all your information is recorded accurately. If an inaccuracy is identified, you can request that the information be corrected, and a note will be made to reflect this on your file.

# Office Safeguards

## How secure is your personal information?

Safeguards are in place to protect the security of your information. These safeguards include a combination of physical, technological and administrative security measures that are appropriate to the sensitivity of the information. These safeguards are aimed at protecting personal information against loss or theft, as well as unauthorized access, disclosure, copying, use or modification.

## What is our communications policy?

We protect personal information regardless of the format. Specific procedures are in place for communicating by phone and email.

## How long do we keep personal information?

We retain patient records for a minimum period of 16 years, or as otherwise required by law and professional regulations.

## How do we dispose of information when it is no longer required?

When information is no longer required, it is destroyed in an irreversible and secure manner, in accordance with the POPI act rules that govern the storage and destruction of personal information.