



Real Heritage. Real People. Real Health Care.

c/o Trematon & Lascelles Streets, Athlone.

P O Box 134, Athlone, Cape Town 7760

Tel: 0860 104 117 Email:samwumedenquiries@medscheme.co.za Website: www.samwumed.org WhatsApp: 060 019 3547

## SAMWUMED CONSENT FORM

Authorization for Third-Party Access to Membership Information

### Section A: Main Member Information

Full Name	<input type="text"/>
Membership Number	<input type="text"/>
ID Number	<input type="text"/>
Contact Number	<input type="text"/>
Email Address	<input type="text"/>

### Section B: Authorized Third Party Information

Full Name	<input type="text"/>
ID Number	<input type="text"/>
Relationship to Main Member	<input type="text"/>
Contact Number	<input type="text"/>
Email Address	<input type="text"/>

### Section C: Scope of Consent

I, the undersigned Main Member, hereby authorize SAMWUMED to disclose the following information to the Authorized Third Party mentioned above:

<input type="checkbox"/> Membership status	<input type="checkbox"/> Claims information	<input type="checkbox"/> General membership queries
<input type="checkbox"/> Contribution details	<input type="checkbox"/> Dependants information	<input type="checkbox"/> Other (Please specify): <input type="text"/>

This authorization is:

<input type="checkbox"/> Once-off	<input type="checkbox"/> Ongoing until revoked (Maximum 12 months)
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### Section D: Declaration

I, the Main Member, declare that I grant permission to the Authorized Third Party to access the information indicated above. I understand that this authorization does not grant the third-party permission to make any changes to my membership but only to receive the specified information. I acknowledge that I can revoke this consent at any time by submitting a written request to SAMWUMED.

Main Member Signature:	<input type="text"/>	Date:	<input type="text"/>
Authorized Third Party Signature:	<input type="text"/>	Date:	<input type="text"/>

Attach certified ID copies of main member & 3rd party.

## **SAMWUMED THIRD PARTY CONSENT FORM DISCLAIMER: AUTHORISATION FOR THIRD PARTY ACCESS TO MEMBERSHIP INFORMATION**

1. The purposes for which your Personal and Health Information will be processed, collected and stored by the Scheme (SAMWUMED), administrator, managed healthcare organization and contracted third parties are as follows:
2. Through the provision of the requested information, SAMWUMED and its Affiliates, Third Party Service Providers and Stakeholders, accepts no liability whatsoever, in any manner, shape or form, for any loss, inclusive of direct, indirect and consequential loss, attributable to the use of such information.
3. It is understood that the consent provided to any Applicant / Third Party Requestor shall be limited to the time period(s) as well as categories of information specified herein. It is furthermore understood that such consent may be revoked at any time in writing, by the Principal Owner of such information and/or Data Subject concerned.
4. SAMWUMED reserves the right to establish additional contact with Principal Owner of such information and/or Data Subject concerned, as it may deem necessary, for purposes of verifying the authenticity of the request occasioned by way of this Form.
5. Through the provision and disclosure of information occasioned by way of this Form, SAMWUMED in good faith, holds the Applicant / Third Party Requestor to treat, process and use all such information in line with relevant and binding data protection laws and regulations. Kindly refer to SAMWUMEDs POPIA disclaimer herein below.
6. SAMWUMED and its Affiliates, Third Party Service Providers and Stakeholders are absolved of any responsibility for the quality of information provided to any Applicant / Third Party Requestor associated with this particular undertaking. It is the responsibility of the Principal Owner of such information and/or Data Subject concerned to ensure that information held by SAMWUMED and its Affiliates, Third Party Service Providers and Stakeholders, is up to date and at all times remains accurate, true and correct.
7. Consent afforded by way of employer representation or financial advisory shall cease with full force and effect upon termination of such employment or the appointment of a new financial advisor.
8. Consent afforded to the Applicant / Third Party Requestor shall become null and void in the event of the death of the Principal Owner of the information and/or Data Subject concerned. A new Form shall require completion by the duly appointed executor of the deceased estate.
9. SAMWUMED reserves the right to refuse any request(s) for information or revoke access in kind, occasioned by way of this Form where it maintains reasonable grounds to suspect gross negligence and/or fraudulent conduct associated with any request.
10. Through valid execution of this Form, both the Principal Owner of the information and/or Data Subject concerned as well as the Applicant / Third Party Requestor, fully acknowledges and accepts all Terms and Conditions associated with this undertaking and in so doing, appreciates all potential consequences and risks applicable to same. SAMWUMED encourages all interested parties to be forthcoming with questions and/or concerns through use of the contact information provided herein below.

### **I. POPIA Clause**

- 1.1. The purposes for which your Personal and Health Information will be processed, collected and stored by the Scheme (SAMWUMED), administrator, managed healthcare organization and contracted third parties are as follows:
  - 1.1.1. Assessing the risk to be covered by the Scheme.
  - 1.1.2. To verify the accuracy, correctness, completeness of any information provided (or not) to the Scheme in the course of processing an application for membership or a benefit for processing a claim.
  - 1.1.3. The performance of administration services and relevant managed healthcare services and the enforcement of related contractual rights and obligations flowing from your membership.
  - 1.1.4. To facilitate the recovery of third-party liability claims from third parties for any possible past and future claims for damages, and for all treatments paid for by the Scheme on behalf of a guilty third party.
  - 1.1.5. To enable you to access and use the website and mobile application, including the regular development on the website and mobile application, marketing of Scheme products and to activate and pre populate the website and mobile application.
  - 1.1.6. Collect from and store all Personal and Health Information relating to your diagnosis, treatment and care at any healthcare establishment or facility and by any healthcare service provider.
  - 1.1.7. The prevention and risk management initiatives of the Scheme were established to deal with fraud, waste, and abuse of your healthcare benefit in accordance with your option.
  - 1.1.8. The Scheme has endeavored to ensure that reasonable measures are taken as it pertains to the storage of your personal and healthcare information, as well as information in transit, and that it complies with all statutory requirements and internal Privacy and Data Protection Policies.
  - 1.1.9. The Scheme's PAIA Manual, Customer Privacy Notice and the POPIA Policy are available on the Scheme's website for members to access alternatively members can request same at the Scheme head office.
  - 1.1.10. The PAIA Manual is an important document for members to be aware of as members will require this manual in order to provide us with consent to provide them with their records.

**Privacy Disclaimer:** SAMWUMED is committed to protecting your personal information in accordance with the Protection of Personal Information Act (POPIA)