HILLS MEDICAL CENTRE

FILENR: _____ **PARTICULARS OF PATIENT UNDER THE AGE OF 18 YEARS**		
SURNAME:	NAMES:	TITLE:
GENDER:	DATE OF BIRTH:	ID NUMBER:
RESIDENTIAL ADDRESS:		
IF CHILD IS OLDER THAN 12 YEARS: HOW CAN WE CONTACT THE CHILD		
I hereby accept that email and/or sms messages may be sent to me in order to confirm appointments and convey general information of the practice and my healthcare (e.g. to pick up test results)		
Email address that may be used:		Cell nr that may be used:

PARENT/ GUARDIAN/ CAREGIVER

Please note: we are unable to verify agreements between parents/caregivers, the adult who brought the child for healthcare will be liable for the account if the medical scheme does not pay, or does not pay for the care in full.

SURNAME:	NAMES:	TITLE:
GENDER:	DATE OF BIRTH:	ID NUMBER:
RESIDENTIAL ADDRESS:		
TEL (C):	EMAIL	

SHARING OF PATIENT'S INFORMATION

I hereby consent to the sharing of medical information with Hills Medical Centre and administrative staff, the relevant medical aid, referral doctors, Elixer and Switch.

If a patient wants to keep information private, the patient will be billed as private and payment will be made at reception after consultation (card or cash). If a patient does not convey their preference, we will assume that we may email to mentioned groups. Please be aware that information is being stored on Practice Perfect and Elixer programmes on the server computer of the practice, as well as on a backup external hard drive.

I also consent to, in the event of your account being in arrears, that a statement (with medical information) be handed over to a debt collecting agency, to recover outstanding fees.

I hereby accept that email and/or Sms messages may be sent to me in order to confirm appointments and convey general information of the practice and child's healthcare (e.g. to pick up test results), if child is younger than 12 years or older and have agreed to the parent/caregiver/guardian receiving the information.

SIGNATURE

Email address that may be used:	Cell that may be used:

TERMS AND CONDITIONS OF THE PRACTICE:

- That you read the terms and conditions and have had an opportunity to ask questions on aspects thereof that you are uncertain about.

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- To abide by the terms and conditions of the practice in particular the provisions on the payments of accounts.

To always ask, even after you left the practice if you were uncertain about something. You can ask practice staff or the doctor. If you keep quiet, practice staff and the doctor will assume that you have understood everything and was in agreement with any processes, consents, policies or forms.

_____	_____	_____
Signature patient under 18	Date	Signature parent/ guardian/caregiver

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