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# Third Party Member Consent Form to allow disclosure of information to a third party

**HOW TO COMPLETE THIS FORM**

1. Please use one letter per block, use black ink and print clearly.
2. To avoid administration delays, please ensure that this form is completed in full.
3. Once complete, fax your form to 0860 104 114 or email to polmed@medscheme.co.za.
4. If you have any further queries, please call 0860 765 633 or post it to POLMED, Private Bag X16, Arcadia, 0007.
5. Please note that this consent form does not extend to HIV status what so ever.

## About Yourself (Principal Member/Dependant/Executor Providing Consent)

Membership Number ☐☐☐☐☐☐☐☐☐☐☐☐☐ Title/Rank ☐☐☐☐

First Name (as per ID) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Surname ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Preferred Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

ID or Passport Number ☐☐☐☐☐☐☐☐☐☐☐☐☐ Gender Male Female Language Eng Afr

Country of Issue ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Date of Birth D D M M Y Y Y Y

Telephone (Home) ☐☐☐☐☐☐☐☐☐ Telephone (Work) ☐☐☐☐☐☐☐☐☐☐

Cellphone ☐☐☐☐☐☐☐☐☐

Email ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

## About the Third Party (To Whom Specified Information may be Provided)

1. **Your Employer Contact** ☐ **please select box with an "X"**

   'Your employer' refers to your allocated employer representative/contact on record. From time to time your allocated employer representative/contact on record can change (at your current employer), which will result in the new employer representative/contact having consent to access our information. This consent is applicable to your current employer; should you change to another employer, this consent will end. Please note that if you want to provide consent to a specific person, complete the 'Other third party' section.

2. **Primary Party (family/other adult representative/POLMED client liaison officer etc.)**

   **PLEASE NOTE** that consent may be provided to a primary party who you may wish to have access to your information.

Relationship to Principal Member ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

First Name (as per ID) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Title ☐☐☐☐

Surname ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Preferred Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

ID or Passport Number ☐☐☐☐☐☐☐☐☐☐☐☐☐ Gender Male Female Language Eng Afr

Country of Issue ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Date of Birth D D M M Y Y Y Y

Telephone (Home) ☐☐☐☐☐☐☐☐☐ Telephone (Work) ☐☐☐☐☐☐☐☐☐☐

Cellphone ☐☐☐☐☐☐☐☐☐

Email ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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# Third Party Member Consent Form to allow disclosure of information to a third party

## About the Third Party (To Whom Specified Information may be Provided) - Continued

### 3. Secondary Party

**PLEASE NOTE** that consent may be provided to a secondary party who you may wish to have access to your information should the primary party not be available.

Relationship to Principal Member

First Name (as per ID) Title

Surname

Preferred Name

ID or Passport Number Gender Male Female Language Eng Afr

Country of Issue Date of Birth D D M M Y Y Y Y

Telephone (Home) Telephone (Work)

Cellphone

Email

### 4. Other Third Party

**PLEASE NOTE** that consent may be provided to any other third party who you may wish to have access to your information, e.g. au pair, service provider, specific intermediary, doctor, lawyer, tax consultant, etc.

Relationship to Principal Member

First Name (as per ID) Title

Surname

Preferred Name

ID or Passport Number Gender Male Female Language Eng Afr

Country of Issue Date of Birth D D M M Y Y Y Y

Telephone (Home) Telephone (Work)

Cellphone

Email

## About the Information that may be Provided to the Third Party

Please specify the information to which each third party may have access and for what time period (if no date is specified, we will use the date given next to the signature in the 'Your Legal Declaration' section on page 3 and the consent will be indefinite).

| Type of Information | Third Party - Please Tick | | | | | From | To |
|---|---|---|---|---|---|---|---|
| | 1. Employer Contact | 2. Primary | 3. Secondary | 4. Other | 5. Other | | |
| All of the below | | | | | | | |
| Biographical | | | | | | | |
| Benefits | | | | | | | |
| Financial | | | | | | | |
| Medical | | | | | | | |

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| Biographical Examples | Benefit Examples | Financial Examples | Medical Examples |
|---|---|---|---|
| Membership Number ☐ | Plan Type ☐ | Tax Certificate ☐ | Chronic Condition ☐ |
| Date of Birth ☐ | Limits (waiting period) ☐ | Banking Details ☐ | Claims Transaction History ☐ |
| ID Number ☐ | Membership Certificate ☐ | Contribution Payments ☐ | |
| Postal Address ☐ | | | |
| Physical Address ☐ | | | |
| Email Address ☐ | | | |
| Cellphone Number ☐ | | | |
| Telephone Number ☐ | | | |

## About the Biographical Information that may be Updated by the Third Party

Please specify the biographical information that each third party may update and for what time period (if no date is specified, we will use the date given next to the signature in the 'Your Legal Declaration' section and the consent will be indefinite).

| Type of Information | Third Party - Please Tick | | From | To |
|---|---|---|---|---|
| | 1. Primary | 2. Secondary | | |
| Postal Address | | | | |
| Physical Address | | | | |
| Email Address | | | | |
| Cellphone Number | | | | |
| Telephone Number | | | | |

## Death of a Member

**In the event of the death of a member, the following supporting documents should be attached to the consent form:**

- **Death certificate; and**
- **Executor appointment certificate letter.**

## Your Legal Declaration

1. This document authorises POLMED to disclose the above information to the third party(s) indicated herein.
2. I agree that POLMED accepts no liability whatsoever for any loss, including direct, indirect and consequential loss, that may arise from any disclosure contemplated herein.
3. I acknowledge that the third party who receives the specific information from POLMED also indemnifies POLMED from any claims that may be made by the third parties/members against POLMED, resulting from the wrongful use or disclosure of the information by such third party.
4. I agree that once consent is provided, all data within the selected category will be provided to the selected third party.
5. This consent will be in force until expressly withdrawn by me, even if I change to a different practitioner or employer intermediary.
6. This consent will become null and void in the event of the death of a member or person providing consent and a new consent form should be completed by the executor appointed.

Signed at _____ on D D M M Y Y Y Y

Signature of Person Giving Consent _____

Name of Person Giving Consent _____