

DISCLOSURE OF INFORMATION TO A THIRD PARTY

CONSENT FORM

Who is CAMAF

The Chartered Accountants (SA) Medical Aid Fund (CAMAF) is a self-administered medical aid fund duly registered with the Council for Medical Schemes with registration number CMS 1043. The words Scheme, Society or Fund may be used interchangeably to reference CAMAF.

Purpose of this Form

The completion of this form is your express permission that allows CAMAF to share your information with any third party that you have nominated. A third party is a person or an entity that has a direct relationship, or in some cases an indirect relationship with CAMAF.

- Please complete all relevant sections of this form in BLOCK LETTERS.
- Please complete the form in full.
- If you have any queries, please contact our Customer Care Department on **0860 100 545** or **custcare@camaf.co.za**
- Please scan the completed form and return by email to: **membership.admin@camaf.co.za**
- Please include a copy of your nominated third party's identity document or passport
- Please ensure that all information is true and correct.

A. PERSONAL DETAILS OF THE PERSON GIVING CONSENT

Membership Number:

Title Mr Mrs Dr Prof Rev Other (specify)

Surname

Full Name(s)

B. INFORMATION THAT MAY BE PROVIDED TO THE THIRD PARTY

Below is the type of information that each third party (as indicated in Section C) can have access to.

Biographical	Benefits	Financial	Medical
<ul style="list-style-type: none"> • Membership number • Date of birth • ID number • Postal and email address • Contact details • Physical address • Telephone number • Change of member details 	<ul style="list-style-type: none"> • Benefit option • Waiting periods • Benefit limit amounts 	<ul style="list-style-type: none"> • Tax certificate and tax reports • Total contribution and breakdown • MSA statements and claim statements 	<ul style="list-style-type: none"> • Chronic conditions • Confirmation of claims paid (incl. amount and from where paid) • Procedure and diagnosis • Claims transactions history • Hospital procedures • Procedure codes (ICD 10 codes, tariff codes, Nappi codes) • Disease Management Programmes

C. DETAILS OF PERSON TO WHOM CONSENT IS GIVEN (to receive personal information indicated in Section B)

Surname

Full Name(s)

Relationship to person giving consent _____

ID or Passport No.

Home Code No. Cell No.

Work Code No.

E-mail Address

Start Date The signature date will be used if no date is indicated.

Information to access (as specified in Section B):

☐ Biographical ☐ Benefits ☐ Financial ☐ Medical ☐ All

Please mark with a tick (✓) the type of information you want the Third Party to access and strike out all the boxes of information you do not want to share with the Third Party.

Surname

Full Name(s)

Relationship to person giving consent _____

ID or Passport No.

Home Code No. Cell No.

Work Code No.

E-mail Address

Start Date The signature date will be used if no date is indicated.

Information to access (as specified in Section B):

☐ Biographical ☐ Benefits ☐ Financial ☐ Medical ☐ All

Please mark with a tick (✓) the type of information you want the Third Party to access and strike out all the boxes of information you do not want to share with the Third Party.

Surname

Full Name(s)

Relationship to person giving consent _____

ID or Passport No.

Home Code No. Cell No.

Work Code No.

E-mail Address

Start Date The signature date will be used if no date is indicated.

Information to access (as specified in Section B):

☐ Biographical ☐ Benefits ☐ Financial ☐ Medical ☐ All

Please mark with a tick (✓) the type of information you want the Third Party to access and strike out all the boxes of information you do not want to share with the Third Party.

D. ACKNOWLEDGEMENT

I acknowledge that:

- CAMAF may hold medical information sent by health care providers.
- CAMAF may hold and process certain biographical information.
- CAMAF may hold and process chronic information which includes existing and new information.

E. CONSENT

By consenting, I agree that:

- The information specified will be shared in conjunction with stipulated specifications.
- I am able to change or revoke my consent at any time, and note that there may be slight system delays during which such revocation may be inactionable.
- I have read (or have read to me) all the terms and conditions on this form.
- I have had the opportunity to ask questions to CAMAF that arise from this form and CAMAF have adequately answered them.
- CAMAF will provide me with a copy of my consent upon my request.
- I am aware of the communication channels of CAMAF e.g. the mobile app, website, email and customer care centre numbers.
- My signature under the legal declaration of this form indicates my understanding of an agreement to comply with the terms of this consent form.

F. LEGAL DECLARATION

1. By signing this document, I authorise CAMAF to disclose the indicated information to the third party (parties) specified herein for the duration specified and reserve the right to revoke consent in the event of any breach of any terms or conditions of this agreement or any rules by either of the parties.
2. I understand that CAMAF accepts no liability for any loss, either direct or indirect, that may arise from any disclosure contemplated herein.
3. I acknowledge that the third party receiving the specific information from CAMAF also indemnifies CAMAF against any claims that may be made by the third parties/members against CAMAF resulting from the wrongful use or disclosure of the information by such third party.
4. I agree that once consent is given, all selected information will be given to the selected third party.
5. This consent will continue in force until expressly withdrawn by me or will be valid for the duration if specified on the form.
6. My dependants and I may have access to my personal information held by the Fund and request the Fund to correct any inaccurate information as prescribed by legislation.

Signed at _____ on

D	D	M	M	C	C	Y	Y
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Signature of person giving consent _____

Name of person giving consent