

## CONSENT TO ACCESS PRIVATE AND MEDICAL INFORMATION AND RECORDS

### CONSENT TO THE FACILITATION OF SURGICAL PROCEDURE(S)

1. I, the undersigned:

Name and Surname: \_\_\_\_\_

ID No. \_\_\_\_\_

hereby irrevocably authorize and give written permission to:

- (a) STILOLOX (PTY) LTD (including its representatives and staff);
- (b) the medical professionals that will rendered services to me; and
- (c) the hospitals and medical facilities where the medical professionals will render their services to me,

(hereinafter collectively referred to as **“STILOLOX and its service providers”**),

jointly and/or severally to gain access to, and request all necessary information and records regarding:

- (i) my private and medical information; and
- (ii) any claims I may have brought against the Road Accident Fund or its successor (hereinafter referred to as **“the RAF”**); and
- (iii) any compensation awards and undertaking I received from or involving the RAF.

2. I hereby also irrevocably authorize and give written permission to STILOLOX and its service providers, jointly and/or severally, to:-

- (a) act for me and to act on my behalf in order to facilitate and arrange the required surgical procedure and medical intervention for me;
- (b) handle all administration and to sign all documents that may be required in order to facilitate the surgical procedure and medical intervention for me and on my behalf;



- (c) negotiate with the RAF, the medical professionals and the medical facilities for me and on my behalf;
  - (d) make payments to medical professionals, medical facilities, pharmacies and other relevant suppliers and service providers for me and on my behalf;
  - (e) claim compensation from and reimbursement from the RAF in respect of my surgical procedure and medical intervention (including for the payment of all medical professionals, medical facilities, pharmacies and any other relevant suppliers and service providers);
  - (f) do everything necessary and lawful to ensure that I undergo the surgical procedure and medical intervention; and
  - (g) generally do or cause to be done whatsoever shall be necessary as fully and effectually as I might or could do if personally present.
3. I hereby ratify any action taken by STILOLOX and its service providers, jointly and/or severally, in as far as it was not authorized by me previously or may not be covered by this authorization and consent.
4. I understand that, on condition that the RAF timeously and fully compensates and reimburses STILOLOX (PTY) LTD in respect of my surgical procedure and medical intervention, as envisaged in the undertaking that I received from the RAF, I will not be held liable for the apportionment stated in the undertaking that I received from the RAF.

SIGNED AT \_\_\_\_\_ on this the \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_

PATIENT/CLIENT

\_\_\_\_\_

WITNESS

\_\_\_\_\_

NAME & SURNAME OF WITNESS

