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RADIOLOGIST

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POPI CONSENT

We understand that your personal information is important and that you may be apprehensive about disclosing it. Your privacy is just as important to us and we are committed to safeguarding and processing your information in a lawful manner.

We also want to make sure that you understand how and for what purpose we process your information. If for any reason you think your information is not processed in a correct manner, or that your information is being used for a purpose other than that for what it was originally intended, you can contact our information officer.

You can request access to the information we hold about you at any time and if you think that we have outdated information, please request us to update and correct it.

Our Information Officer's Contact details

Name	Ismail Abdool Kader Ameen
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Contact Number	036 6354037
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Email address	radiology@lantic.net
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Purpose for Processing your information.

We collect, retain, use and disclose your personal information mainly to provide you with access to the services and products that we provide. We will only process your information for the purpose you reasonably expect, including

Providing you with advice, products and services that suit your needs as requested.

To verify your identity.

To confirm, verify and update your details.

To comply with any legal and regulatory requirements.

Some of your information that we hold may include, your first and last name, email address, a home, postal or other physical address, other contact information, your title, birth date, gender,

occupation, qualifications, residency status, family history, medical information and your banking details.

CONSENT TO DISCLOSE AND SHARE YOUR INFORMATION.

We may need to share your information to provide advice, reports, analyses, products or services that you have requested. Where we share your information, we will take all precautions to ensure that the third party will treat your information with the same level of protection as required by us. Your information may be hosted on servers managed by a third-party service provider, which may be located outside South Africa.

CLAUSE

I hereby authorize and consent to the organization sharing my personal information
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Name

Signature

Date

POPI clause in Mandate

You understand that the Practice may come into possession of personal and/or confidential information whilst acting as your Radiologist and that such information will not be disclosed to any third party, unless the information constitutes a material fact which should be communicated to any existing or prospective medical professional, or where such disclosure is required by law or in order to provide effective Medical Services. You consent to such personal information being used by any third party, such as the Oncologist, and you are aware that such Personal Information will be dealt with in accordance with the Protection of Personal Information Act ('POPI') as well as the Company's POPI Policy which is available on request. Certain personal information may be required for marketing purposes and you consent to the use thereof but reserve the right to request that such information not be used.