PROFMED
CONSENT FORM

This form gives consent to Profmed/its administrator to provide information to a third party. A third party is defined as any person or entity other than the principal member.

1 PRINCIPAL MEMBER DETAILS

The Principal Member needs to give consent for the disclosure of information on his/her membership and dependants to the nominated third party or dependant.

Membership number

Title		Initials		Surname	

First names

ID/Passport no.   Date of birth D D M M Y Y Y Y

Gender   M F   Occupation

Telephone (H)   Telephone (W)

Cell   E-mail address

2 THIRD PARTY 1

Once-off consent   Y N   Continuous consent   Y N

Time period for which consent will be valid: D D M M Y Y Y Y   to   D D M M Y Y Y Y

Relationship to member

Title		Initials		Surname	

First names

ID/Passport no.   Date of birth D D M M Y Y Y Y

Gender   M F   Occupation

Telephone (H)   Telephone (W)

Cell   E-mail address

3 THIRD PARTY 2

Once-off consent   Y N   Continuous consent   Y N

Time period for which consent will be valid: D D M M Y Y Y Y   to   D D M M Y Y Y Y

Relationship to member

Title		Initials		Surname	

First names

ID/Passport no.   Date of birth D D M M Y Y Y Y

Gender	M	F	Occupation			

Telephone (H)		Telephone (W)	

Cell		E-mail address	

❹ INFORMATION THAT MAY BE GIVEN TO THE THIRD PARTY

Please indicate which information you would like us to provide to your chosen third party.

	Third Party 1		Third Party 2	
	YES	NO	YES	NO
Personal Information (Confirm personal details)				
Benefit Information (Benefit queries and claim queries)				
Financial Information (Banking details, suspension status, contribution information, amounts owing to the Scheme)				
Medical Information (Diagnosis, treatment plans, chronic and other authorisations)				
Documents (Statements, membership certificates, tax certificates)				
All of the above				

❺ DISCLAIMER

1. This document gives Profmed and its administrator permission to make certain information available to the named third party/parties.

2. I agree that by making this information available, Profmed and its administrator are not responsible for any loss (direct, indirect) as a result of such disclosure.

3. I agree that the named third party/parties receiving this information may not hold Profmed or its administrator responsible for any claims which result from the wrong use or disclosure of the information by the named third party/parties.

4. I agree that once I have given permission, Profmed or its administrator and the Scheme may give all the information within the selected category to the named third party/parties.

5. This permission will end on the date(s) specified on this form. I understand that if I have not stipulated an end date, consent will remain in force until I give specific instruction to end this consent (or when the purpose of the consent is no longer valid).

6. I guarantee that, to the extent that it may be required by law, I have the necessary consent from my dependants to provide this permission.

Signature of principal member _____   Date | D | D | M | M | Y | Y | Y | Y |

Once completed, please e-mail the form to consent@profmed.co.za.