



Diabetic control in the comfort of your own home

INFORMED CONSENT FORM

Doctor Consent

I, _____, Practice No. _____, hereby give employees or any duly authorised representative of VitalAire, consent to contact my patient and their respective medical aid to follow up on or give feedback regarding any reimbursement issues that my patient might have in order to obtain the medical technology that I have recommended and which, in my opinion, is the most appropriate clinical choice.

I confirm that I have obtained my patient's written consent in providing employees or any duly authorised representative of VitalAire access to his/her medical files and any other details that are relevant to assist in obtaining medical scheme authorization for the medical technology that I have recommended including my membership number, medical condition, medical history, name, sex, date of birth ("personal Information").

Signature: _____

Date: _____

Patient Consent

I, _____ (patient), hereby give Dr. _____ consent to give the Personal Information to employees or representatives of VitalAire in order to assist with any reimbursement issues and to interact with my medical aid, in order to obtain the medical technology that my doctor has recommended ("Purpose"). Any Personal Information gathered and processed will not be used publicly without my further consent and VitalAire will ensure the confidentiality and integrity of my Personal Information at all time. The Personal Information will not be retained any longer than is necessary to achieve the Purpose. I will be able to revoke this consent at any time by sending a written request to VitalAire by registered post and on receipt of such written request: VitalAire will cease gathering and processing the Personal Information and de-identify any Personal Information on record.

Signature: _____

Date: _____

Main Member: _____

DOB: _____

Med. Aid No. _____