

FILE NO: \_\_\_\_\_

#### CLIENT DETAILS

Surname:	Cassidy
First Name(s):	Kegan
Known As:	
Title:	Mr
Identity Number:	8702065099080
Home Address:	673a Skukuza street, Faerie Glen, Pretoria, 0180
Occupation:	Project Manager
Employer/Other:	Bridge Corporate
Home Language:	English
Cell number:	0714382765
Home or Work telephone number:	
E-Mail Address:	kegan.cassidy@gmail.com
Name of person referred by:	Dr Roos

#### NEXT OF KIN/ALTERNATIVE CONTACT

Surname:	Cassidy
First Name:	Linette
Relationship to client:	Wife
Cell number:	066 472 4318

#### MEDICAL AID DETAILS

Medical Aid Name & Option:	Discovery Classic Priority
Membership No:	676557045
Main Member Name & ID Number:	8905110200088

#### PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNT (IF NOT CLIENT)

Surname:	
First Name(s):	
Title:	
Identity Number:	
Relationship to Client:	
Home Address:	
Occupation:	
Home Language:	
Cell number:	
Home or Work telephone number:	
E-Mail Address:	

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## 1. GENERAL TERMS AND CONDITIONS AND POPIA CONSENT

- I, the undersigned, am responsible for payment of the full consultation fees to Matthew Steele at the time of the consultation.
- I, the undersigned, understand that I am responsible for settling the account and following up with my medical aid regarding claims not paid
- Payment may be made in cash, by electronic transfer or by available card facility only.
- I, the undersigned, undertake to pay collection charges for unpaid fees as prescribed by the National Credit Act if my account is not paid in full within 30 days.
- I, the undersigned, undertake to cancel an appointment 24 hours before the time if I am unable to attend. If I fail to do so, I will be responsible for the full consultation fee.
- I, hereby give consent to the processing of my personal information as well as medical information contemplated in the Protection of Personal Information Act No 4 of 2013, by Matthew Steele, the practice staff and third parties with whom Matthew Steele has a contractual relationship (e.g., Accountant and/or Auditor) for the following purposes:
  - a) Treating and managing me in terms of a psychologist-and-patient relationship;
  - b) The administration of the contractual relationship between myself and Matthew Steele;
  - c) Communicating with third parties who have undertaken to indemnify me for the costs of my treatment and management or part thereof including medical schemes and their administrators where relevant;
  - d) Communicating with third parties who may need my information in order to secure psychiatric and/or medical treatment, and/or in seeking urgent assistance for me in emergency situations, including but not limited to psychiatric institutions and/or hospitals; and;
  - e) Collecting outstanding monies from me.
- I, the undersigned, understand that all claims tendered to the medical aid require an ICD code (diagnostic code). I hereby give permission for the disclosure of an ICD code on my account.
- I, the undersigned, understand that telephone/Microsoft Teams/WhatsApp video call consultations will take place on a consultation basis and be charged according to the normal consultation rates.
- I, the undersigned, acknowledge that the practice is entered and visited at my own risk.

## 2. TERMS AND CONDITIONS REGARDING USE OF WHATSAPP

- Introduction:  
These Terms and Conditions ("Terms") outline the agreement between the healthcare provider, Matthew Steele ("Provider," "we," "us") and the patient ("Patient," "you") regarding the use of WhatsApp for communication in the context of medical practice. By using WhatsApp to communicate with the Provider and/or it's employees, you agree to abide by these Terms. These Terms are designed to ensure your privacy, security, and effective communication.
- Communication Platform:  
WhatsApp is an encrypted messaging platform that will be used as a supplementary means of communication between you and the Provider. It is important to note that while WhatsApp employs encryption, no digital communication platform can guarantee absolute

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security. By consenting to these Terms, you acknowledge and accept the risks associated with digital communication.

- **Consent to Use WhatsApp:**

By choosing to communicate with the Provider through WhatsApp, you voluntarily consent to using this platform for non-emergency medical communication. You understand that WhatsApp messages, including text, images, audio, and video, may be used to facilitate medical consultations, appointments, follow-up discussions, and other related communications.

- **Privacy and Confidentiality:**

The Provider is committed to maintaining the confidentiality and privacy of your medical information. However, you understand that WhatsApp messages may be subject to security risks, and you consent to share personal and medical information over this platform. The Provider will take reasonable measures to protect your data, but cannot guarantee absolute security.

- **Emergency Situations:**

WhatsApp is not suitable for urgent or emergency medical situations. If you are facing a medical emergency, you should immediately seek help through appropriate channels, such as calling emergency services or visiting the nearest healthcare facility.

- **Communication Frequency and Response Time:**

The Provider will make efforts to respond to your messages in a timely manner during regular business hours. However, response times may vary based on the Provider's schedule and the nature of the communication. You understand that messages sent outside of regular business hours may not receive an immediate response.

- **Technical Issues:**

You acknowledge that technical issues, such as connectivity problems or app malfunctions, may occur while using WhatsApp. The Provider will not be held responsible for any delays, disruptions, or errors caused by technical issues.

- **No Replacement for In-Person Consultation:**

WhatsApp communication is not a substitute for in-person medical consultations. The Provider may recommend an in-person visit if the situation requires a more comprehensive assessment.

- **Termination of Communication:**

The Provider reserves the right to terminate or suspend WhatsApp communication at any time for reasons including, but not limited to, breach of these Terms, inappropriate behaviour, or the need for alternative communication methods.

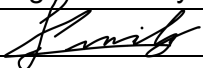
- **Updates to Terms:**

The Provider may update these Terms from time to time. You will be notified of any changes, and your continued use of WhatsApp for medical communication will indicate your acceptance of the updated Terms.

- **Contact Information:**

If you have any questions, concerns, or wish to withdraw your consent to use WhatsApp for medical communication, please contact the Provider through official communication channels.

By continuing to use WhatsApp for medical communication, you confirm that you have read, understood, and agree to these Terms and Conditions.

NAME	Kegan Cassidy		
SIGNATURE		DATE	19-08-2025

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