

Patient consent to process personal information.

I, hereby consent to the processing of my personal information contemplated in the Protection of Personal Information Act No 4 of 2013, by Dr Johann Lochner, the practice staff and third parties with whom Dr Johann Lochner has a contractual relationship (eg Accountant and Auditor) for the following purposes:

- a) Treating and managing me in terms of a doctor-and-patient relationship;
- b) The administration of the contractual relationship between myself and Dr Johann Lochner
- 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; and
- d) Collecting monies outstanding from me.

Signed..... Dated.....