DR TEMBISA TINI INC

SPECIALIST OBSTETRICIAN AND GYNAECOLOGIST

MBChB (WSU), FCOG (SA), MMed O+G (UFS)
Practice Number: 0838934

PATIENT TERMS, PRIVACY & CONSENT

Patient registration and consent for digital medical transcription | October 2026

Please read this document carefully. You may ask the practice to explain any provision before signing. Consent choices are recorded separately. Declining digital transcription will not affect your access to appropriate medical care.

01 PATIENT DETAILS

PATIENT FULL NAME	ID / PASSPORT NUMBER
DATE OF BIRTH	MOBILE NUMBER
EMAIL ADDRESS	MEDICAL SCHEME
SCHEME MEMBERSHIP NUMBER	MAIN MEMBER

02 PRIVACY & USE OF HEALTH INFORMATION

Dr Tembisa Tini Inc collects and maintains personal information and medical records to provide healthcare, manage appointments and accounts, obtain relevant investigations and referrals, administer medical-scheme claims and meet applicable legal and professional requirements. This may include sensitive reproductive, obstetric and gynaecological information.

Your information is treated as confidential. The practice will use appropriate safeguards and limit access to authorised persons who require the information for a legitimate purpose. Records are maintained and retained as required by applicable health, privacy and professional rules.

Where appropriate, relevant clinical information, including ICD-10 diagnosis codes, may be shared with healthcare professionals, laboratories, hospitals, medical schemes or other authorised parties involved in your care or payment for that care. Disclosures outside these purposes require an appropriate lawful basis and, where applicable, your consent.

03 COMMUNICATIONS WITH THE PRACTICE

The practice may send accounts, statements, receipts, quotations, authorisation documents and administrative notifications through the contact details provided by you. Clinical results and other sensitive communications may be sent electronically only where you have chosen that communication method or another lawful basis applies. Certain results may require a consultation or direct discussion.

Please inform the practice promptly if your contact details change. Electronic communication can carry privacy risks if an email account or device is shared or accessed by another person.

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PRACTICE TERMS & CLINICAL DOCUMENTATION

04 PRE-AUTHORISATION & MEDICAL-SCHEME COVER

Where hospitalisation or a procedure is required, you remain responsible for confirming your medical-scheme benefits, obtaining any required pre-authorisation and arranging payment of amounts not covered by your scheme. The practice will provide reasonable supporting documentation, including quotations where applicable, to assist with this process. Pre-authorisation is not a guarantee of payment.

05 FEES & SETTLEMENT OF ACCOUNTS

Consultations and procedures performed in the rooms are payable in full on the day of service unless another arrangement has been agreed in writing. Available payment methods may include card, cash and electronic funds transfer. Telephonic consultations, repeat prescriptions, authorisations, motivations and medical reports may be billable services. You remain responsible for fees not settled by your medical scheme and any lawful recovery costs on overdue accounts.

06 DIGITAL MEDICAL TRANSCRIPTION

Purpose. With your separate consent, the practice may use a listening or dictation device and a secure digital transcription service to capture spoken information during your consultation and convert it into a draft written clinical note. This assists with accurate records, referrals and reports, and allows the clinician to give greater attention to your consultation.

Clinical responsibility. The transcription output is a documentation aid only. Your treating clinician remains responsible for checking, correcting and approving clinical notes before they become part of your medical record. Clinical decisions are made by your clinician.

Privacy and service providers. Spoken information may include sensitive medical information. An external transcription service provider may process this information on the practice's behalf under appropriate confidentiality and security arrangements. Information about the current service provider, any applicable processing outside South Africa and relevant retention arrangements is available from the practice before you consent.

Audio processing and retention. Audio may be captured and temporarily processed to prepare written documentation. Consent to transcription does not, by itself, authorise the practice to keep a separate long-term audio recording. If audio is to be retained beyond what is required for transcription, the practice will explain the purpose and retention arrangements and seek separate consent where required.

Your choice. Digital transcription is voluntary. You may decline it, ask that it be stopped, or change your choice for future consultations. The clinician will use another method of documentation. Any records already lawfully created remain subject to applicable recordkeeping requirements.

07 CLINICAL PHOTOGRAPHY, RESEARCH & OTHERS PRESENT

Clinical photographs or video may be used where clinically appropriate only in accordance with your choice and applicable law. Identifiable use for teaching, publication, presentations or research requires a separate assessment and consent where required. Permission to contact you about future research is an independent, optional choice and does not constitute agreement to participate.

If a partner, family member, interpreter or another person is present during a consultation, please inform the clinician if you have concerns about the capture of that person's speech or your privacy. The clinician may pause transcription or take other appropriate measures.

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PATIENT CONSENT & DECLARATION

Please tick ONE choice in each row. An unanswered question is not treated as consent.

08 YOUR CONSENT CHOICES

CONSENT ITEM	YES	NO
Electronic clinical communications I agree to receive suitable clinical results and communications at the electronic contact details I have provided.	☐	☐
Medical reports I authorise the practice, where clinically appropriate, to request medical reports relevant to my condition or care.	☐	☐
Medical scheme / diagnostic information I consent to relevant clinical and diagnostic information, including ICD-10 codes, being supplied to my medical scheme and, where applicable, the principal member for claims administration.	☐	☐
Clinical photography / video I consent to clinically appropriate photographs or video being recorded for my medical record. Other uses require separate consideration and consent.	☐	☐
Future research contact I agree to be contacted about possible future practice research or service-evaluation activities. Participation remains voluntary.	☐	☐
Digital medical transcription I consent to my consultation speech being captured and processed for digital transcription to assist in preparing clinical documentation, as explained in section 6.	☐	☐

09 DISCLOSURE RESTRICTIONS

Subject to lawful disclosures, list any individuals to whom you do not wish the practice to disclose your information:

_____

10 ACKNOWLEDGEMENT & SIGNATURE

☐ I confirm that the information supplied is accurate; that the practice terms have been explained or made available to me; and that I understand my fee obligations, privacy rights and individual choices above.

Where a patient requires a representative, the practice must confirm legal authority to consent. A minor who may consent independently under applicable law should not be required to obtain a parent's signature solely because of age.

PATIENT / AUTHORISED REPRESENTATIVE NAME	RELATIONSHIP TO PATIENT (IF APPLICABLE)
PATIENT / REPRESENTATIVE SIGNATURE	DATE AND PLACE SIGNED
PRACTICE REPRESENTATIVE / CLINICIAN	DATE

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