

Protection of Personal Information

Terms and Conditions

I hereby;

- Give permission, with the consent of my dependants that Medshield Medical Scheme may collect, process, store and share our personal information, including health information with the Scheme's contracted service providers to perform their functions for the administration and/or managed care of my membership which include the assessment and processing of my application, eligibility, underwriting, risk assessment, assessment and payment of claims, the provision of managed healthcare services, assessments of non-disclosures, validation and allocation of benefits, reporting to statutory bodies, fraud prevention and detection, member surveys and communication, collection and refund of contributions, members portions and savings and credit reporting.
- Authorise Medshield Medical Scheme to obtain from any doctor, medical professional, or any other person who may be in possession of, or may hereafter acquire, any information concerning my or any of my dependants health, whether such information relates to the past or future, to disclose such information to the Scheme and its contracted third parties and agree that this request shall remain in force after my / their death, as well as prior thereto.
- Confirm that I am duly authorised to apply for membership and to act for those for whom I am applying for under the age of 18 in any matter relating to this application and the administration of our Medshield membership.
- I hereby acknowledge and declare that as the Principal Member of the Scheme, to the extent that it may be required by law, that I have received the necessary consent from my dependant(s) over the age of 18 to act on their behalf in any matter relating to this application and the administration of our Medshield Membership and to access and view their healthcare claims.
- Consent to all conversations between me, or any of my dependant(s), and the Scheme or its contracted service providers to be recorded.
- Acknowledge that the personal information of my dependant(s) and I, shall be retained as part of the records of the Scheme for as long as it is required by the Scheme for lawful purposes, as may be required by applicable legislation and for historical, statistical or research purposes subject to the requirements of the applicable law. Medshield Medical Scheme are required to collect and keep personal information in terms of the allowable statutory limits thereafter.

- Consent to receive Scheme communication as it pertains to my membership and any information from the Scheme which could enhance my benefits, health and the management of my health.
- I have the right to request my personal information and that of my dependant(s), which is in the possession of Medshield Medical Scheme, provided that I furnish adequate identification and written consent from my dependant(s) over the age of 18.
- I have the right to request Medshield Medical Scheme where necessary, to correct, or delete my, or any of my dependant(s), personal information that is inaccurate, irrelevant, excessive, outdated, incomplete, misleading or obtained unlawfully.
- I shall inform the Scheme of any changes relating to my or any of my dependant(s) personal information within 30 days of the change, as required by Scheme rules, as it may impact the administration of my membership and communication from the Scheme.
- My dependant's and I agree that should we have a complaint relating to the processing of our personal information, we will refer it to the Scheme to resolve. If we are not satisfied with the outcome of the complaint, I may refer the complaint to the Information Regulator.