

Corina Avni Registered Physiotherapist

Practice Number 0052205

Special interest in Pelvic Function

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## Consent for Patient Information Usage

As a registered healthcare provider, we are required by law to follow the standards detailed by the Health Professionals Council South Africa (HPCSA) which dictates professional conduct and ethics, including managing the privacy and security of patients and their health information. Your confidentiality, dignity and privacy are of the utmost importance to us.

Please indicate below how we may share your information. Of note: if you do not disclose relevant information with your medical aid, they will reject the claim.

I consent to my case being discussed in a multidisciplinary team context

I consent to relevant information being shared with the multidisciplinary team

I consent to relevant information being shared with my medical aid

I consent to my information being shared with other healthcare providers

Namely:.....

I consent to my information being shared with non medical contacts

Namely:.....

The benefit of a multidisciplinary team approach in the management of **chronic pelvic pain patients** is access to concurrent appropriate input from different medical sources when required. This can improve response and outcomes. Simply said: have the right person, do the right thing, at the right time, for the right patient.

Medical aids assess overall health data (not of their own patients) to establish healthcare management trends. The current state of private healthcare in South Africa is that many chronic pain patients move from doctor to doctor, shopping for an answer, often with duplicate testing and non-effective treatments. This is proving untenable, to patients and medical insurers alike.

We request your permission to make use of your **anonymous** data including:

• ICD10 code

• Treatment codes

• Treatment frequency

• Other relevant data including

○ number of surgeries

○ co-morbidities (ICD10 code)

**Name of Patient** .....

Signature of patient .....

Signature of Parent or Guardian (if applicable) .....

**Name of physiotherapist** Corina Avni

Signature of physiotherapist .....

**Date** ..... **Time** ..... **Place** .....