

Health D Advanced convenience. Enhanced care.

HOW TO ASK FOR CONSENT – CARE PROGRAMME CONSENT DISCOVERY HEALTH

2023



Doctors should first check if they are the nominated practice. This is displayed on the patient file.

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Patient's file Overview	Jabamikalatats Sabamikalatats Ove	rview •2711 111 1111		Quick links Full consent Start consultation
Cined Consultations Medical history Sick notes Prescriptions KoyCare referral Softeme admin Softeme infor Hospital authorisations Chronic application Care programme	Scheme information > Medical ald: Discovery Health Medical Scheme Health Medical Scheme Ham: KeyCare Plus Imminiate Membraship number: Imminiate Ourrent nomination Imminiate Normoniation Imminiate Normoniation Imminiate Normoniation Imminiate Imminiation Imminiation Imminiation Imminiation	Medical history Image: Control of the second sec	>	Consent granted to

*If the doctor is not the nominated practice, please refer to the PCP Nomination guide for steps on how to become the nominated practice. Becoming a nominated doctor is only applicable to certain schemes i.e: Discovery Health Medical Schemes, Keycare in house plans.

Ensure the patient has an approved Chronic Illness Benefit (CIB) application.

• From the side navigation click on "Chronic application"

8	🚓 🗘 HealthID		Q Search patien	t ×	
2 Patient's file Overview	← Chronic Illness Benefit appli	19, Male			Quick links + New application
Clinical Consultations Medical history	Active				
Sick notes Prescriptions	DESCRIPTION Diabetes Type 2	30/10/2022	Approved Mar	nage Add and remove medicine/item	
KeyCare referral Scheme admin Scheme info Hospital authorisations	History	Γ			
Care programme		There is no history of chronic au	thorisations for this patie	ent.	

How to ask for consent – Care Programme consent

Discovery Health (Pty) Ltd; registration number 1997/013480/07, is an authorised financial services provider and administrator of medical schemes.

Navigate to "Care programme" from the side menu.

- Click on "New Care programme" from the Quick links.
- Care programme will be preselected if the patient is eligible for one.
- Click on "Continue"

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Patient's file Overview	Care programmes			Quick links + New Care Programme
<u>clinical</u> Consultations Medical history Sick notes Prescriptions	Active	In order to add patient onto Care Programme(s) a consultation will have to be completed	ent	
KeyCare referral Scheme admin Scheme info Hospital authorisations Chronic application Care programme	History	Select the Care Programme(s) you would like to add. Cardio Care Cardio Care Cardio Care Constraint on eligible for Care HIV Care Disease Prevention Programme Disease Prevention Programme Mental th Care Design Constraint Care Disease Prevention Programme Mental Care Disease Prevention Programme Disease Prevention Care Disease Prevention Programme Disease Careptor the Neural Neu	nt	
	Þ	Cancel Continue		

Click "Continue" to request an OTP from the patient for content.

0	HealthID		Q Search patient	× 😰 💿 😩 🗷
Patient's file	← Care programmee	ny ee aa		Quick links + New Care Programme
Clease Consultations Medical history Solt notes Prescriptions	Active	D There are currently no active care programmes for this patient		
KeyCore refermal Scheme admin Scheme info Hospitol euthorisations	History	There is currently no care programme history for this patient		
Teren application Chronic application Cure programme		OTP An SMS containing a one-time PIN (OTP) has been sent to cellphone number xxxxxxxxx111. Please enter the OTP for confirmation of consent. 015102353 Cancel Submit		

How to ask for consent – Care Programme consent

Discovery Health (Pty) Ltd; registration number 1997/013480/07, is an authorised financial services provider and administrator of medical schemes.

If you select that the patient must sign for consent, a signature section should display.

Consent		
Consent must be requested for one practice at employees of the practice will receive consent.	a time. Once	consent is granted, all active
Select practice		
COVERDERS		•
Select consent for practice:		
Health record consent	Terms and c	conditions
HIV consent	Terms and o	conditions
Choose preferred consent method:		
A one-time PIN (OTP) will be sent via SMS.		
Patient signs for consent		
Please hand the device to your patient to a health information. Sign below by using yo	llow them to s ur finger or mo	ign for consent to view their buse.
		Clear signature

- Let the patient add their signature.
- Agree to the Terms and Conditions.
- Click on "Request consent".

Select consent for practice:	
Health record consent	Terms and conditions
HIV consent	Terms and conditions
Choose preferred consent method:	
 A one-time PIN (OTP) will be sent via SMS. Patient signs for consent Please hand the device to your patient to health information. Sign below by using your set of the set	allow them to sign for consent to view their your finger or mouse.
flor in	Clear signature
(Patient) By signing, I agree to the terms a consent information	nd conditions for the above selected
	Cancel Request consent

You should now see the consent that has been granted from the patient file.

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