

Health D Advanced convenience. Enhanced care.



HOW TO ASK FOR _____ CONSENT – DATA CONSENT

DISCOVERY HEALTH 2023



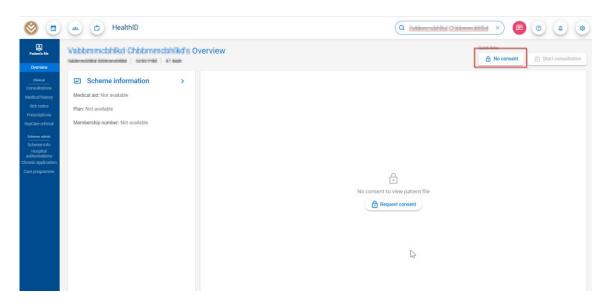
How to ask for consent - data consent

Data consent is available through the **Quick links** on the patient's file.

• Requesting consent means being granted consent at a practice level not at individual level. This is to make sure that the other employees at the practice also get consent so that they can assist with patient care.

A provider can only ask for consent if the below buttons display.

• If it shows No consent - this means that the patient did not give any consent, not to an individual or at practice level.



• If it shows **Update consent** – this means that the patient gave individual consent to the doctor. You must ask for consent again to make sure that everyone at the practice has consent so that practice employees can assist with patient care.

| <u> </u> | HealthID | | Q Search patie | nt | × 🖻 💿 🔺 🤇 |
|--------------------------------------|--|--|--|----|---|
| Patient's file | Kabbrijbhhdik Hobbrijbhhdik's C | | | | Quick links Update consent Start consultation |
| Clinical | Scheme information > | ℅ Medical history | | > | Consent granted to |
| Medical history | Medical aid: Discovery Health Medical Scheme | CONDITION | APPROVED MEDICINE | | Contract 1 |
| Sick notes Prescriptions | Plan: KeyCare Plus | Essential (primary) hypertension | Defulide 40 mg | | No practice consent |
| KeyCare referral | Membership number: | | Bilocor 5 mg | | Consender 11 And Linelaur C > |
| Scheme admin | Nominated practice | Chronic ischaemic heart disease, unspecified | Isosorbide dinitrate 10 kiara (sandoz isosorbide dinitrate) 10 mg | | No practice consent |
| Scheme Info Hospital | | | Myoprin 100 mg | | |
| authorisations pronic application | Secondar 5 | Hyperlipidaemia, unspecified | Vastor 20 mg | | B Notes Edit note |
| are programme | Edwardphardbin Internal/Bankin | Type 2 diabetes mellitus without complications | Accord metformin 500 mg | | Click to create new note |
| | Location: Tergan, Tergan, Hannes | RECENT HOSPITALISATION | ADMISSION DATE | | |
| | Nomination effective from 01/01/2014 | | | | |
| | Member is nominated to another practice | There are no recent h | Dispitalisations for this patient | | 6 |
| | | | | | |

How to ask for consent – data consent

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| (| HealthID | | (| Q. (Hitematilghile Maker | nigin × 🗩 | 0 4 0 |
|---|--|--------------|---|--------------------------|-------------|-------|
| Patient's file Overview | Chibbenenkighthb Mobbenenkighth Downgenencompet 1000000 40.000 | n's Overview | | | Quick links | |
| Closed Consultations Medical history Sick notes Prescriptions KeyCare referral Scheme Info Scheme Info Chronic application Chronic application Care programme | Scheme information Medical aid: Not available Plan: Not available Membership number: Not available | | ee. Once consent is granted, all active | ent file | | |

When you click on **Update consent**, HealthID will tell you why the consent needs to be updated.

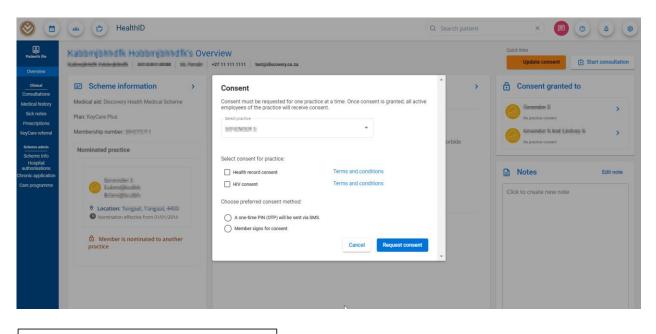
• When you click on **Update consent** it will take you to the consent widget.

| (| 🚓 🐡 HealthID | | Q Search patient | × 😰 @ 🔺 💩 |
|---|--|--|-------------------|---|
| Putern file Overview Cinical Consultations Medical history Sick notes Prescriptions KeyCare referral | Kabben brhaftis Hobben brhaftiss Over Research Research Control of the second | | sandag isosofbide | Cuck links Update consent Start consultation Consent granted to Consent granted to |
| Scheme admin Scheme info Hospital authorisations Chronic application Care programme | Nominated practice | Hyperlip Type 2 d RECENT H Consent details have been updated and consent has not been provided to any of your practices. Cancel Update consent RECENT H There are no recent hospitalisations for this patient | | Notes Edit note Click to create new note |

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• On the consent widget, you must first select the practice.



| Consent | | | |
|--|------------------------|--|--|
| Consent must be requested for one practice at a time. Once consent is granted, all active employees of the practice will receive 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. | | | |
| Member signs for consent | | | |
| | Cancel Request consent | | |

Select the consent type. There are two consent methods, namely an OTP (one-time pin) via SMS or signature consent.
 For OTP consent, select the first method.

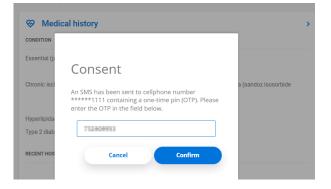
| Consent | | | | |
|--|--|--|--|--|
| Consent must be requested for one practice at a time. Once consent is granted, all active employees of the practice will receive consent. | | | | |
| Select practice | | | | |
| CONTROLS I | ~ | | | |
| Select consent for practice: | Terms and conditions Terms and conditions | | | |
| Choose preferred consent method: | | | | |
| A one-time PIN (OTP) will be sent via SMS. Patient signs for consent | | | | |
| | Cancel Request consent | | | |

How to ask for consent – data consent

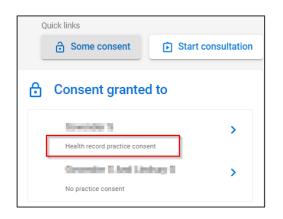
• Click on **Request consent**.

| Consent | |
|---|------------------------|
| Consent must be requested for one practice a employees of the practice will receive consen | |
| Select practice | |
| CONTRACTOR C | ~ |
| 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. | |
| Member signs for consent | |
| | Cancel Request consent |

• Add the OTP and click on **Confirm**.



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



How to ask for consent – data consent

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

| Consent | | | |
|--|-------------|--------------------------------|--|
| Consent must be requested for one practice a employees of the practice will receive consent | | consent is granted, all active | |
| Select practice | | | |
| COVERDERS | | * | |
| | | | |
| | | | |
| Select consent for practice: | | | |
| Health record consent | Terms and c | onditions | |
| HIV consent | Terms and c | onditions | |
| _ | | | |
| Choose preferred consent method: | | | |
| A one-time PIN (OTP) will be sent via SMS. | | | |
| Patient signs for consent | | | |
| Im | | | |
| Vease hand the device to your patient to allow them to sign for consent to view their health information. Sign below by using your finger or mouse. | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | 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 Te | rms and conditions | |
| ✓ HIV consent Te | 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 allow health information. Sign below by using your fin | | |
| Jan An | Clear signature | |
| (Patient) By signing, I agree to the terms and cond consent information | itions 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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