



AGREEMENT TO RECEIVE TELEHEALTH SERVICES

PATIENT DETAILS

Full Names and Surname: _____

Identity Number: _____

Medical Scheme Name and Number: _____

Medical Scheme Number: _____

I, the Patient, hereby agree:

1. To receive psychology services from Johann Krynauw, by means of electronic media ***either telephone call, Doxy.me, for video calling.***
2. There is no subscription required when using the electronic platforms mentioned above, such as costs for the Applications (“Apps”) used, but I understand that I will carry my own costs of any infrastructure and/or running costs associated with such service being rendered e.g. the data used, the telephone and/or computer, etc.
3. That this platform will be used to render healthcare services to me, and that the usual consent processes will be followed. I understand that I can opt out of receiving care, at any stage, but acknowledge that it may not be in my best interest and I therefore release Johann Krynauw from legal liability for this.
4. That I have to make an appointment prior to each contact where Telehealth will be provided.
5. That I will be billed/medical aid for a Telehealth consultation or psychotherapy session at the usual rate that would have applied for a face-to-face interaction or any part thereof.
6. That I understand Johann Krynauw is by law obliged to take notes during the Telehealth session. The session will not be recorded as a video or audio file by both

Time for restoration.

HPCSA No. PS0137731 | Practise No. 0785253

+27 (0)66 213 6887 | info@johannkrynauw.co.za | 1st Floor, Cape Gate Oncology Centre, Cnr Tiger Avenue and Bisset Street, Cape Gate, Brackenfell

www.johannkrynauw.co.za



parties, unless specific consent has been granted by both parties in writing. Johann Krynauw will devote his full attention to the session.

7. That the service may have limitations relating to technology, such as data- and internet failures (e.g. dropped calls or bad reception). I understand that I am responsible for a secure and stable connection as far as possible.
8. Be alone and in private in a room that is fully enclosed to ensure an uninterrupted session unless stipulated in terms of section 9.1 below, and with no light source (window, lights or lamps) behind me. I will devote my full attention to the session, and not do anything else, e.g. receive phone calls, answer SMS's, reply to WhatsApp messages or the likes.
9. That, although Johann Krynauw will adhere to the existing rules relating to confidentiality:
 - 9.1. I understand that I must take the necessary precautions at home to ensure my confidentiality during telehealth service provision, and, where I wish for another person to be present during the Telehealth engagement, I will forward a written and signed consent for that person's presence, clearly indicating the person's details, the date(s) and time(s) of the consultation(s);

I, therefore, freely and voluntarily consent to this service, and I understand the implications thereof, including the costs related to it.

Signed at _____ (place) on _____ (date).

Patient signature

Time for restoration.

HPCSA No. PS0137731 | Practise No. 0785253

+27 (0)66 213 6887 | info@johannkrynauw.co.za | 1st Floor, Cape Gate Oncology Centre, Cnr Tiger Avenue and Bisset Street, Cape Gate, Brackenfell

www.johannkrynauw.co.za