



## Permission to make certain information available to a third party 2026

### Who we are

TFG Medical Aid Scheme (referred to as 'the Scheme'), registration number 1578, is a non-profit organisation, registered with the Council for Medical Schemes. Discovery Health (Pty) Ltd (referred to as 'the Administrator') is a separate company and an authorised financial services provider (registration number 1997/013480/07). We take care of the administration of your membership for the Scheme.

### Purpose of this form

By completing this form, you allow us to share your information with any third party you nominate. A third party is any person or entity that has a relationship with TFG Medical Aid Scheme, administered by Discovery Health (Pty) Ltd; Please make sure you are using the most up to date form. Download the latest version of all forms from [www.tfgmedicalaidscheme.co.za](http://www.tfgmedicalaidscheme.co.za), under Find a document > Application forms.

### How to complete this form

- Please complete the form with black ink and print clearly. Alternatively, complete it electronically by typing in the fields below.
- To avoid administrative delays, please make sure this form is completed in full.
- Forms that are incomplete or not signed will not be considered as valid consent and will not be processed.
- Provide a copy of your nominated third party's identity document or valid passport.
- Please **submit** your documents to [consent@discovery.co.za](mailto:consent@discovery.co.za).
- For more information about how and why we use your information, please view our Privacy Statement: <https://www.tfgmedicalaidscheme.co.za/portal/tfg/privacy>
- Please specify the type of information that each third party may have access to and for how long the access should be valid. If you don't specify a date, we will assume the permission to be valid from the date of signature, in section 4 of this form, to continue until you revoke the permission in writing.

If we cannot identify your nominated third party, we cannot complete the request for this (applicable to sections 2.5, 2.6 and 2.7).

**When you sign this form, you confirm the information provided is true and correct.**

### 1. Main member's details

Membership number	<input type="text"/>
ID or passport number	<input type="text"/>
Member's surname	<input type="text"/>
Member's name	<input type="text"/>

### 2. About the third party (to whom we may give specified information)

#### 2.1. Your financial adviser

Your financial adviser is your appointed financial adviser, or your employer's appointed financial adviser, who is on record and works at your or your employer's appointed intermediary house. This financial adviser may change occasionally. This means the new financial adviser will have access to the information you make available. If you want to give permission to only a specific person, please complete the specific third party section of this form.

Financial adviser number	<input type="text"/>
Surname	<input type="text"/>
First name(s) (as per identity document)	<input type="text"/>

#### 2.2. Financial adviser house

An intermediary house is a group of financial advisers who conduct their business and give advice under one business name.

Financial adviser house	<input type="text"/>
Financial adviser house name	<input type="text"/>

**2.3. Your employer contact person**

Your employer contact person is the contact person or representative where you work. This contact person or representative may change occasionally. This means a new contact person or representative may have access to the information you make available. Your permission only applies to the contact person at your current employer. If you change employers, this permission will end. If you want to give permission to only a specific person and not the employer contact person in general, please complete the specific third party section of this form.

Title

Surname

First name(s) (as per identity document)

ID or passport number

**Third Party**

Please tick the third party to which you want to make information available

**Make all of the below available**

	Financial adviser	Financial adviser house	Employer contact person	Date from	Date to
Biographical information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Benefit information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Financial information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Medical information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

(Refer to table 1 on page 4 for examples of these types of information).

**2.4. Your doctor**

BHF Practice number

Doctor/practice

**Practice details**

**Make all of the below available**

		Date from	Date to
Biographical information	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Benefit information	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Financial information	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Medical information	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

(Refer to table 1 on page 4 for examples of these types of information).

*\*This information will be made available to the practice.*

**2.5. Specific third party 1**

You give permission to make information available to the third party specified below.

Title

Surname

First name(s) (as per identity document)

ID or passport number

Contact number

Email address

**2.6. Specific third party 2**

You give permission to make information available to the third party specified below.

Title

Surname

First name(s) (as per identity document)

ID number

Contact number

Email address

**2.7. Specific third party 3**

You give permission to make information available to the third party specified below.

Title

Surname

First name(s) (as per identity document)

ID number

Contact number

Email address

**3. About the information we may give to the specified third party**

**Third party** **Please tick the third party to which you want to make information available**

**Make all of the below available**

	Specific third party 1	Specific third party 2	Specific third party 3	Date from	Date to
Biographical information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Benefit information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Financial information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Medical information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Examples of the type of information we can make available to a third party are given in the table below:

Table 1	Examples of biographic information	Examples of benefit information	Examples of financial information	Examples of medical information
Membership number	Plan type	Medical scheme tax certificate and tax reports	Indicator of chronic condition	
Date of birth		Banking details	Prescribed Minimum Benefit chronic conditions details	
ID number		Total contribution and breakdown	Confirmation of claims paid (excluding amounts and origin of payments)	
Postal and email address			Claims Transaction History	
Physical address	Limits		Hospital procedures	
Telephone numbers	Waiting period details		Procedure codes	
			Procedures done in doctors' rooms paid from Hospital Benefit	

## 4. Terms and Conditions

- 4.1. This document gives TFG Medical Aid Scheme permission to make certain information available to the named third party or third parties selected in this form and reserve the right to revoke this consent if there is a breach of any terms and conditions of this agreement or any rules by either of the parties.
- 4.2. You agree that by making this information available, TFG Medical Aid Scheme is not responsible for any loss, whether direct, indirect or as a result of disclosing the information.
- 4.3. You agree that the named third parties receiving this information may not hold TFG Medical Aid Scheme responsible for any claims that result from the wrongful use or disclosure of the information by the named third parties.
- 4.4. You agree that once you have given permission, TFG Medical Aid Scheme may give all the information that falls under the selected type of information to the named third parties.
- 4.5. This permission will end on the dates specified in section 2 and 3 of this form or when your employer contract ends (if your relationship with TFG Medical Aid Scheme is through your employer).
- 4.6. You agree that if you have not given an expiry date in section 3 of this form, the permission will only end on your specific instruction in writing (or when the purpose of the permission has been served). Any 3rd party consent expires on death.
- 4.7. TFG Medical Aid Scheme will only share the personal, financial and medical information for you or your dependants or beneficiaries on your health plan or policies if it is requested by a third party to which you have already given consent for disclosure.
  - 4.7.1. Should the Scheme, and its outsourced service providers, including the Administrator, share the information, all parties receiving this information must agree to keep it confidential.
  - 4.7.2. Should the Scheme, and its outsourced service providers, including the Administrator, wish to share your information for any other reason, we will do so only with your express consent.

### Definitions

“Applicable law” includes all these:

- the Promotion of Access to Information Act 2 of 2000
- the Electronic Communications and Transactions Act 25 of 2002 (as amended)
- the Protection of Personal Information Act 4 of 2013
- the Consumer Protection Act 68 of 2008
- the Medical Schemes Act 131 of 1998 (as amended)
- the National Health Act 61 of 2003
- the Children’s Act 38 of 2005
- the Choice on Termination of Pregnancy Act 92 of 1996
- Ethical Rules of Conduct for Practitioners Registered under the Health Professions Act, 1974 published as GNR 717, dated 4 August 2006 in the Government Gazette (“the Ethical Rules”)
- All applicable guidelines published in General Ethical Guidelines for the Health Care Professions as published by the Health Professions Council of South Africa (“the HPCSA guidelines”).

### Acknowledgement

I acknowledge that -

- Medical information that healthcare providers send to TFG Medical Aid Scheme.
- Certain biographical details
- Chronic illness Benefit and health plan information
- All existing and newly diagnosed chronic conditions
- Discovery Health (Pty) Ltd (“Discovery Health”) has developed an application (“HealthID”) medical practitioners can use to access my information recorded in my Electronic Health Record (EHR).
- The purpose of HealthID is to support and enable quality clinical care to members of the Schemes, Societies, or Funds administered by Discovery Health and to help reduce the administrative burden on medical practitioners accessing my information.
- All authorised medical practitioners who treat me from time to time can only request and access my information through HealthID if they have my consent.
- I can at any time change or revoke my consent by formally letting TFG Medical Aid Scheme know of my decision. By giving my consent, I give TFG Medical Aid Scheme permission to share my information with my authorised medical practitioners to assist in making informed clinical decisions.

I understand that once TFG Medical Aid Scheme has shared my information with authorised medical practitioners, TFG Medical Aid Scheme has no further control over this information and will not be accountable for its safeguarding. I also understand that the authorised medical practitioners have confirmed to TFG Medical Aid Scheme that they will treat my information as confidential and in line with applicable laws. I note that TFG Medical Aid Scheme will, as required by and in adhering to applicable laws, protect and maintain the confidentiality of my information.

### Consent

- 4.1. By consenting, I agree to –
  - 4.1.1. My information being made available to authorised medical practitioners for the purposes outlined here
  - 4.1.2. TFG Medical Aid Scheme receiving my information directly from any healthcare provider.
- 4.2. I am entitled to change or revoke my consent at any time.

When I revoke my consent, medical practitioners will no longer be able to access my information.

- 4.3. The consent I give (as set out in this form) is valid from the date and time when I give consent and will continue until I change or revoke my consent as explained in point 2.
- 4.4. I agree that by making this information available, TFG Medical Aid Scheme will not be responsible for any loss or damage (whether direct or indirect) that may arise from the use of this information, other than where it is due to or attributable to grossly negligent or fraudulent conduct by TFG Medical Aid Scheme.
- 4.5. I give permission for my authorised medical practitioners to provide TFG Medical Aid Scheme with my diagnosis and other relevant clinical information to review applications for the Chronic Illness Benefit. For the Chronic Illness Benefit, I understand that –
- 4.5.1. Funding from the Chronic Illness Benefit depends on meeting benefit entry requirements as determined by TFG Medical Aid Scheme.
- 4.5.2. It provides cover for disease modifying therapy only, which means that not all medicines for a listed condition are automatically covered or funded.
- 4.5.3. By registering, I agree that my condition may be subject to disease management interventions and periodic review and that this requires giving both TFG Medical Aid Scheme and my authorised medical practitioners access to my information.
- 4.5.4. Funding for medicine will only be provided from when TFG Medical Aid Scheme receives and approves an application form that is completed in full.
- 4.5.5. I may need to send an updated or new application form, if TFG Medical Aid Scheme asks for this.
- 4.6. I have had an opportunity to read (or have read to me) and I am aware of and fully understand all the terms, conditions and consequences of giving my consent.
- 4.7. I have had sufficient opportunity to ask questions about this consent form and have had these questions, if any, answered to my satisfaction by TFG Medical Aid Scheme.
- 4.8. I have been made aware that the full terms and conditions can be accessed on [www.tfgmedicalaidscheme.co.za](http://www.tfgmedicalaidscheme.co.za) or by calling **0860 123 077** and that TFG Medical Aid Scheme will provide me with a copy of this consent form on my request.

My signature below indicates my understanding of an agreement to comply with the terms of this consent form.

Signed at (town or city)		on	D	D	M	M	Y	Y	Y	Y
Please print name										
Signature of person giving permission		Date	D	D	M	M	Y	Y	Y	Y



**Please only sign if information is true, complete and correct**