



CLOSTRIDIUM BOTULINUM TYPE A TOXIN

## PATIENT CONSENT FORM

I, \_\_\_\_\_  
hereby acknowledge, give consent and declare by my signature below, that I accept the terms and conditions of this agreement between myself and Acino Pharma (Pty) Ltd. Registration Number: 1994/008717/07.

### I hereby give consent and declare:

1. That Acino Pharma may access, request, and receive all the relevant and necessary health and personal information from my health care provider(s) and their staff, including my physician(s), nurses(s), pharmacist(s) as well as other providers as necessary (hereafter referred to collectively as "health care providers"), to provide me with an authorisation decision from my medical scheme. The information accessed, requested and received may include all information concerning (but not necessarily limited to) my personal and medical details including (but not necessarily limited to) name(s), date of birth, identity number, medical history, treatment, medical procedures, special investigations as well as any blood and laboratory results.
2. I further agree that Acino Pharma may interact and liaise directly and repeatedly (by way of e-mail, phone or otherwise), with my medical scheme, my doctor(s), and any other health care provider(s) and their staff regarding my treatment, the use of my medication, the authorisation and specific motivation process for this treatment as well as the monitoring, reporting and follow up of any aspects relating to this treatment when necessary.
3. I understand that assistance from Acino Pharma does not necessarily imply that my medical scheme will provide full/partial/ any reimbursement for my treatment. I understand that I/main member will be responsible for the payment of any levies, co-payments or rejections that may be imposed by my medical scheme and agree that Acino Pharma may contact my authorised doctor directly in this regard.
4. I consent and confirm in my capacity as parent/legal guardian of my minor child that Acino Pharma may process the special or personal information applicable to my minor child.

### Consent to information recording and storage:

5. I understand that Acino Pharma will keep all my information confidential and will only use and share this information with a relevant third party, applicable association, treating physician and my medical scheme, insofar as is necessary for authorisation and delivery of my treatment. Furthermore, I understand that my dispensing data will be kept/stored for 5 years according to South African Pharmacy Council legislation, whereafter all my information will be destroyed.
6. I further understand that authorised Acino Pharma employees will have access to my personal information which may include all information received and collected from me and/or a third party/parties, any telephonic recordings of conversations and all written communication.

### Right to withdrawal of consent, security and destruction:

7. I understand the full extent and meaning of this consent and I have the right to withdraw this consent at any time.
8. I confirm that I have provided accurate personal information to Acino Pharma and acknowledge that it is my responsibility to inform Acino Pharma of any changes to any and/or all my provided information in order to ensure the accuracy of all my details accessed, requested and received by Acino Pharma.
9. I understand that if there is reason for me to believe that my personal information has not been processed professionally or appropriately and/or has been compromised or misused, that I may contact the Information Officer/Deputy Information Officer of Acino Pharma (contact details are contained in the POPIA & PAIA Manual and are also available on the Acino Pharma website: [www.acino.co.za](http://www.acino.co.za)).

10. I may further request access to, correction and/or deletion of, my personal information by contacting Acino Pharma.

**Contact details: (email)** [auth\\_za@acino.swiss](mailto:auth_za@acino.swiss) **(tel)** 087 742 1892. Acino Pharma, 106 16th Road, Midrand, 1686.

**Power of Attorney**

*(If this section is not applicable, please draw a line through the section)*

Kindly complete this section should you wish to nominate another person, other than yourself, who may have access to your information that is held by Acino Pharma. Particularly created for your comfort and protection of your personal information.

11. I hereby nominate, constitute and appoint: .....

(Full Names and Surname of nominated person) with

Identity Number: ..... and telephone number: .....

to act on my behalf in respect of the following matter(s) detailed below:

- 11.1. request/query delivery of medication from the courier pharmacy, one of Acino Pharma's preferred suppliers
- 11.2. any further queries/disputes which may arise regarding my profile or account with the courier pharmacy
- 11.3. Acino Pharma may contact and share my personal information with the above nominated person, should I not be available.
- 11.4. I further confirm that I have received consent from the above nominated and appointed person, acting on my behalf, to provide his/her full personal information to Acino Pharma.

I understand the full extent and meaning of this consent and acknowledge that I have the right to withdraw this consent at any time. I confirm that I have read/had read to me and do hereby accept, the full extent of this consent and all the conditions contained herein. I further confirm that I am signing this consent freely and voluntary without any undue influence.

**PATIENT DETAILS**

Patient Full Name & Surname: .....

Patient Identity Number: .....

Email Address: .....

Contact Number (1): ..... Contact Number (2): .....

Delivery Address: .....

Residential Address: .....

Medical Scheme: .....

Medical Scheme Option: .....

Medical Scheme Number: .....

Dependent Code: .....

Main Member Name & Surname: .....

Main Member Identity Number: .....

Email Address: ..... Contact Number: .....

..... <b>Patient/Guardian Name and Signature</b>	..... <b>Date</b>
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**Please send completed consent form to: [auth\\_za@acino.swiss](mailto:auth_za@acino.swiss)**

54 Dysport® Each vial contains 500 U of Clostridium botulinum type A toxin-haemagglutinin complex. Excipients: Human albumin solution, lactose. Reg No.: 37/30.4/0683. Acino Pharma (Pty) Ltd. Reg. No.: 1994/008717/07. 106 16th Road, Midrand. 1686. LP4942 13/10/2023 Expiry date 13/10/2025

