



## ICPS Patient Consent Form – Arthroplasty

Please read this form carefully and sign at the bottom. If you have any further questions, please do not hesitate to ask for clarification. You have the right to change your mind at any time, including after you have signed this form.

### 1. Consent to Enhanced Recovery Joint Replacement Surgery and payment under the ICPS Programme

1.1. I hereby consent to undergo a joint replacement of the (please fill in whether hip or knee and left or right) \_\_\_\_\_ according to the ICPS Programme.

1.2. ICPS (Improved Clinical Pathway Services) is the managed care organisation which runs the Programme under which my treatment will be performed and the payment therefor managed.

1.3. I understand that this Programme includes:

- My attendance at an anaesthetic or GP or Physician assessment of the status of my health before the operation
- Physiotherapy assessment and training and daily exercises at home before the operation
- The use of the latest science and internationally agreed best way currently to do a joint replacement by the treating doctors
- Anaesthesia appropriate for quicker mobilisation after the operation
- Mobilisation after the operation on the day of surgery which on average is 4 to 6 hours after of the operation.
- Discharge from hospital as soon as I am well enough. This may be as soon as 1 to 3 days after surgery.

1.4 I understand that my treating surgeon and anaesthetist will discuss the surgical, medical and anaesthetic risks relevant to me with me before my operation, as well as risks arising from the COVID-19 viral pandemic. I agree to take all precautions against COVID-19 which are required of me by law, and by my treating surgeon, anaesthetist and the hospital where my operation will take place.

1.5 I understand that my surgery may be postponed and that I may be required to undergo a programme of optimisation of my health until I am in the best possible condition to withstand the rigors of surgery and anaesthesia.

1.6 I understand that ICPS pays only for the actual uncomplicated joint replacement, and any payment for treating complications, whether from COVID-19 or from any other cause, will be made by my medical aid and may require me to make co-payments. I understand that, if my medical aid prosthesis limit is spent before my joint replacement surgery, my surgery may be cancelled. It is my responsibility to make sure my benefit is not spent.

### 2. Consent in terms of the Protection of Personal Information Act 4 of 2013 (PoPI Act)

#### 2.1 Purpose and Consequences:

2.1.1 My personal information, including confidential medical information held by my treating healthcare providers and my treating hospital, will be collected and shared:

- for purposes of my treatment under the ICPS Programme, the payment therefor, and facilitating quality control;
- for certain information to be stored on ICPS's clinical registry and used for research purposes; and
- to enable my medical scheme to have access to my information as required under the Medical Schemes Act.

2.1.2 I may revoke my consent for information to be collected from me or shared with any specific recipient in clause 2.2.1 at any time by notifying ICPS.



2.1.3 I understand that if I do not consent to the collection and sharing of my personal information, or revoke my consent, I will not be able to undergo treatment under the ICPS Programme.

2.2 Recipients:

2.2.1 My personal information, including medical information will be shared among my treating healthcare providers and their practice staff, my medical scheme and its administrator, my treating hospital, and authorised staff at ICPS. My personal information on ICPS's clinical registry may be shared with researchers in due course.

2.2.2 When my personal information is under the control of ICPS, ICPS is responsible for the security of my personal information and will comply with the relevant data protection laws. ICPS is not responsible for the security of my personal information when it is under the control of any of the other recipients in clause 2.2.1.

2.3 Storage and Retention:

2.3.1 My personal information will be stored by ICPS in a secure cloud-based storage facility meeting the security requirements for POPI and international data protection laws.

2.3.2 ICPS will take all reasonable steps to protect my personal information and maintain its confidentiality. ICPS cannot, however, guarantee the security or integrity of any information I may transmit to ICPS online and I agree that I do this at my own risk.

2.3.3 ICPS will retain my personal information within the statutory limits.

2.3.4 I have the right to access my information being stored by ICPS.

2.3.5 I have the right to lodge a complaint with the Information Regulator about the collection, processing and storage of my personal information.

I hereby consent to undergoing Enhanced Recovery Joint Replacement Surgery under the ICPS Programme, the payment terms thereof, and the collection, processing, sharing and storage of my personal information and confidential medical information, according to the PoPI Act and all terms and conditions on this form.

Print Name of Patient: \_\_\_\_\_

Signature of Patient: \_\_\_\_\_

Date: \_\_\_\_\_

Statement of interpreter, if necessary:

I have interpreted the information above to the patient to the best of my ability in their language of choice, being

\_\_\_\_\_ (please complete) and in a way which I believe he/she understands.

Print Name of Interpreter: \_\_\_\_\_

Signature of Interpreter: \_\_\_\_\_

Date: \_\_\_\_\_