



CAPE GASTRO

gastroenterology

Cape Gastro Patient Information

1. PROTECTION OF HEALTH AND PERSONAL INFORMATION

Sharing of medical information with third parties is a requirement of a medical practice for the purposes of billing, obtaining medical aid authorisations, auditing and to prevent duplication of tests and investigations. The practice policy is to obtain all previous medical reports and lab results to allow for an accurate opinion at the time of your consultation, and to provide other doctors involved in your care with copies of Dr Rush's reports. Any objections to the disclosure of your medical records or personal details for the above-mentioned purposes, must be provided in writing.

2. UPDATE OF PERSONAL DETAILS

It is the responsibility of the patient to update the practice of any changes to your contact details including telephone number, cell phone number and email address in order to ensure results, reports and appointment reminders are received.

3. COMMUNICATION POLICY

The practice relies predominantly on email for communication regarding appointments, instructions before procedures, sending of reports and other day-to-day communication. Please ensure that the email address provided is correct, is a private email address and that receipt of emails is acknowledged. Other forms of electronic communication such as SMS or WhatsApp will not be answered unless in an emergency.

4. 2019 FEES

- a) First consultation **R1300 (duration up to 1 hour)** - credit card or cash payment in rooms
- b) Follow-up consultation **R800 (duration up to 30 minutes)** - credit card or cash payment in rooms
- c) Endoscopy procedures based on Discovery Classic and Executive rates
- d) Alternative fee arrangements must be discussed before any consultations or procedures

5. CANCELLATION POLICY

- a) Please notify the practice of cancelled appointments timeously.
- b) The practice will endeavour to contact you well in advance of any changes made to your appointment.
- c) Very occasionally Dr Rush may have to deal with a medical emergency, and this will take precedent over scheduled appointments. All efforts will be made to alert you of such an eventuality.

6. WHAT TO BRING TO YOUR FIRST CONSULTATION

- a) Identification: ID or driver's licence
- b) Medical aid card
- c) List of all current medication
- d) Any previous medical reports you have available
- e) Referring doctors' details

ACKNOWLEDGMENT: I hereby certify that I have read the above patient information and accept its terms.

NAME DATE

SIGNATURE

DR COLIN RUSH, physician gastroenterologist
MBChB (UCT), FCP(SA), MMED, Cert. Gastroenterology (SA)
PR No. 0817554 / MP0687901

ADDRESS_102 Fairfield Medical Suites, Life Kingsbury Hospital, Wilderness Rd, Claremont, 7700
TEL_087 702 6244 / EMERGENCIES_021 670 4180

www.capegastro.co.za / drrush@capegastro.co.za