

# Discovery Health practice number registration form for nurses rendering diabetes educator services



## Contact us

Tel (Members): **0860 99 88 77**, Tel (Health partner): **0860 44 55 66**, PO Box 784262, Sandton 2146, [www.discovery.co.za](http://www.discovery.co.za).

## Purpose of the form

The purpose of this form is to register a pharmacy **employed professional with their own practice number** to an **existing pharmacy practice** with Discovery Health. This is so that the professional can render clinic services to Discovery Health Medical Scheme members.

## What you must do

The employer representative must complete this form in full and email the completed form – together with the relevant supporting documents of the employed professional (see checklist below) – to [Provider\\_Administration@discovery.co.za](mailto:Provider_Administration@discovery.co.za).

## Checklist of supporting documents we need for the employed professional to register their practice number

### 1. Registration of employed professional's practice number

#### Checklist

Completed Discovery Health practice number registration form for pharmacies for DE services	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Certified copy of professional's latest South African ID or passport in the employer's possession	Yes <input type="checkbox"/>	No <input type="checkbox"/>
BHF number: Submit a copy of the professional's Practice Code Numbering System (PCNS) certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### 2. Registration of a diabetes educator in training on \*network 562

All documents as above in point 1, plus:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Copy of course certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### 3. Registration of a diabetes educator on \*network 563

All documents as above in point 1 and 2, plus:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Activity <u>record</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Mentorship <u>form</u>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
OR		
Where the professional did the training course more than two years ago, please submit a motivation detailing the service years at various employers, work descriptions and tasks to prove experience	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## 1. Pharmacy clinic practice details

I want to register the professional's practice number as being employed by:

Name of employer / owner / company

Company number / ID number

Pharmacy practice to be registered on **\*network 564** as partnership

Pharmacy practice name

Pharmacy practice number

Practice physical address

Unit / Suite number  Complex name

Street number  Street name

Suburb

City  Postal code

Phone number for the pharmacy clinic



9. You agree that Discovery Health may process your personal information for the following purposes:
- To verify the accuracy, correctness and completeness of any information provided to Discovery Health in the course of processing any application from you or providing services to the members;
  - for the provision of relevant information to a contracted third party;
  - to profile and analyse risk;
  - to share your personal information with external health providers for them to assess or evaluate certain clinical information, in the event that you are subject to such a clinical assessment.
- Examples of how this will happen include:
- Sharing your personal information with us during the application process to help Discovery Health, if necessary, while we process your application;
  - Getting your personal information from other relevant sources, including medical practitioners, contracted service providers, financial advisers, credit bureaus, entities that are part of Discovery Group or industry regulatory bodies (“relevant sources”) and further processing of such information to consider your application. We may (at any time and on an ongoing basis) verify with the relevant sources that your personal information is true, correct and complete;
  - Transferring your personal information outside the borders of the Republic of South Africa where appropriate, or if you provide an email address which is hosted outside the borders of South Africa, or for processing, storage or academic research. We will ensure that anyone to whom we pass your personal information agrees to treat your information with the same level of protection as we are obliged to.
10. You consent and agree that:
- We may process your information, including personal and special personal information, to conduct sanction screening against all mandatory and non-mandatory sanctions lists and to perform transaction monitoring activities;
  - To us communicating such personal information to local and international regulatory bodies as well as to other entities in the Discovery Group if you are matched to one of these sanctions lists; and
  - We may terminate this agreement with immediate effect if you are found to be on a sanctions list.
11. Discovery Health will provide your personal information to any other entity within the Discovery Group with whom you already have a relationship.
12. Discovery Health may share and combine all your personal information for any one or more of the following purposes:
- market, statistical and academic research; and
  - to customise our benefits and services.
13. Your personal information may be shared with third parties such as academics and researchers, including those outside South Africa. We ensure that the academics and researchers will keep your personal information confidential and all data will be made anonymous to the extent possible and where appropriate. No personal information will be made available to a third party unless that third party has agreed to abide by strict confidentiality protocols that we require. If we publish the results of this research, you will not be identified by name.
14. By signing this application form, you authorise Discovery Health to obtain and share information about your creditworthiness with any credit bureau or credit providers’ industry association or industry body. This includes information about credit history, financial history, judgments, default history and sharing of information for purposes of risk analysis, tracing and any related purposes.
15. We may process your information using automated means (without human intervention in the decision making process) to make a decision about you or your application. You may query the decision made about you.
16. Discovery Health has the right to communicate with you electronically about any changes related to your application or agreement with us or your provider profile with us.
17. Discovery Health has a duty to keep you updated about any offers and new products that affect the services that you provide to the members from time to time. Discovery Health or any entity within the Discovery Group and contracted third-party service providers may communicate with you about these.
18. You have the right to know what personal information Discovery Health holds about you. If you wish to receive this information please complete a ‘PAIA form to request access to records’ on [www.discovery.co.za](http://www.discovery.co.za) and specify the information you would like. We will take all reasonable steps to confirm your identity before providing details of your personal information.
19. We are entitled to charge a fee for this service and will let you know what it is at the time of your request.
20. You agree that Discovery Health may keep your personal information until you ask us to delete or destroy it. You have the right to ask us to update, correct or delete your personal information, unless the law requires us to keep it. Where we cannot delete your personal information, we will take all practical steps to de-personalise it.
21. Where Discovery Health is required by law to collect and keep personal information, we shall do so. At a minimum, this includes the following:
- The Consumer Protection Act, 2008
  - The Protection of Personal Information Act, 2013
  - Electronic Communications and Transactions Act, 2002
  - Promotion of Access to Information Act, 2002
  - Financial Advisory and Intermediary Services Act, 2002
22. You agree that Discovery Health may transfer your personal information outside South Africa:
- if you give us an email address that is hosted outside South Africa; or
  - to administer certain services, for example, cloud services.
23. If Discovery Health becomes involved in a proposed or actual amalgamation, transfer or merger, acquisition or any form of sale of any assets, as appropriate, we have the right to share your personal information with third parties in connection with the transaction. In the case of such an event, the new entity will have access to your personal information.
24. If you believe that Discovery Health has used your personal information contrary to this privacy statement, you have the right to lodge a complaint with the Information Regulator, under POPIA, but we encourage you to first follow our internal complains process to resolve the complaint. We explain the complaints and disputes process on the website [www.discovery.co.za](http://www.discovery.co.za). Contact details for the Information Regulator: The Information Regulator (South Africa) |33 Hoofd Street | Forum III, 3 Floor | Braampark | Braamfontein | PO Box 31533 |Braamfontein | 2017 | Tel: **+27 (0) 10 023 5207** | Cell No: **+27 (0) 82 746 4173** | [inforeg@justice.gov.za](mailto:inforeg@justice.gov.za)

## 6. Details of employer or pharmacy practice representative completing the form

By completing this form, you acknowledge that the information supplied is true and correct.

Name	<input type="text"/>													
Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Email address	<input type="text"/>					
Signature	<input type="text"/>						Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

STAMP
-------

## Useful website links about the diabetes educator service

- *Diabetes educator handbook*
- *Diabetes pathology laboratory request form*
- *Diabetic foot screening form*

\*Send manual confirmation to sender/employer

Auto-notification to 562,563 and 564.