

Dr. V. Gantsho Practice - Confidentiality Agreement



Practice No: 1234927

Dr. V Gantsho

HPCSA No: MP0580848

MBCHB (WSU), Dip HIV Man, DMH (SA), MMED Psych (Wits),
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RH Bell Clinic

Corner Shannon and Bell Street, Noordheuwel, Krugersdorp, 1739

Gauteng

South Africa

Date: 2025-05-08 10:07:00

Patient Names: Mr. Clayton

Surname: Motloung

Date of birth: 29.10.1984 - **Age:** 40

ID Number: 8410295901089

Gender: Male

Address: 86 Frikkie Meyer CW4 Vanderbijlpark

This agreement is a contract between Dr Vuyiswa Gantsho the "Psychiatrist" and Mr. Clayton Motloung the "Patient" or "Client" as above, referred to as "I"

No.	Agreement Statement	Initial
1.	I agree to undergo assessment and treatment by the psychiatrist, who will provide psychiatric services to the best of his ability according to accepted medical standards.	_____
2.	I acknowledge and agree for the psychiatrist to collect and use my personal information and data to assess and treat me.	_____
3.	I agree to the capturing of my information on an IT system for record keeping.	_____
4.	I agree to the retention of my clinical records confidentially by the psychiatrist, for an indefinite period.	_____
5.	I agree to the sharing of my information between healthcare practitioners for treatment purposes.	_____
6.	I agree to the sharing of my information with hospital nursing staff should I be admitted.	_____
7.	I agree to the sharing of my information with medical schemes if deemed necessary for treatment purposes.	_____
8.	All information belonging to me, the patient, will be kept confidential during the course of my treatment, except as required by law or as necessary for treatment purposes. Certain circumstances, such as risk of harm to self or others, may necessitate breach of this confidentiality.	_____

This agreement shall remain in effect indefinitely, unless terminated by law.

By signing below, I acknowledge I have read and understood the terms of this agreement and consent to the above.

Date _____

Mr. Clayton Motloung (signature)

Date _____

Witness (name and signature)

Date _____

Dr V Gantsho