

DOCTORS POPIA CONSENT PORTAL USER GUIDE



INTRODUCTION

DOCUMENT PURPOSE

The purpose of this document is to guide the users on the redemption of the invitation code that will grant them access to the Doctor Consent Portal, to Register, Sign in and manage their consent to whom Mediclinic may share what information.

REQUIREMENT SYNOPSIS

A Portal/platform that will allow invited doctors to register and update their POPIA consent information.





DR CONSENT PORTAL REGISTRATION PROCESS

- Each doctor will receive an email invitation from the Doctor Consent Portal Administrator email address CRMAdmin@Mediclinic.co.za, to join the portal.
- This will be sent to the personal email address you provided to your DRM.
- Please click on the "Click here to redeem your invitation" that will redirect you to the Doctor Consent Portal Invitation Redemption page where your invitation code is pre-populated



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DOCTOR CONSENT PORTAL LANDING PAGE

Simply click on the '**Register button**', which will redirect you onto the register tab where your email address is pre-populated.

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	ſ	Register	





HOW TO REGISTER

- Please enter your HPCSA Number,
- Set your password,
- Set password confirmation and click Register

Passwords must be at least 8 characters long, and contain all of Lowercase letters, Uppercase letters, Numbers and Special characters (non-alpha numeric)

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◆⊒ Sign In	Register	Redeem Invitation	
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	' Email	iloma.marais@mediclinic.co.za	
* HPCSA N	umber	MP789654	
* Pas	sword		
* Confirm Pas	sword		
		Register	





HOW TO REGISTER

- Please take care NOT to click the **Register button** more than once, since it will generate the following error message: *Invalid invitation code*
- If you have received the error message, just proceed to Sign in in the top menu

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Sign In	Register	Redeem Invitation						
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PROFILE PAGE

- You will be redirected to the **Profile page** the first time after registration.
- On the profile page,
 - please confirm that all your information is correct,
 - capture all missing information
 - and click on the blue Save
 Profile and go to the
 Consent Page button.

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Home > Profile		
Profile		
MATTHEUS JACOBUS MARAIS	Your Personal email address provided t will not be displayed. Your Direct Email , as your Mobile Number will not be disp If you wish to change your email address your Doctor Relationship Manager at the Save Profile and go to Update Content	o us for login purposes is required to update Mediclinic's systems and Address where colleagues and/or patients may contact you, as well layed unless consented to. : used for login on this site, please click <u>here</u> to email the new address to hospital.
	First Name MATTHEUS JACOBUS	Personal Email Address (used for consent confirmation)
	Last Name MARAIS	HPCSA Number MP789654
	Practice Phone	Mobile Number
	0218096500	0721008989
	Web Site	
	https://www.test.co.za	





TO UPDATE CONSENT

- You will be redirected to the Consent Page which is a short one page form.
- Please read the definitions at the top carefully, before scrolling down
- You simply need to tick where we may share your :
 - practice information,
 - your cell number,
 - a direct email address,
 - your photo and birthday.

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Home > CONSENT TO SHARE INFORMATION	
CONSENT TO SHARE INFO	DRMATION
The Protection of Personal Information Act 4 of 2013 ('POPIA') is aimed at ensuri organisations that obtain such information. DEFINITIONS Practice information only as shared on billing and prescription documentation ar	ng confidentiality by regulating the way in which personal information is processed by persons or nd public listings
Personal email address: Direct email address not known to the general public an systems and will not be made available.	d received on a personal device. Personal email address is needed to register and search on electronic
Direct email address: Direct email address where a referring colleague (or patient personal device or a practice system	ts) can communicate directly, as opposed to a practice email address. Can be received on either a
After having completed your selection of where your data may be shared/n submit your consent information	ot shared, please click on the UPDATE CONSENT button at the bottom of the page to save and





UPDATE CONSENT

- There is a "Yes to all" and a "No to all" button at each category, for your convenience
- Be sure to click on the blue UPDATE CONSENT button at the bottom of the page after you have ticked which information might be shared to whom
- You will receive a Confirmation email with the consent permissions you have selected

POPIA	
1. Share PRACTICE INFORMATION to:	
YES to all the below	○ Yes ○ No
Healthcare professionals (colleagues, specialist lists, referring drs etc)	○ Yes ○ No
Mediclinic affiliated companies (ER24, Intercare etc.)	○ Yes ○ No
Public (e.g. Patients, Call Centre enquiries etc)	○ Yes ○ No
Healthcare Funders (Medical aids, BHF)	○ Yes ○ No
CPD Sponsors (Attendance register)	○ Yes ○ No
2. Share CELL NUMBER to:	
YES to all the below	○ Yes ○ No
Healthcare professionals (colleagues, specialist lists, referring drs etc)	○ Yes ○ No
Mediclinic affiliated companies (ER24, Intercare etc.)	○ Yes ○ No
Public (e.g. Patients, Call Centre enquiries etc)	○ Yes ○ No
Healthcare Funders (Medical aids, BHF)	○ Yes ○ No
CPD Sponsors (Attendance register)	○ Yes ○ No
3. Share DIRECT EMAIL ADDRESS to:	
YES to all the below	○ Yes ○ No
Healthcare professionals (colleagues, specialist lists, referring drs etc)	○ Yes ○ No
Mediclinic affiliated companies (ER24, Intercare etc.)	○ Yes ○ No
Public (e.g. Patients, Call Centre enquiries etc)	○ Yes ○ No
Healthcare Funders (Medical aids, BHF)	○ Yes ○ No
CPD Sponsors (Attendance register)	○ Yes ○ No
4. May share PHOTO to: (e.g. on website,medical directories)	○ Yes ○ No
5. May share BIRTHDAY to: (colleagues, gifting companies etc)	○ Yes ○ No

By clicking UPDATE, I acknowledge that I have read and and understood the Privacy Notice to Doctors and Allied Health Professionals and the Promotion of Access to Information Act No 2 of 2000, providing Mediclinic with my latest consent information and accept the automated email as confirmation of my updated details



Update Consent



CONSENT IMPORTANCE

- Please consider your choices carefully since:
 - some information is needed to market your practice effectively
 - referring colleagues might wish to contact you on a direct email address or cell number,
 - Additionally some referred to colleagues requested a birthday list of their referring colleagues.
- Note: A direct email address (that is read by you directly and not your practice staff, and that you might also use to communicate to colleagues or patients) and your personal email address (only used by you) that you used to log into this portal may or may not be the same email address.



CONSENT PORTAL LINK



To access the portal anytime in future as well as obtain further information you can follow this link :

https://www.mediclinic.co.za/en/corporate/ds/-doctor-consent-portal.html

Alternatively scan the QR code







UPDATE CONSENT – CONFIRMATION

- You can also **SAVE** the link you have received in the email invitation, to your home screen or desktop.
- If you need to change your consent at any time, you can just login again with your HPCSA number and registered password

LOGIN SCREEN

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Sign In Register	Redeem Invitation	
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Obtaining consent is one of processing of your personal	the stipulated grounds for the lawful processing of personal i information as specified	nformation in terms of POPIA. By voluntary and specifically giving consent, you agree to the
In order to accommodate lik advertised to potential patie	ely needs of your business such as; renting of rooms, bookir nts, some personal or practice information may have to be si	g of theatre slots, obtaining admission privileges, receiving digital services and being nared with your consent.
This portal will be accessible	to enable you to specify and maintain your consent regardir	g the use and sharing of your personal and practice information.
Sign in with a reg	stered account	
* HPCSA Number	MP789654	
* Password		
	Remember me?	
	Sign In Forgot Your Password?	





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FORGOT PASSWORD

- To reset your password and/or gain access to the Doctor Consent Portal after 3 failed attempts
- Click on Forgot Your Password.
- Enter your Email address and click Send
- You will receive an email containing a link to reset your Doctor Consent Password.
- To reset your password, click on the **Password Reset** link or copy and paste the **URL** onto your browser.
- On the password reset page, enter your new password, confirm the new password and click **Reset**
- After receiving the success message, you can either click on the Sign In button on the top right corner of your page or the Sign In button below the password reset message using your new password.



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ign in with a local	account	Sign in with an external account	
* HPCSA Number		azura-ad.b2r	
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you believe you received this email in error, please contact Customer Service for assistance.

t. Please click the following link to start the p

Chats

Schedule

Join a meeti



TO CHANGE YOUR PASSWORD

- To change your Password, you will need to navigate to your Profile page.
- On the left-hand side of your profile page, under **security**, click on Change Password
- Please make sure that the password matches what's written into the red box
- Enter your old password, new password, confirm your new password and click Change Password

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TO CHANGE THE EMAIL ADDRESS YOU USE TO LOGIN TO THE PORTAL

Navigate to the **Profile** page by clicking on the **PROFILE** link in the top right menu and click on the here link to open an email window and send the request to your local Doctor Relationship Manager to change your email address on the system



