Dear OTASA Member,

To better understand, manage and advance Occupational Therapy in South Africa, and empower the Occupational Therapy Association of South Africa (OTASA) in interactions and discussions with third party funders and other entities. This is a third party agreement to gather practice information that will be anonymised and de-identified for use as aggregated data relating to funder claims, including diagnostic coding and procedural coding. The appointed third party is ProfNet Medical.

This aggregated data will be used by the OTASA to further the purposes of the Association in supporting and rendering services to its members in terms of coding, reimbursement motivations, professional interactions with funders and in general furthering the OT profession within the Health Industry.

The third party (ProfNet) will have access to this data and will be governed by a non-disclosure agreement.

Current and historic claims data will be collected as transmitted in the processing of claims electronically through various switching houses. This data will then be anonymised, de-identified and aggregated, and then processed for analysis and review which will form the statistical basis for engagements with entities such as the CMS, medical schemes, HPCSA, Health Market inquiry, and others.

Data will be collected and kept in electronic format and stored on secure servers. Anonymised, de-identified and aggregated data will be retained while raw data will be destroyed through deep formatting.

OTASA therefore requests that, having read the information, this letter be signed and returned to the OT Office: otoffice@uitweb.co.za

I hereby give the Occupational Therapy Association of South Africa (OTASA) authority to obtain all necessary information that has been generated by my practice from organisations through which electronic data interchange (EDI) transactions occur.

I understand that:

- This data will be drawn by an approved third party, being ProfNet Medical, who undertake not to disclose any part of my personal or practice information to any individual / health care group / legal entity or any third party whatsoever, without my written consent. OTASA will only have access to the anonymised, de-identified and aggregated data in report formats.

- This information will be used to advance the profession of Occupational Therapy, through informed engagements with relevant stakeholders and strategic role-players within the South African Healthcare environment.

Name: 

____________________________________________________

Surname: 

____________________________________________________

Practice name: 

____________________________________________________

Practice number (BHF number): 

____________________________________________________

Signature: 

____________________________________________________

Date: 

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