



PROMOTION TO THE ACCESS OF INFORMATION (PAIA) MANUAL

THIS MANUAL WAS PREPARED IN ACCORDANCE WITH SECTION 51 OF THE PROMOTION OF ACCESS TO INFORMATION ACT, 2000 ("The Act") AND TO ADDRESS REQUIREMENTS OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013 ("POPI")

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B. INTRODUCTION:

The Protection of Personal Information Act (POPIA) is intended to balance 2 competing interests. These are:

1. Our individual constitutional rights to privacy (which requires our personal information to be protected); and
2. The needs of our society to have access to and to process (work with) our personal information for legitimate purposes, including the purpose of doing business.

This Compliance Manual sets out the framework for the Practice's compliance with POPIA.

Where reference is made to the "processing" of personal information, this will include any activity in which the information is worked with, from the time that the information is collected, up to the time that the information is destroyed, regardless of whether the information is worked with manually, or by automated systems.

Any enquiries regarding this guide and its contents should

be directed to: The South African Human Rights

Commission:

PAIA Unit (the Research and Documentation



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Alternatively, its successor:

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Tel: 012 406 4818, Fax: 086 500 3351, infoereg@justice.gov.za

C. OUR UNDERTAKING TO OUR PATIENTS:

1. We undertake to follow POPI at all relevant times and to process personal information lawfully and reasonably, so as not to infringe unnecessarily on the privacy of our patients.
2. We undertake to process information only for the purpose for which it is intended, to enable us to do our work, as agreed with our patients.
3. Whenever necessary, we shall obtain consent to process personal information.
4. Where we do not seek consent, the processing of our patient's personal information will be following a legal obligation placed upon us, or to protect a legitimate interest that requires protection.
5. We shall stop processing personal information if the required consent is withdrawn, or if a legitimate objection is raised.
6. We shall collect personal information directly from the patient whose information we require, unless:



- 6.1 the information is of public record, or
- 6.2 the patient has consented to the collection of their personal information from another source, or
- 6.3 the collection of the information from another source does not prejudice the patient, or
- 6.4 the information to be collected is necessary for the maintenance of law and order or national security, or

- 6.5 the information is being collected to comply with a legal obligation, including an obligation to SARS, or
- 6.6 the information collected is required for the conduct of proceedings in any court or tribunal, where these proceedings have commenced or are reasonably contemplated; or
- 6.7 the information is required to maintain our legitimate interests; or
- 6.8 where requesting consent would prejudice the purpose of the collection of the information; or
- 6.9 where requesting consent is not reasonably practical in the circumstances.
7. We shall advise our patients of the purpose of the collection of the personal information.
8. We shall retain records of the personal information we have collected for the minimum period as required by law unless the patient has furnished their consent or instructed us to retain the records for a longer period.
9. We shall destroy or delete records of the personal information (so as to de-identify the patient) as soon as reasonably possible after the time period for which we were entitled to hold the records have expired.



10. We shall restrict the processing of personal information:
 - 10.1 where the accuracy of the information is contested, for a period sufficient to enable us to verify the accuracy of the information;
 - 10.2 where the purpose for which the personal information was collected has been achieved and where the personal information is being retained only for the purposes of proof;
 - 10.3 where the patient requests that the personal information is not destroyed or deleted, but rather retained; or
 - 10.4 where the patient requests that the personal information be transmitted to another automated data processing system.

11. The further processing of personal information shall only be undertaken:
 - 11.1 if the requirements of paragraph C; 6.1; 6.4; 6.5 or 6.6 above have been met;
 - 11.2 where the further processing is necessary because of a threat to public health or public safety or to the life or health of the patient, or a third person;
 - 11.3 where the information is used for historical, statistical or research purposes and the identity of the patient will not be disclosed; or
 - 11.4 where this is required by the Information Regulator appointed in terms of POPI.

12. We undertake to ensure that the personal information which we collect and process is complete, accurate, not misleading and up to date.

13. We undertake to retain the physical file and the electronic data related to the processing of the personal information.

14. We undertake to take special care with our patient's bank account details, and we are not entitled to obtain or disclose or procure the disclosure of such banking details unless we have the patient's specific consent.



D. OUR PATIENT'S RIGHTS:

1. In cases where the patient's consent is required to process their personal information, this consent may be withdrawn.
2. In cases where we process personal information without consent to protect a legitimate interest, to comply with the law or to pursue or protect our legitimate interests, the patient has the right to object to such processing.
3. All patients are entitled to lodge a complaint regarding our application of POPIA with the Information Regulator.

E. THE RESPONSIBLE PARTY HOLDS THE FOLLOWING INFORMATION PERTAINING TO PERSONAL INFORMATION:

1. Patients
2. Employees
3. Third party operators and contractors

F. INFORMATION IS HELD ON THE FOLLOWING PLATFORMS:

1. In general areas in the building.
2. In specific offices and space designated to The Responsible Party and staff.
3. In enclosed areas like cupboards and safes.
4. On electronic password protected electronic devices.

G. DETAILS REGARDING THE PROCESSING OF PERSONAL INFORMATION AS ENVISAGED IN POPIA (THE PROTECTION OF PERSONAL INFORMATION ACT, 2013) ARE AS FOLLOWS:



1. Purpose of processing: To provide services offered by the Responsible Party to its patients, as well as comply with legislative and regulatory requirements imposed on them by the various professional and regulatory bodies.
2. Categories of data subjects: Private patients, medical aid scheme members and their dependents, employees and contractors.
3. Categories of information: Names, identity numbers, address, contact details, physical and mental health, biometrics, language, gender, employment, marital status, next of kin, and correspondence.
4. Categories of information: Medical aid schemes, third party operators (data processors, accountants), hospitals, doctors and specialists.

H. SECURITY SAFEGUARDS:

1. In order to secure the integrity and confidentiality of the personal information in our possession, and to protect it against loss or damage or unauthorized access, we must continue to implement the following security safeguards:
 - 1.1 Our business premises where records are kept must remain protected by access control, burglar alarms and armed response.
 - 1.2 Archived files must be stored behind locked doors and access control to these storage facilities must be implemented.
 - 1.3 All the user terminals on our internal computer network and our servers must be protected by passwords which must be changed on a regular basis.
 - 1.4 Our email infrastructure must comply with industry standard security safeguards and meet POPIA compliance standards.



- 1.5 We must use an internationally recognized Firewall to protect the data on our local servers, and we must run antivirus protection at regular intervals to ensure our systems are kept updated with the latest programs to address security vulnerabilities and enhance security features.
 - 1.6 It must be a term of the contract with every staff member and third-party operator maintain full confidentiality in respect of all of our patients' affairs, including our patients' personal information.
 - 1.7 Employment and third-party contracts for staff whose duty it is to process a patient's personal information, must include an obligation on the staff member (1) to maintain the Company's security measures, and (2) to notify the Responsible Party immediately if there are reasonable grounds to believe that the personal information of a patient has been accessed or acquired by any unauthorized person.
 - 1.8 The processing of the personal information of our staff members and third-party contractors must take place in accordance with the rules contained in the relevant labour legislation.
 - 1.9 The digital work profiles and privileges of staff who have left out employ must be properly terminated.
 - 1.10 The personal information of patients and staff must be destroyed timeously in a manner that de-identifies the person.
2. These security safeguards must be verified on a regular basis to ensure effective implementation, and these safeguards must be continually updated in response to new risks or deficiencies.



I. SECURITY BREACHES:

1. Should it appear that the personal information of a patient has been accessed or acquired by an unauthorized person, we must notify the Information Regulator and the relevant patient/s, unless we are no longer able to identify the patient/s. This notification must take place as soon as reasonably possible.
2. The notification to the patient must be communicated in writing in one of the following ways, with a view to ensuring that the notification reaches the patient:
 - 2.1 by mail to the patient's last known physical or postal address;
 - 2.2 by email to the patient's last known email address; or
 - 2.4 as directed by the Information Regulator.
3. This notification to the patient must give sufficient information to enable the patient to protect themselves against the potential consequences of the security breach, and must include:
 - 3.1 a description of the possible consequences of the breach;
 - 3.2 details of the measures that we intend to take or have taken to address the breach;
 - 3.3 the recommendation of what the patient could do to mitigate the adverse effects of the breach; and
 - 3.4 if known, the identity of the person who may have accessed, or acquired the personal information.



J. PATIENTS REQUESTING RECORDS:

1. On production of proof of identity, any person is entitled to request that we confirm, free of charge, whether or not we hold any personal information about that person in our records.
2. If we hold such personal information, on request, and upon payment of a fee, we shall provide the person with the record, or a description of the personal information, including information about the identity of all third parties or categories of third parties who have or have had access to the information. We shall do this within a reasonable period of time, in a reasonable manner and in an understandable form.
3. A patient requesting such personal information must be advised of their right to request to have any errors in the personal information corrected, which request shall be made on the prescribed application form. See Form C attached.
4. In all cases where the disclosure of a record will entail the disclosure of information that is additional to the personal information of the person requesting the record, the written consent of the Information Officer (or his delegate) will be required, and that person shall make their decision having regard to the provisions of Chapter 4 of Part 3 of the Promotion of Access to Information Act.
5. In certain circumstances, we will be obliged to refuse to disclose the record containing the personal information to the patient. In other circumstances, we will have discretion as to whether or not to do so.

K. RETENTION AND DISPOSAL OF RECORDS:

1. In accordance with the HPCSA, *Guidelines on the Keeping of Patient Records* (2008), para 9., records are to be retain on the following basis:



- 1.1 Records should be kept for at least 6 years after they become dormant.
 - 1.2 The records of minors should be kept until their 21st birthday.
 - 1.3 The records of patients who are mentally impaired should be kept until the patient's death.
 - 1.4 Records pertaining to illness or accident arising from a person's occupation should be kept for 20 years after treatment has ended.
 - 1.5 Records kept in provincial hospitals and clinics should only be destroyed with the authorization of the Deputy Director-General concerned.
 - 1.6 Retention periods should be extended if there are reasons for doing so, such as when a patient has been exposed to conditions that might manifest in a slow-developing disease, such as asbestosis. In these circumstances, the HPCSA recommends keeping the records for at least 25 years.
 - 1.7 In terms of section 14 of the Protection of Personal Information Act 4 of 2013 records of personal information must not be retained any longer than is necessary for achieving the purpose for which the information was collected and processed. Records should not be retained randomly on an indefinite basis.
 - 1.8 Statutory and regulatory obligations to keep certain types of records for specific periods must be complied with.
2. An efficient records management system should include arrangements for archiving or destroying dormant records in order to make space available for new records, particularly in the case of paper records. Records held electronically are covered by the Electronic Communications and Transactions Act, which specifies that personal information must be deleted or destroyed when it becomes obsolete. A policy for disposal of records should include clear guidelines on record retention and procedures for identifying records due for disposal. The records should be examined



first to ensure that they are suitable for disposal and an authority to dispose should be signed by a designated member of staff. The records must be stored or destroyed in a safe, secure manner.

- 2.1 A patient is entitled to require us to correct or delete personal information that we have, which is inaccurate, irrelevant, excessive, out of date, incomplete, misleading, or which has been obtained unlawfully. See Form 2.
- 2.2 A patient is also entitled to require us to destroy or delete records of personal information about the patient that we are no longer authorized to retain. See Form 2.
- 2.3 Upon receipt of such a request, we must comply as soon as reasonably practicable.
- 2.4 We must notify the patient who has made a request for their personal information to be corrected or deleted what action we have taken as a result of such a request.
- 2.5 We must maintain a register of each request and log the deletion or correction of such information.

L. SPECIAL PERSONAL INFORMATION:

1. Special rules apply to the collection and use of information relating to a person's religious or philosophical beliefs, their race or ethnic origin, their trade union membership, their political persuasion, their health or sex life, their biometric information, or their criminal behaviour.
2. We shall not process any of this Special Personal Information without the patient's consent, or where this is necessary for the establishment, exercise or defence of a right or an obligation in law.



M. THE PROCESSING OF PERSONAL INFORMATION OF CHILDREN:

1. We may only process the personal information of a child if we have the consent of the child's parent or legal guardian.

N. THE INFORMATION OFFICER'S RESPONSIBILITIES:

1. The Information Officer's responsibilities include:
 - 1.1 Ensuring compliance with POPIA.
 - 1.2 Dealing with requests which we receive in terms of POPIA.
 - 1.3 Working with the Information Regulator in relation to investigations.
2. In carrying out their duties, the Information Officer must ensure that:
 - 2.1 this Compliance Manual is implemented;
 - 2.2 a Personal Information Impact Assessment or GAP analysis is done to ensure that adequate measures and standards exist in order to comply with the conditions for the lawful processing of personal information;
 - 2.3 that this Compliance Manual is developed, monitored, maintained and made available;
 - 2.4 that internal measures are developed together with adequate systems to process requests for information or access to information.

O. CIRCUMSTANCES REQUIRING PRIOR AUTHORISATION:

1. We will require prior authorization from the Information Regulator before processing any personal information on criminal behaviour or unlawful behaviour.

P. TRANSBORDER INFORMATION FLOWS:

1. We may not transfer a patient's personal information to a third party in a foreign country, unless:



- 1.1 the patient consents to this, or requests it; or
- 1.2 such third party is subject to a law, or a binding agreement which protects the personal information in a manner similar to POPIA, and such third party is governed by similar rules which prohibit the onward transfer of the personal information to a third party in another country; or
- 1.3 the transfer of the personal information is required for the performance of the contract between ourselves and the patient.

Q. OFFENCES AND PENALTIES:

1. POPIA provides for serious penalties for the contravention of its terms. For minor offences a guilty party can receive a fine or be imprisoned for up to 12 months. For serious offences the period of imprisonment rises to a maximum of 10 years. Administrative fines for the company can reach a maximum of R10 million.
2. Breaches of this Compliance Manual will also be viewed as a serious disciplinary offence.
3. It is therefore imperative that we comply strictly with the terms of this Compliance Manual and protect our patient's personal information in the same way as if it was our own.