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Please complete the following form in its entirety. You may need to adapt this form for minors.

Delete the inapplicable

<b>MAIN MEMBER INFORMATION</b>				<b>ALLERGIES</b>			
SURNAME				TITLE(MR/MRS/DR ETC)			
FIRST NAMES							
DATE OF BIRTH		ID NUMBER					
RESIDENTIAL ADDRESS							
				POSTAL CODE			
POSTAL ADDRESS (if different from residential address)							
				POSTAL CODE			
TELEPHONE NUMBERS		HOME		CELL		WORK	
<b>YOUR MEDICAL AID DETAILS</b>							
NAME OF SCHEME				OPTION NAME			
MEMBERSHIP NO							
PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNT (to be contacted should medical aid not NOT pay your account)		NAME					
		TEL NO					
		ADDRESS					
<b>DEPENDANT DETAILS</b>							
DEPENDANT NAME							
DEPENDANT CODE							
DATE OF BIRTH							
DEPENDANT NAME				NEXT OF KIN ( Only to be contacted in emergencies ) Address: Phone number :			
DEPENDANT CODE							
DATE OF BIRTH							

Delete the inapplicable in clauses 1 to 9 below

1. I CONFIRM THAT THE INFORMATION FURNISHED BY ME ABOVE IS TRUE AND CORRECT.
2. I CONFIRM THAT, PROVIDED MY DOCTOR AND I AGREE ON THE FEES IN ADVANCE, I REMAIN PERSONALLY RESPONSIBLE FOR THE FULL FEE SHOULD THERE BE REJECTION OR THE UNPAID BALANCE SHOULD THERE BE ANY SHORT PAYMENT OF MY ACCOUNT BY MY MEDICAL SCHEME.
3. I CONFIRM THAT I WILL PAY INTEREST ON AMOUNTS OUTSTANDING FOR MORE THAN 30 DAYS FROM DATE OF STATEMENT AT TODAY'S PRIME LENDING RATE PLUS 2%.



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4. I CONFIRM THAT I AM PERSONALLY LIABLE FOR COSTS OF THE SERVICES DELIVERED BY MY DOCTOR TO ME OR MY FAMILY. THE FACT THAT I BELONG TO A MEDICAL AID DOES NOT REMOVE MY ULTIMATE RESPONSIBILITY TO PAY ACCOUNTS FROM THIS PRACTICE.
5. SHOULD LEGAL COSTS BE INCURRED BY THE PRACTICE AS A RESULT OF MY NON-PAYMENT, I ACKNOWLEDGE THAT THESE ARE FOR MY ACCOUNT, AT ATTORNEY CLIENT RATE
6. POPIA COMPLIANCE CLAUSE: I HEREBY CONSENT TO THE PROCESSING OF MY PERSONAL INFORMATION CONTEMPLATED IN THE PROTECTION OF PERSONAL INFORMATION ACT NO 4 OF 2013, BY DR ..... THE PRACTICE STAFF AND THIRD PARTIES WITH WHOM DR..... HAS A CONTRACTUAL RELATIONSHIP FOR THE FOLLOWING PURPOSES:
  - TREATING AND MANAGING ME IN TERMS OF A DOCTOR-AND-PATIENT RELATIONSHIP;
  - THE ADMINISTRATION OF THE CONTRACTUAL RELATIONSHIP BETWEEN MYSELF AND DR .....
  - COMMUNICATING WITH OTHER PERSONS INASMUCH AS IT RELATES TO MY TREATMENT AND MANAGEMENT;
  - COMMUNICATING WITH THIRD PARTIES WHO HAVE UNDERTAKEN TO INDEMNIFY ME FOR THE COSTS OF MY TREATMENT AND MANAGEMENT OR PART THEREOF INCLUDING MEDICAL SCHEMES AND THEIR ADMINISTRATORS WHERE RELEVANT; AND
  - COLLECTING MONIES OUTSTANDING FROM ME.
7. MY DOCTOR MAY USE ANY OF THE DETAILS PROVIDED ON THIS FORM TO PURSUE PAYMENT BY ME FOR UNPAID ACCOUNTS FOR WHATEVER REASON.
8. I AGREE THAT IN THE EVENT OF MY NON-PAYMENT, MY NAME MAY BE CIRCULATED ON A LIMITED MEDICAL BLACK LIST.
9. I ACKNOWLEDGE THAT MY DOCTOR MAY DESTROY MY RECORDS:
  - a) IF THEY HAVE BEEN INACTIVE FOR LONGER THAN 6 YEARS. (Adults) OR:
  - b) AFTER I HAVE REACHED 21 YEARS OF AGE AND MY PATIENT FILE HAS BEEN DORMANT FOR THE PRECEDING 6 YEARS.
10. I AUTHORISE MY DOCTOR TO PROVIDE MY MEDICAL AID WITH MY PERSONAL MEDICAL INFORMATION FOR THE PURPOSE OF ADMINISTERING CLAIMS.

SIGNED: (Patient)

DATE:

WITNESSED:

WITNESSED:

*This form must be **completed by every patient (Principal members as well as dependents)** who attends your practice from 01/07/2021 and filed carefully.*

*Children under 12 do not have to complete the form.*

*Children between 12 and 18 need to complete the form but consent for parental assistance must be sought from the child!*

*All adults over 18 must complete the form.*

**DOCTOR'S STAFF CONSENT TO MAINTAINING CONFIDENTIALITY OF PATIENT PERSONAL INFORMATION AND PROCESSING OF PATIENT PERSONAL INFORMATION**

I,....., undertake to:

- a) Maintain as strictly confidential any information of any person where I have gained knowledge of such information in the course of my employment with Dr .....;
- b) b. Only process a person's information when it is necessary for the performance of my duties as an employee of Dr ..... (For example, sending relevant patient information to a medical aid scheme); and
- c) Comply with the policies of Dr ..... as they relate to data protection and confidentiality.

Signed .....

Date.....

Witnessed.....

Date.....

Witnessed.....

Date.....

**All POPIA information collected must comply with the following 7 criteria:**

1. Accountability: It must be accurately obtained, be truthful and the practice must remain accountable for it.
2. Processing Limitation: The information gathered must be limited a specific purpose which must be made known to the patient and is subject to patient consent.
3. Purpose specification: The Data subject must understand the reason for the collection of the information.
4. Further processing limitation: The data gathered may not be reprocessed for any other reason unless further patient consent is sought and obtained.
5. Openness: Any processing of data must be explained to the data subject and is subject to patient consent.
6. Security safeguards: All relevant necessary reasonable measure must be taken to secure the integrity of the information gathered. Destruction of the data needs to be explained to the data subject.
7. Participation by the Data subject: The Data subject can have access to the information through a requesting process, request correction or destruction of data.

**OPERATOR AGREEMENT BETWEEN DR..... AND .....**

In order to ensure compliance with the Protection of Personal Information Act No 4 of 2013 (hereinafter referred to as "POPIA"), (..... hereinafter referred to as the Operator):

- a) undertakes to comply with the provision of POPIA, as well as any amendments thereto and Regulations published in respect thereof;
- b) undertakes to treat as confidential any personal information (as defined in POPIA) that comes into the Operator’s possession in consequence of its rights and obligations in terms of this agreement;
- c) undertakes to maintain reasonable security measures as required by section 19 of POPIA in relation to any personal information that comes into the Operator’s possession in consequence of its rights and obligations in terms of this agreement;
- d) shall notify Dr ..... as soon as reasonably possible where there are reasonable grounds to believe that the personal information of a data subject has been accessed or acquired by any person not authorised to have access thereto;
- e) undertakes not to process personal information that has come into the Operator’s possession in consequence of its rights and obligations in terms of this agreement without Dr.....’s prior knowledge and authorisation; and
- f) indemnifies Dr ..... against claims, fines and/or penalties for which Dr ..... may be or may become liable as a result of the Operator’s non-compliance with POPIA, including but not limited to the failure to implement adequate security measures as contemplated by section 19 of POPIA.

SIGNED (Doctor):

WITNESSED:

DATE:

WITNESSED:

SIGNED (Operator)

WITNESSED:

DATE:

WITNESSED:

## **PLAN FOR THE RESPONSE TO DATA BREACHES OF PERSONAL PATIENT INFORMATION**

A typical plan in response to a data breach must meet the following recommendations:

- it is a written document
- it is easily accessible by staff
- it uses clear, non-technical language
- it explains what constitutes a data breach
- It explains that data breaches must be urgently dealt with
- Sets out data breach actions in an easy-to-follow step-by-step manner
- Identifies the people to whom the data breach must be reported internally (at a minimum to the Information Officer)
- Identifies who is responsible to take immediate steps to secure the remaining data and 'plug the hole'
- Identifies whose responsibility it is to report the data breach to the Information Regulator (which is mandatory)
- how patients will be notified (SMS, e-mail, etc.)
- Identifies whose responsibility it is to formulate a notification to patients (the Information Officer is probably the best person for the job);
- Identifies who is responsible to ensure that patients receive notification
- The breach must be reported to the Information Regulator as soon as possible

**Remember that you should conduct a thorough RISK ASSESSMENT of your practice annually, listing areas of potential weakness in protection of Personal information, and what you intend to do about it.**

**This should be available for an inspection by officials of the IR upon request.**

**NOTIFICATION TO A PATIENT WHOSE DATA HAS BEEN BREACHED:**

The patient whose data has been breached must be notified by mail, SMS or e-mail, or a notification in a prominent place on your website (without indicating persons names etc.), or by publishing in news media. Beware of causing a re-breach when using public media, therefore we suggest an e-mail as well as an SMS to be safe.

The notice to the patient must provide sufficient information to allow them to take protective measures against the potential consequences of the compromise, and at a minimum must include:

- a description of the possible consequences of the security compromise
- a description of the measures that you intend to take or have taken to address security compromise
- a recommendation of the measures to be taken by the patient to mitigate the possible adverse effects of the security compromise
- if known to you, the identity of the unauthorised person who may have accessed or acquired the personal information.

CONFIDENTIAL

### **ALIGNING ELEMENTS FROM THE “OLD” PAIA MANUAL WITH YOUR POPIA FOLDER**

You need to include the following details in your POPIA folder:

- The name of your Information Officer (probably you). Your Information officer can be the same for both POPIA and PAIA.
- The contact details of the Information Regulator
- **Registration with the Information Regulator has been suspended until further notice IRRTT.SMF.InformationOfficerRegistrationCapture (justice.gov.za). Please keep watching their website for notification.**
- The purpose for which Personal Information will be processed
- The categories of data subjects and their type of personal information that will be processed
- To whom the Personal Information will be provided (e.g. the operators)
- The security measures in place in your practice
- Whether PI will be transferred outside of RSA, to where and on what basis
- A general description of what records your practice holds (e.g. health records relating to treatment and management of patients)
- You will need to keep this information in your POPIA folder /file, should an inspector conduct a compliance audit. Currently you do not need to send this to the Information Regulator yet. Please watch the website for updates however!
- Forms for patients to request corrections of their records, access to their information etc will be found on the website of the Information Regulator

**PAIA MANUAL (Section 51) FOR Dr.....**

**In terms of The Promotion of Access to Information Act 2 of 2000 (PAIA)**

**A possible new template based on the old PAIA manual may be released by the Information Regulator before December 2021.**

**Until then you may find the following information template (from the old PAIA Manual) useful as a guide. It will allow you to prepare the relevant categories of documentation for your POPIA folder in anticipation of a future inspection by the Information Regulator. Note that the section of quantum of fees is out of date but has not yet been updated.**

**TABLE OF CONTENTS**

1. Contact details
2. Categories of records of .....which are available without a person having to request access in terms of the Act.
3. Records available in terms of any other legislation
4. Medical records
5. Staff records
6. How to request a record
7. Operational Information
8. Fees in respect of private bodies
9. Prescribed request form

**INTRODUCTION**

**Reference to the Constitution**

Section 32 of the Constitution of the Republic of South Africa, No. 108 of 1996 (“the Constitution”) provides:

S32(1) everyone has the right of access to –

- a) Any information held by the state; and
- b) Any information that is held by another person and that is required for the exercise or protection of any rights.

S32(2) National legislation must be enacted to give effect to this right, and may provide for reasonable measures to alleviate the administrative and financial burden on the state.

The Promotion of Access to Information Act, 2 of 2000 (“the Act”), was enacted on 3 February 2002 to give effect to section 32 of the constitution, that is giving effect to the constitutional right of access to any information held by the State and any information that is held by another person and that is required for the exercise or protection of any rights. Where a request is made in terms of this Act, the private or public body to which the request is made is obliged to release the information, except where the Act expressly provides that the information must not be released. The Act sets out the requisite procedural issues attached to such request.

The Act came into effect on 9 March 2001 with the exception of sections 10, 14, 16 and 51 which sections were brought into operation on 15 February 2002.



**Reference to**..... was formed on and is a close corporation /Private Practice /Partnership providing the following services to patients

## **PARTICULARS IN TERMS OF SECTION 51**

### 1. CONTACT DETAILS

Any person who wishes to request any information from ..... with the object of protecting or exercising a right may contact the Information Officer. The Information Officer has been duly authorised by the member to deal with the matters in connection with requests for information in terms of the Promotion of Access to Information Act 2, of 2000.

*The contact details are as follows:*

Postal Address:

.....

Physical Address:

.....

Website: If applicable

.....

2. CATEGORIES OF RECORDS OF ..... WHICH ARE AVAILABLE WITHOUT A PERSON HAVING TO REQUEST ACCESS IN TERMS OF THE ACT IN TERMS OF SECTION 52(2). [Section 51(1)(c)] No notice of such records has been made to the Minister.

3. RECORDS AVAILABLE IN TERMS OF ANY OTHER LEGISLATION. [Section 51(1)(d)  
(Do not worry to get copies of all of this legislation. Merely be able to look up the relevant legislation and be familiar with certain of the legislation which directly affects your business or your practice)

Records are kept in accordance with the following legislation:

- Companies Act, 1973
- Close Corporations Act, 1984
- Income Tax Act, 1962
- Unemployment Insurance Act 2001
- Regional Services Council Act 1985
- Value Added Tax Act 1991
- Compensation for Occupation Injuries and Diseases Act 1993
- Labour Relations Act 1995

- Basic Conditions of Employment Act 1997
- Skills Development Act 1998
- South African Revenue Services Act 1997
- Promotion of Access to Information Act 2000
- Skills Development Levies Act 1999
- National Small Business Act 1996
- Occupational Health and Safety Act 1993
- Financial Advisory and Intermediary Services Act 2002 Page 5
- Financial Intelligence Centre Act 2001
- The Medical Schemes act 131 of 1998
- The National Health Act 61 of 2003
- Health Professions Act 56 of 1974
- Medicines and related Substances Act 101 of 1965
- Occupational health and Safety Act 130 of 1993
- Compensation for Occupational Injuries and Diseases Act
- Basic Conditions of Employment Act 75 of 1997
- Unemployment Insurance Fund Act 63 of 2002
- POPIA 4 of 2013

#### 4. MEDICAL RECORDS

- Patient records of notes, appointments, results, prescriptions, referrals, billings to medical funders, receipts, VAT,

#### 5. STAFF EMPLOYMENT RECORDS AND PAYMENT RECORDS INC UIF and PAYE

#### 6. HOW TO REQUEST A RECORD.

A DESCRIPTION OF THE SUBJECTS OF THE RECORDS HELD BY .....

##### How to request a record

Section 53 prescribes that the requester must use the prescribed form, below, to make the request for access to a record. This must be made to the Information Officer of

.....

The request must be made to the address, fax number or electronic mail address of the Information officer of .....

The requester must provide sufficient detail on the request form to enable the Information Officer of ..... to identify the record and the requester.

The requester should also indicate which form of access is required. The requester should also indicate if s/he wishes to be informed in any other manner and state the necessary particulars to be so informed.

The requester must identify the right that s/he is seeking to exercise protect and provide an explanation of why the requested record is required for the exercise or protection of that right.

If a request is made on behalf of a person, the requester must then submit proof of the capacity in which the requester is making the request to the satisfaction of the Information officer of .....

The Information Officer of ..... must notify the requester (other than a personal requester) by notice, requiring the requester to pay the prescribed fee before further processing of the request.

The request fee for private bodies is R50. The requester may lodge an internal appeal or an application to the court against the tender or payment of the request fee.

If the request is granted then a further access fee must be paid for the reproduction and the search and preparation, and for any time that has exceeded the prescribed hours to search and make a decision on the request and notify the requester in the required form.

## 7. OPERATIONAL INFORMATION

This information can be defined as information needed in the day-to-day running of the organization and is generally of little to no use to persons outside the organization. (Examples of such information are: requisitions, internal telephone lists, address lists, company policies, directives, contracts, employee records and general "house keeping" information).

- Correspondence files
- Tax files
- Human resources files
- Financial records, including accounting records
- Contracts & Agreements
- Training Records

## 1. FEES IN RESPECT OF PRIVATE BODIES WHICH ARE PAYABLE WHEN REQUESTING A RECORD

### Item Fee

- a. The fee for a copy of a manual as contemplated in regulation 9(2)(c)
- b. for every photocopy of an A4 size page or part thereof R1,10

- c. The fee for reproduction referred to in regulation 11(1) are as follows:
    - i. For every photocopy of an A4-sized page or part thereof
    - ii. For every printed copy of an A4-sized page or part thereof held on a computer or in electronic or machine-readable form
    - iii. For a copy in a computer readable form on
      - 1. Stiffy disc
      - 2. Compact disc
    - iv. For a transcription of visual images
      - 1. For an A4-size page or part thereof
      - 2. For a copy of visual images
    - v. For a transcription of an audio record,
      - 1. For an A4-sized page or part thereof
  - d. The request fee payable by a requester, other than a personal requester, referred to in regulation 11(2) R50,00
  - e. The access fees payable by a requester referred to in regulation 11(3) are as follows:
    - i. For every photocopy of an A4-size page or part thereof
    - ii. For every printed copy of an A4-size page or part thereof held on a computer or in electronic or machine-readable form 1,10, R0,75 Page 7
    - iii. For a copy in a computer-readable form on –
      - 1. Stiffy disc
      - 2. Compact disc
    - iv. For a transcription of visual images
      - 1. For an A4-size page or part thereof
      - 2. For a copy of visual images
    - v. For a transcription of an audio record,
      - 1. For an A4-size page or part thereof
      - 2. For a copy of an audio record
    - vi. To search for an prepare the record for disclosure, for each hour or part of an hour reasonably required for such search and preparation.
- 8 For purposes of section 54(2) of the Act, the following applies:
- a. Six hours as the hours to be exceed before a deposit is payable; and
  - b. One third of the access fee is payable as a deposit by the requester.

The actual postage is payable when a copy of a record must be posted to a requester.

9. PRESCRIBED REQUEST FORM TO BE COMPLETED WHEN A PATIENT REQUESTS COPIES OF RECORDS:

REQUEST FOR ACCESS TO RECORD OF .....

(Section 53(1) of the Promotion of Access to Information Act 2 of 2000)  
[Regulation 10]

A. Particulars of .....The Information officer:

B. Particulars of person requesting access to the record

- a. The particulars of the person who request access to the records must be recorded below.
- b. Furnish an address and/or fax number in the Republic to which information must be sent.
- c. Proof of the capacity in which the request is made, if applicable, must be attached.
  - i. Full name and surname:
  - ii. Identity number:
  - iii. Postal Address:
  - iv. Telephone number:      Fax number:

C. Particulars of person on whose behalf request is made:

- i. This section must be completed only if a request information is made on behalf of another person.
- ii. Full names and surname:
- iii. Identity number:

D. Particulars of record:

- a. Provide full particulars of the record to which access is requested, including the reference number if that is known to you, to enable the record to be located.
- b. If the provided space is inadequate please continue on a separate folio and attach it to this form.

The requester must sign all the additional folios.

- i. Description of record or relevant part of the record:
- ii. Reference number, if available:
- iii. Any further particulars of record:

E. Fees

- a. A request for access to a record, other than a record containing personal information about yourself, will be processed only after a request fee has been paid.
- b. You will be notified of the amount required to be paid as the request fee.
- c. The fee payable for access to a record depends on the form in which access is required and the reasonable time required to search for and prepare a record.
- d. If you qualify for exemption of the payment of any fee, please state the reason therefore.

Reason for exemption from payment of fees:

F. Form of access to record

If you are prevented by a disability to read, view or listen to the record in the form of access provided for in 1 to 4 hereunder, state your disability and indicate in which form the record is required.

Disability: Form in which record is required:

Mark the appropriate box with an "X"

NOTES:

- a) Your indication as to the required form of access depends on the form in which the record is available.
  - b) Access in the form requested may be refused in certain circumstances. In such a case you will be informed if access will be granted in another form
  - c) The fee payable for access to the record, if any, will be determined partly by the form in which access is requested.
1. If the record is in written or printed form:  
Copy of record Inspection of record
  2. If record consists of visual images:  
(This includes photographs, slides, video recordings, computer-generated images, sketches, Etc) Page 10  
  
View the image Copy of images \*Transcription of images\*
  3. If record consists of recorded words or information which can be reproduced in sound:  
Listen to the soundtrack (audio cassette) Transcription of soundtrack\*
  4. If record consist of visual images:  
(This includes photographs, slides, video recordings, computer-generated images, sketches, etc)  
View the image Copy of images \*Transcription of images\*  
\*If requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you?  
A postal fee is payable

G. Particulars or right to be exercised or protected:

Indicate which right is to be exercised or protected:

Explain why the requested record is required for the exercising or protection of the aforementioned right:



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H. Notice of decision regarding request for access:

You will be notified in writing whether your request has been approved / denied. If you wish to be informed thereof in another manner, please specify the manner and provide the necessary particulars to enable compliance with your request.

How would you prefer to be informed of the decision regarding your request for access to the record?

Signed at ..... this ..... day of ..... 20.....

Signature of Requester / Person on whose behalf request is made

Issued by Dr Tony Behrman, Medicolegal adviser and Business Consultant to  
Medical Protection Society SA (PTY)LTD

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