

156 Beyers Naude Ave Potchefstroom, 2531



BA Psychology (UP), BSocSci (UP), PGCE (UP), MA Counselling Psychology (NWU), PhD Psychology (NWU) HPCSA: PS0144738 | Practice No.: 0838608

# PROMOTION OF ACCESS TO INFORMATION ACT (PAIA) SECTION 51 MANUAL Sylvia **Kruger, Counselling Psychologist**

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#### Introduction

This manual is published in terms of Section 51 of the Promotion of Access to Information Act (Act No.2 of 2000) ("the Act"). The Act gives effect to the provisions of Section 32 of the Constitution, which provides for the right of access to information held by the State and/or held by a private person or entity where such information is required to protect rights. This manual applies to the private psychology practice of Sylvia, with practice number 0838608 and HPCSA number PS0144738 ("the Practice").

Sylvia Kruger counselling psychology practice provides psychotherapy services to children, adolescents and adults. The Practice is in the health care sector and Sylvia Kruger is a healthcare professional registered under the Health Professions Act of 1974 and is subject to the rules and regulations of the Health Professions Council of South Africa (HPCSA).

This manual serves to inform members of the public of the categories of information that the Practice holds and that may, subject to the grounds of refusal listed in the Act, be disclosed after evaluation of an access application being made in terms of the Act.

## Contact details for the Practice (Section 51 (1) (a))

Sylvia Kruger (practice owner)

156 Beyers Naude Ave, Potchefstroom, 2520

Contact number: 081 427 3640

Email address: sylvia.kruger@outlook.com

#### Practice Information Officer (Section 51 (1) (a))

The Practice Information Officer is Sylvia Kruger (practice owner): 081 427 3640; <a href="mailto:sylvia.kruger@outlook.com">sylvia.kruger@outlook.com</a> The Deputy Information Officer is the receptionist, Shane Nagel 081 427 3640

## Availability of this manual

A copy of this manual is available:

- For inspection, free of charge, at the Practice office.
- On request from the Practice Information Officer, copies of which will be subject to the prescribed fees.
- In electronic format from the Information Regulator: <a href="https://www.justice.gov.za/inforeg/index.html">https://www.justice.gov.za/inforeg/index.html</a>.

Alternatively, this manual can be accessed from:

The South African Human Rights Commission ("SAHRC")

Postal address: Private Bag 2700, Houghton, 20141

Telephone number: +27 11 877 3600 Fax number: +27 11 403 0625 Website: www.sahrc.org.za

This manual will be updated from time to time as and when required.

#### How to request access to records held by the Practice (Section 51 (1) (e))

Requests for access to records held by the Practice must be made on the request form that is attached to this manual is Appendix A ("Request Form C").

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When a record is requested, the following will apply:

- The requester should address their request to the Practice owner.
- The Request Form must be completed by the requester. All details must be completed on the Request Form, including the right the requester wants to protect by requesting the information and why access to the information is required.
- If the requester is acting on behalf of someone else, the signature of the other person as the one who has authorised the request must be provided. In order to verify this, the Practice may require further proof such as an identity document or may call the person whose information it is to verify that they have given permission for the other person to access the information on their behalf.
- Provide sufficient details to enable the Practice to identify what records are being requested.
- The requester must state in which format (inspection of copy, paper copy, electronic copy, transcript, etc.) they want to access the information.
- If the record is part of another record, the requester will only be able to access the part(s) that pertains to the information they are entitled to, and not the rest of the record.
- Fees may be payable as prescribed by law.

All requests will be evaluated against the provisions of the Act. The Information Officer may refuse access on grounds stipulated in the Act. A response to a request for information must be provided within 30 days of the request and if not granted and the requester is not satisfied with the Information Officer's written reasons for the refusal, they can approach any Magistrate's Court within 30 days to appeal.

#### How the Protection of Personal Information Act works (Section 51 (1) (b))

The Act provides that a requester may be provided access to records of a private body, if the record is required for the exercise or protection of any rights. If a public body lodges a request, the public body must be acting in the interest of the public.

Requests under the Act must be made in terms of the procedures prescribed by the Act, at the rates provided. The forms and tariff are dealt with under sections 53 and 54 of the Act.

More information on how the Act works and all other information including the Section 10 Guide can be obtained in each of the official languages from the South African Human Rights Commission at:

The South African Human Rights Commission ("SAHRC")

Postal address: Private Bag 2700, Houghton, 20141

Telephone number: +27 11 877 3600
Fax number: +27 11 403 0625
Website: www.sahrc.org.za

There are also provincial SAHRC offices in all provinces.

#### Voluntary disclosure

The following information is made known automatically through the Practice website and persons do not have to fill out a form to request such information: psychotherapeutic services, session fees and payment conditions.

#### Records available in terms of applicable legislation (Section 51 (1) (c))

Information is available in terms of the following legislation, subject to conditions set by such laws. As legislation changes from time to time, and new laws may stipulate new matters and extend the scope of access by persons specified in such entities, the list should be read as not being a final and complete list.

#### Business legislation (including all regulations issued in terms of such legislation):

The Companies Act 71 of 2008; Income Tax Act 58 of 1962; Value Added Tax Act 89 of 1991; Labour Relations Act 66 of 1995; Basic Conditions of Employment Act 75 of 1997; Employment Equity Act 55 of 1998; Skills Development Levies Act 9 of 1999; Unemployment Insurance Act 63 of 2001; Compensation for Occupational Injuries and Disease Act 130 of 1993; Occupational Health and Safety Act of 85 of 1993; Electronic Communications and Transactions Act 25 of 2002; Telecommunications Act 103 of 1996; Electronic Communications Act 36 of 2005; Consumer Protection Act 68 of 2008; Broad-based Black Economic Empowerment Act 53 of 2003; National Credit Act 34 of 2005; Long-term Insurance Act 52 of 1998; Protection of Personal Information Act 4 of 2013; etc.

Health legislation (including all regulations issued in terms of such legislation): (This legislation is of extreme relevance in the health sector and requestors should familiarise themselves with it)

The National Health Act 61 of 2003; Medical Schemes Act 121 of 1998; Medicines and Related Substances Act 101 of 1965; Children's Act 38 of 2005; Mental Healthcare Act 17 of 2002; Choice on Termination of Pregnancy Act 92 of 1996; Sterilisation Act 44 of 1998; Health Professions Act 56 of 1974; etc.

#### Records held by the Practice and related categories of data subjects (Section 51 (1) (d))

The Practice holds records in the categories listed below. The fact that a record type is listed here does not necessarily mean that such records will be disclosed, and all access is subject to the evaluation processes outlined herein, which will be exercised in accordance with the requirements of the Act.

 Internal records relating to the professional business of the Practice (Limited availability: Request in terms of PAIA)

This includes financial records; insurance policies and records; professional qualification and registration records and certificates; continuing professional development (CPD) documents and certificates, etc.

Patient records (Availability: Request in terms of PAIA)

This includes patient lists; personal information including contact and medical aid details; health and session records; medical reports; consent contracts; financial and accounts information; research information and other similar patient-related information, etc. It must be noted that, in the health sector, personal and patient information are protected by legislation and ethical rules, and disclosure can only take place, if at all, within those frameworks.

#### Categories of recipients of personal information

The Practice, as authorised by the National Health Act, shares relevant personal and health information with the hospitals it works with, with other service providers who are involved in patient care and where such sharing is in patients' best interests and with medical schemes, where applicable. The personal information will be shared in compliance with the legal obligation of the Practice to protect the integrity and confidentiality of patients' personal information and only to the extent absolutely necessary to achieve the purposes detailed in the next section.

#### Purpose of the processing of the records referred to

The purpose of processing the information contained in the records listed above, is:

- In relation to internal records: For good corporate governance and to comply with professional legislation.
- In relation to patient records: For retention of records as required by law and to provide healthcare services and collect fees for the services provided.

#### Suitability of information security measures

This Practice stores information electronically and physically as follows:

- Physical records are kept in locked cabinets at the Practice which is locked when not in use and only the practice owner and emergency contacts of the owner have access to the keys of the office of the Practice. There is a security gate and burglar bars at the Practice; these security measures also serve to protect the electronic devices mentioned below.
- Electronic records are kept on office computers and external hard drives which are password protected, with anti-virus software regularly updated to protect against hacking, unauthorised access, tampering and the likes.

#### Planned trans-border flow of personal information

The Practice does not have any planned trans-border flow of personal information.

## Prescribed fees (Section 51 (1) (f))

The following legally-mandated fees apply to requests for information:

- The requester is required to pay the prescribed fee of R50 before the request will be processed.
- If the preparation of the record requested requires more than the prescribed 6 (six) hours, a deposit of not more than a third of the access fee which would be payable if the access was granted, shall be payable.
- The requester may lodge an application with a court against the payment of the request fee and/or deposit.
- Records may be withheld until fees have been paid.
- The latest fee structure is available on the website of the SAHRC at <a href="www.sahrc.org.za">www.sahrc.org.za</a> and attached here as Appendix B.

This manual is signed by Sylvia Kruger on the 26th day of June 2021

Signature: Information Officer and practice owner

# FORM 2

# REQUEST FOR ACCESS TO RECORD

[Regulation 7]

#### NOTE:

- Proof of identity must be attached by the requester.
   If requests made on behalf of another person, proof of such authorisation, must be attached to this

TO: The Information	n Officer
(Addre	ss)
E-mail address:	
Fax number:	
Mark with an "X"	
Request is made	de in my own name Request is made on behalf of another person.
	PERSONAL INFORMATION
Full Names	
Identity Number	
Capacity in which request is made (when made on behalf of another person)	
Postal Address	
Street Address	
E-mail Address	
Contact Numbers	Tel. (B):
Contact Numbers	Cellular:
Full names of person on whose behalf request is made (if applicable):	
Identity Number	
Postal Address	

Street Address						
E-mail Address						
Contact Numbers	Tel. (B)			Facsimile		
	Cellular					
	PAR	COLLARS OF RE	CORD REC	QUESTED		
Provide full particulars that is known to you, to continue on a separate	enable th	e record to be loc-	ated. (If the	provided sp	ace is inadequal	
Description of record or relevant part of the record:						
Reference number, if available						
Any further particulars of record						
or record						
	(	TYPE OF I Mark the applicabl		an <b>"X"</b> )		
Record is in written or p	rinted form					
Record comprises virt computer-generated im-			hotographs	, slides, vid	leo recordings,	
Record consists of reco	rded words	or information wh	ich can be r	eproduced in	sound	
Record is held on a con	puter or in	an electronic, or n	nachine-rea	dable form		

FORM OF ACCESS (Mark the applicable box with an "X")	
Printed copy of record (including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form)	
Written or printed transcription of virtual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc)	
Transcription of soundtrack (written or printed document)	
Copy of record on flash drive (including virtual images and soundtracks)	
Copy of record on compact disc drive(including virtual images and soundtracks)	
Copy of record saved on cloud storage server	
MANNER OF ACCESS	
(Mark the applicable box with an "X")	
Personal inspection of record at registered address of public/private body (including listening to recorded words, information which can be reproduced in sound, or information held on computer or in an electronic or machine-readable form)	
Postal services to postal address	
Postal services to street address	
Courier service to street address	
Facsimile of information in written or printed format (including transcriptions)	
E-mail of information (including soundtracks if possible)	
Cloud share/file transfer	
Preferred language (Note that if the record is not available in the language you prefer, access may be granted in	
the language in which the record is available)	
PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED	
If the provided space is inadequate, please continue on a separate page and attach it to this F requester must sign all the additional pages.	orm. The

Indicate which right is to be exercised or protected

Explain why the record requested is required for			
the exercise or protection of the			
aforementioned right:			
	FE	ES	
	ist be paid before the requied of the amount of the amount of the		
c) The fee payable	for access to a record dep	ends on the form in which	access is required and
the reasonable til d) If you qualify for d	me required to search for a exemption of the payment	and prepare a record. of any fee please state th	ne reason for exemption
Reason	Skempton of the payment	or any roo, produce didic to	io reacon for exemption
You will be notified in writ costs relating to your reque			denied and if approved the f correspondence:
, , , , ,		· ·	
Postal address	Facsimile		ommunication e specify)
Signed at	this	day of	20
Signature of Requester	/ person on whose beha	If request is made	
	FOR OF	FICIAL USE	
Reference number:			
Request received by: (State Rank, Name	And		
Surname of Information C			
Date received:			
Access fees:			
Deposit (if any):			
Signature of Information			

Page 4 of 4

#### **Appendix B**

## **OUTCOME AND FEES IN RESPECT OF RECORDS REQUESTED FROM PRIVATE BODIES**

# FORM 3 OUTCOME OF REQUEST AND OF FEES PAYABLE

[Regulation 8] Note: If your request is granted the-(a) amount of the deposit, (if any), is payable before your request is processed; and (b) requested record/portion of the record will only be released once proof of full payment is 2. Please use the reference number hereunder in all future correspondence. Reference number: TO: Your request dated \_\_\_ Personal inspection of information at registered address of public/private body (including listening to recorded words, information which can be reproduced in sound, or information held on computer or in an electronic or machine-readable form) is free of charge. You are required to make an appointment for the inspection of the information and to bring this Form with you. If you then require any form of reproduction of the information, you will be liable for the fees prescribed in Annexure B. OR You requested: Printed copies of the information (including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form ) Written or printed transcription of virtual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc) Transcription of soundtrack (written or printed document) Copy of information on flash drive (including virtual images and soundtracks) Copy of information on compact disc drive(including virtual images and soundtracks) Copy of record saved on cloud storage server To be submitted: Postal services to postal address Postal services to street address Courier service to street address Facsimile of information in written or printed format (including transcriptions) E-mail of information (including soundtracks if possible) Cloud share/file transfer Preferred language: (Note that if the record is not available in the language you prefer, access may be granted in the language in which the record is available) Kindly note that your request has been: Approved Denied, for the following reasons:

Item		Cost per A4-size page or part thereof/item	Number of pages/items	Total
Photocopy				
Printed copy	1.11.6			
For a copy in a computer-rea (i) Flash drive • To be provided by re (ii) Compact disc • If provided by red • If provided to the	questor	R40.00 R40.00 R60.00		
For a transcription of visual in page Copy of visual images	mages per A4-s	Service to be outsourced. Will depend on the quotation of the service provider		
Transcription of an audio rec	ord, per A4-siz	e R24.00		
Copy of an audio record (i) Flash drive To be provided by re (ii) Compact disc If provided by reques If provided to the req	stor	R40.00 R40.00 R60.00		
Postage, e-mail or any other transfer:		Actual costs		
TOTAL:				
Deposit payable (if s		,	No	
Hours of search	(0	mount of deposit alculated on one third of to quest)	tal amount per	
The amount must be paid into lame of Bank: lame of account holder: type of account: account number: tranch Code: deference Nr: submit proof of payment to:	the following B	ank account:		
Signed at	thie	day of	20	

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# **INTERNAL APPEAL FORM**

## FORM 4

[Regulation 9]

		R	deference N	umber:				
	Р	ARTICULA	RS OF PUBLI	C BODY				
Name of Public Body								
Name and Surname of Officer:	of Information							
PARTIC	JLARS OF CO	MPLAINAN	T WHO LODG	ES THE I	NTER	RNAL	APPEAL	
Full Names								
Identity Number								
Postal Address								
	Tel. (B)			Facsimil	le			
Contact Numbers	Cellular							
E-Mail Address								
Is the internal appeal lodged on behalf of another person?			er person?	Yes			No	
If answer is "yes", ca behalf of another per which appeal is lodge	son is lodged:	(Proof of the	e capacity in					
PARTICULARS	OF PERSON		E BEHALF TH d by a third pa		NAL A	APPE	AL IS LOD	GED
Full Names								
Identity Number								
Postal Address								
Contact Number	Tel. (B)			Facsimil	le			
Contact Numbers	Cellular							
E-Mail Address								

DECISI		E INTERNAL APPEAL IS LODGED iate box with an "X")	
Refusal of request for ac	cess		
Decision regarding fees	prescribed in terms of secti	on 22 of the Act	
Decision regarding the terms of section 26(1) of		thin which the request must be dealt with in	
Decision in terms of se requester	ction 29(3) of the Act to	refuse access in the form requested by the	
Decision to grant reques	t for access		
(If the provided space i	s inadequate, please contir	FOR APPEAL nue on a separate page and attach it to this for les must be signed)	m. all
State the grounds on which the internal appeal is based:			
State any other information that may be relevant in considering the appeal:			
You will be notified in a manner of notification:	writing of the decision on	your internal appeal. Please indicate your p	oreferred
Postal address	Facsimile	Electronic communication (Please specify)	
		(i reaso specify)	
Signed at	this	_day of20	

Signature of Appellant/Third party

\_\_\_\_\_\_

# FOR OFFICIAL USE OFFICIAL RECORD OF INTERNAL APPEAL

Assessing the second se						
Appeal received by: (state rank, name and surname of Information Officer)						
Date received:						
	lars of ar	ny thir			on officer's decision and, where n or which the record relates,	
		C	OUTCOME O	F AF	PPEAL	
Refusal of request for	Yes		New decisi	on		
access. Confirmed?	No		confirmed	)		
Fees (Sec 22).	Yes		New decisi	on		
Confirmed?	No		confirmed	confirmed)		
Extension (Sec 26(1)). Confirmed?	Yes		New decision (if not confirmed)			
Continued:	No					
Access (Sec 29(3)). Confirmed?	Yes		New decision (if not			
Committee	No		confirmed	)		
Request for access	Yes		New decisi	on		
granted. Confirmed?	No [		confirmed)			
Signed at		_ this		_ day	y of 20	
Relevant Authority						