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156 Beyers Naude Avenue
Potchefstroom

POTCHEFSTROOM THERAPY CENTRE
Jhené Botha
Clinical Psychologist/ Kliniese Sielkundige

BA Psychology and Sociology (NWU), BHons Psychology (NWU), MHSc Research Psychology (NWU), MHSc Clinical Psychology (NWU).

PROMOTION OF ACCESS TO INFORMATION ACT (PAIA) SECTION 51 MANUAL Jhené Botha, Clinical 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 Jhené, with practice number 0838608 and HPCSA number PS0144738 ("the Practice").

Jhené Botha clinical psychology practice provides psychotherapy services to children, adolescents and adults. The Practice is in the health care sector and Jhené Botha 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))

Jhené Botha (practice owner)
156 Beyers Naude Ave, Potchefstroom, 2520
Contact number: 081 427 3640
Email address: jbclinicalpsych@gmail.com

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

The Practice Information Officer is Jhené Botha (practice owner): 081 427 3640; jbclinicalpscych@gmail.com

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: https://www.justice.gov.za/inforeg/index.html.

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").

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 of1998; 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

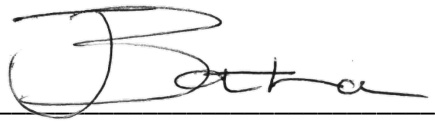
The Practice does not have any planned trans-border flow of personal information.

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 www.sahrc.org.za and attached here as Appendix B.

This manual is signed by Jhené Botha on the 2nd day of February 2026.



Signature: Information Officer and practice owner

FORM 2

REQUEST FOR ACCESS TO RECORD

[Regulation 7]

NOTE:

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

TO: The Information Officer

_____
_____
_____
_____
(Address)

E-mail address: _____

Fax number: _____

Mark with an ***"X"***

☐ Request is made 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):		Facsimile:	
	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			

PARTICULARS OF RECORD REQUESTED

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. (If the provided space is inadequate, please continue on a separate page and attach it to this form. All additional pages must be signed.)

Description of record or relevant part of the record:	
Reference number, if available	
Any further particulars of record	

TYPE OF RECORD
*(Mark the applicable box with an "**X**")*

Record is in written or printed form	
Record comprises virtual images *(this includes photographs, slides, video recordings, computer-generated images, sketches, etc)*	
Record consists of recorded words or information which can be reproduced in sound	
Record is held on a computer or in an electronic, or machine-readable 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 Form. The requester must sign all the additional pages.*	
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:	

FEES	
a) A request fee must be paid before the request will be considered. *b) You will be notified of the amount of the access fee to be paid.* *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 for exemption*	
Reason	

You will be notified in writing whether your request has been approved or denied and if approved the costs relating to your request, if any. Please indicate your preferred manner of correspondence:

Postal address	Facsimile	Electronic communication *(Please specify)*

Signed at _____ this _____ day of _____ 20 _____

_____

Signature of Requester / person on whose behalf request is made

---

FOR OFFICIAL USE

Reference number:	
Request received by: (State Rank, Name And Surname of Information Officer)	
Date received:	
Access fees:	
Deposit (if any):	

_____

Signature of Information Officer

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:

1. *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 received.*
2. *Please use the reference number hereunder in all future correspondence.*

Reference number: _____

TO: _____
_____
_____
_____

Your request dated _____, refers.

1. You requested:

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

2. 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	

3. 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:

4. Fees payable with regards to your request:

Item	Cost per A4-size page or part thereof/item	Number of pages/items	Total
Photocopy			
Printed copy			
For a copy in a computer-readable form on: (i) Flash drive • To be provided by requestor (ii) Compact disc • If provided by requestor • If provided to the requestor	 R40.00 R40.00 R60.00		
For a transcription of visual images per A4-size page	Service to be outsourced. Will depend on the quotation of the service provider		
Copy of visual images			
Transcription of an audio record, per A4-size	R24.00		
Copy of an audio record (i) Flash drive • To be provided by requestor (ii) Compact disc • If provided by requestor • If provided to the requestor	 R40.00 R40.00 R60. 00		
Postage, e-mail or any other electronic transfer:	Actual costs		
TOTAL:			

5. Deposit payable (if search exceeds six hours):

☐ Yes ☐ No

Hours of search		Amount of deposit *(calculated on one third of total amount per request)*	

The amount must be paid into the following Bank account:
Name of Bank: _____
Name of account holder: _____
Type of account: _____
Account number: _____
Branch Code: _____
Reference Nr: _____
Submit proof of payment to: _____

Signed at _____ this _____ day of _____ 20 _____

_____
Information officer

INTERNAL APPEAL FORM

FORM 4

[Regulation 9]

Reference Number: .....

PARTICULARS OF PUBLIC BODY	
Name of Public Body	
Name and Surname of Information Officer:	

PARTICULARS OF COMPLAINANT WHO LODGES THE INTERNAL APPEAL				
Full Names				
Identity Number				
Postal Address				
Contact Numbers	Tel. (B)		Facsimile	
	Cellular			
E-Mail Address				
Is the internal appeal lodged on behalf of another person?	Yes	☐	No	☐
If answer is "yes", capacity in which an internal appeal on behalf of another person is lodged: *(Proof of the capacity in which appeal is lodged, if applicable, must be attached.)*				

PARTICULARS OF PERSON ON WHOSE BEHALF THE INTERNAL APPEAL IS LODGED ***(If lodged by a third party)***				
Full Names				
Identity Number				
Postal Address				
Contact Numbers	Tel. (B)		Facsimile	
	Cellular			
E-Mail Address				

DECISION AGAINST WHICH THE INTERNAL APPEAL IS LODGED *(mark the appropriate box with an "X")*	
Refusal of request for access	
Decision regarding fees prescribed in terms of section 22 of the Act	
Decision regarding the extension of the period within which the request must be dealt with in terms of section 26(1) of the Act	
Decision in terms of section 29(3) of the Act to refuse access in the form requested by the requester	
Decision to grant request for access	

GROUNDS FOR APPEAL *(If the provided space is inadequate, please continue on a separate page and attach it to this form. all the additional pages must be signed)*	
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 writing of the decision on your internal appeal. Please indicate your preferred manner of notification:

Postal address	Facsimile	Electronic communication *(Please specify)*

Signed at _____ this _____ day of _____ 20 _____

_____

Signature of Appellant/Third party

FOR OFFICIAL USE

OFFICIAL RECORD OF INTERNAL APPEAL

Appeal received by: *(state rank, name and surname of Information Officer)*	
Date received:	

Appeal accompanied by the reasons for the information officer's decision and, where applicable, the particulars of any third party to whom or which the record relates, submitted by the information officer:	Yes	☐
	No	☐

OUTCOME OF APPEAL

Refusal of request for access. Confirmed?	Yes	☐	New decision *(if not confirmed)*	
	No	☐		
Fees (Sec 22). Confirmed?	Yes	☐	New decision *(if not confirmed)*	
	No	☐		
Extension (Sec 26(1)). Confirmed?	Yes	☐	New decision *(if not confirmed)*	
	No	☐		
Access (Sec 29(3)). Confirmed?	Yes	☐	New decision *(if not confirmed)*	
	No	☐		
Request for access granted. Confirmed?	Yes	☐	New decision *(if not confirmed)*	
	No	☐		

Signed at _____ this _____ day of _____ 20 _____

_____

Relevant Authority