

## **Dr RH Faul Incorporated**

*Manual in terms of section 51 of the  
Promotion of Access to Information Act 2 of 2000*



# Promotion of Access to Information Act, Act 2 of 2000 (The Act)

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## **Section 51 Manual of Dr RH Faul Incorporated** (Registration number: 1997/010561/21)

### **1. Contact particulars**

Head of business:	Richard Henry Faul		
Information officer:	Richard Henry Faul		
Deputy Information officer:	Elise Pretorius		
Postal address:	PO Box 9757 George 6530	Physical address:	44 CJ Langenhoven Road George 6529
Telephone number:	044 873 0126	Fax number:	044 873 2469
E-mail address:	finance@gardenrouteeye.com		
Website:	<a href="http://www.gardenrouteeyeclinic.co.za">www.gardenrouteeyeclinic.co.za</a>		

### **2. Introduction**

Dr RH Faul Incorporated is a practice in the field of Ophthalmology. We work in the health sector and are healthcare professionals registered under the Health Professions Act of 1974 and are subject to the rules and regulations of the Health Professions Council of SA (HPCSA).

This manual serves to inform members of the public of the categories of information we hold, and which 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.

### **3. Guide in terms of section 10 of The Act**

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 section 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 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:	<a href="http://www.sahrc.org.za">www.sahrc.org.za</a>

There are also provincial SAHRC offices in all provinces.

### **4. Facilitation of a request for access to information**

Requests for access to records held by Dr RH Faul Incorporated must be made on the request form that are attached to this Manual (Annexure A) or available from our rooms.

When a record is requested, the following will apply:

- 4.1 Fees may be payable as prescribed by law.
- 4.2 The Request Form must be completed by the Requester. On the Request Form all details must be completed, including the right the requester wants to protect by requesting the information and WHY access to the information is required.
- 4.3 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 identify document or may call the person whose information it is to verify that he/she

- has given permission for the other person to access the information on his/her behalf.
- 4.4 The requester must state in which format (inspection of copy, paper copy, electronic copy, transcript, etc.) he/she wants to access the information.
  - 4.5 If the record is part of another record, the requester will only be able to access the part(s) that pertains to the information he/she wants or is entitled to, and not the rest of the record.

All requests will be evaluated against the provisions of the Act. The Information Officer to refuse access on grounds stipulated in the Act. One can, for example, not access another person's confidential information, or trade- or commercial secrets of a business. An answer on a request for information must be provided within 30 days of the request, and if not granted and the requester is not satisfied, he/she can approach the courts within 30 days.

## 5. Information available in terms of other legislation

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, this list should be read as not being a final and complete list.

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

- 5.1 Basic Conditions of Employment Act 75 of 1997
- 5.2 Broad-based Black Economic Empowerment Act 53 of 2003
- 5.3 Companies Act 71 of 2008
- 5.4 Compensation for Occupational Injuries and Disease Act 130 of 1993
- 5.5 Consumer Protection Act 68 of 2008
- 5.6 Electronic Communications Act 36 of 2005
- 5.7 Electronic Communications and Transactions Act 25 of 2002
- 5.8 Employment Equity Act 55 of 1998
- 5.9 Income Tax Act 58 of 1962
- 5.10 Labour Relations Act 66 of 1995
- 5.11 Long-term Insurance Act 52 of 1998
- 5.12 National Credit Act 34 of 2005
- 5.13 Occupational Health and Safety Act 85 of 1993
- 5.14 Promotion of Access to Information Act 2 of 2000
- 5.15 Protection of Personal Information Act 4 of 2013
- 5.16 Skills Development Act 97 of 1998
- 5.17 Skills Development Levies Act 9 of 1999
- 5.18 Telecommunications Act 103 of 1996
- 5.19 Unemployment Insurance Act 63 of 2001
- 5.20 Value Added Tax Act 89 of 1991Basic Conditions of Employment Act 75 of 1997

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

- 5.21 Children's Act 38 of 2005
- 5.22 Choice on Termination of Pregnancy Act 92 of 1996
- 5.23 Health Professions Act 56 of 1974
- 5.24 Medical Schemes Act 121 of 1998
- 5.25 Medicines and Related Substances Act 101 of 1965
- 5.26 Mental Healthcare Act 17 of 2002
- 5.27 Sterilisation Act 44 of 1998
- 5.28 The National Health Act 61 of 2003

## 6. Information automatically available

The following information is made known automatically and persons do not have to fill out a form to request such information.

- 6.1 Billing Policy
- 6.2 Information on website: [www.gardenrouteeyeclinic.co.za](http://www.gardenrouteeyeclinic.co.za)

## 7. Information available in terms of The Act

We hold records in the categories listed below. The fact that we list a record type here does not necessarily

mean that we will disclose such records, and all access is subject to the evaluation processes outlined herein, which will be exercised in accordance with the requirements of the Act.

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.

## **7.1 Accounting records**

- 7.1.1 Annual financial statements and working papers
- 7.1.2 General ledger
- 7.1.3 Subsidiary ledgers (receivables, payables, etc.)
- 7.1.4 Bank statements, cheque books, cheques
- 7.1.5 Cash books and petty cash books
- 7.1.6 Tax returns and assessments
- 7.1.7 VAT returns
- 7.1.8 Auditor's reports
- 7.1.9 Capital expenditure
- 7.1.10 Trademarks and other intellectual property
- 7.1.11 Insurance policies and records
- 7.1.12 Supplier statements, invoices and delivery records
- 7.1.13 Supplier contracts, confidentiality agreements and non-disclosure agreements
- 7.1.14 Supplier Communications
- 7.1.15 Commissioned work

## **7.2 Information Technology**

- 7.2.1 Hardware
- 7.2.2 Internet
- 7.2.3 Software packages
- 7.2.4 Telephone lines, leased lines and data lines
- 7.2.5 Manuals
- 7.2.6 Logs
- 7.2.7 Electronic and cached information
- 7.2.8 Product registrations
- 7.2.9 Product dossiers
- 7.2.10 Health professional council / statutory body records
- 7.2.11 Conditions and requirements
- 7.2.12 Trade association information

## **7.3 Personnel Records** (temporary/fixed term/part-time/permanent employees, locums, associates, contractors, partners, directors (executive and non-executive))

- 7.3.1 Disciplinary records
- 7.3.2 Termination records
- 7.3.3 Employee evaluation and performance records and systems
- 7.3.4 Employee information records
- 7.3.5 Employment contracts
- 7.3.6 IRP 5 and IT 3 certificates
- 7.3.7 Leave applications
- 7.3.8 Maternity leave policy
- 7.3.9 Payroll
- 7.3.10 Salary and wage registers
- 7.3.11 Salary slips and wage records
- 7.3.12 UIF, PAYE and SDL returns
- 7.3.13 Workmen's Compensation documents
- 7.3.14 minutes of staff meetings
- 7.3.15 all employment-related correspondence

## **7.4 Sales and Marketing**

- 7.4.1 Sales

- 7.4.2 Service and product information
- 7.4.3 Information bought
- 7.4.4 Publicly available information and commissioned information which pertains to the specific sector and market of our business and factors that affect the business
- 7.4.5 Professional and healthcare environment.

## **7.5 Statutory Company Records**

- 7.5.1 Certificate of Change of Name
- 7.5.2 Certificate of Incorporation
- 7.5.3 Certificate to Commence Business
- 7.5.4 Dividend register
- 7.5.5 Directors' attendance register
- 7.5.6 Memorandum of Incorporation
- 7.5.7 Minutes of shareholders' meetings
- 7.5.8 Minutes of directors' meetings
- 7.5.9 Register of directors and officers
- 7.5.10 Resolutions
- 7.5.11 Shareholders' agreements

## **7.6 Patient records**

- 7.6.1 Client/patient lists
- 7.6.2 Health records
- 7.6.3 Medical reports
- 7.6.4 Funding records
- 7.6.5 Agreements
- 7.6.6 Consents
- 7.6.7 Needs assessments
- 7.6.8 Financial and accounts information
- 7.6.9 Research information
- 7.6.10 Evaluation records
- 7.6.11 Profiling

## **8. Availability of the Manual**

A copy of this manual is available -

- 8.1 At our reception desk at our office / offices at 44 CJ Langenhoven Rd, George, 6529
- 8.2 On request from our Information Officer or Deputy, details above
- 8.3 On our website: [www.gardenrouteeyeclinic.co.za](http://www.gardenrouteeyeclinic.co.za)
- 8.4 From the South African Human Rights Commission ("SAHRC") or once the Protection of Personal Information Act, 2013 ("POPI Act") comes into effect, from the Information Regulator: <https://www.justice.gov.za/inforeg/index.html>

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

## **9. Categories of Recipients of Personal Information**

We may, as authorised by the National Health Act, share relevant personal and health information with the hospitals we work in, with other service providers who are involved in your care and where such sharing is in your best interest and to medical schemes, where applicable. We also have to, by law, report adverse events of products (medicines / devices) to the SA Health Products Regulatory Authority and the company whose products it is.

## **10. Planned Trans-Border flow of Personal Information**

The Practice does not have any planned trans-border flow of personal information. Patients that belong to trans-border medical aids will need to sign additional consent for their information to be sent trans-border.

## **11. Purpose of the Processing of Records Referred to**

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

- 11.1 In relation to the business/internal records: For good corporate governance and to comply with business and tax legislation.
- 11.2 In relation to Employees: for retention of employment records as legislated and execution of employer/employee agreements and labour legislation.
- 11.3 In relation to Patients: for retention of records as required by law and to provide healthcare services, to access health products (prescriptions and products orders) and for the collection of fees for the services so provided. Where the Practice participates in Registries or other databases, the specific consents signed by patients to have their information included, will disclose the purpose of such databased.
- 11.4 In relation to Suppliers and Service Providers: for record retention as legislated and for the execution of the supplier- and service level agreements.

## **12. The Suitability of the Information Security Measures**

The business store information electronically and physically as follows:

- 12.1 Physical records are kept in locked cabinets at the business which is locked when not in use, and at the end of each day and only [insert number of people] people have access to the keys to the filing and other storage cabinet, as well as the office(s) of [insert] and the practice. There is an alarm system, fire alarm and [describe any other security measures].
- 12.2 Copies of records are kept [describe where, if kept].
- 12.3 Electronic records are kept on office computers which are password protected, with software regularly updated to protect against hacking, unauthorised access, tampering and the likes, and staff are trained to avoid practices that could place records at risk and on good practices that would keep electronic information reasonably secure.
- 12.4 Records are archived every [insert frequency] and such archiving facility is secure in that [describe].

## **13. Prescribed Fees**

The following applies the request other than personal requests:

- 13.1 The requestor is required to pay the prescribed fee of R50 before the request will be processed.
- 13.2 If the preparation of the record requested requires more than the prescribed 6 (six) hours, a deposit of not more than one third of the access fee which would be payable if the access was granted, shall be payable.
- 13.3 The requestor may lodge an application with a court against the tender/payment of the request fee and/or deposit.
- 13.4 Records may be withheld until fees have been paid.
- 13.5 The latest fee structure is available on the website of the SAHRC at [www.sahrc.org.za](http://www.sahrc.org.za) and attached hereto in form 3.

# 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 ( <i>when made on behalf of another person</i> )	
Postal Address	
Street Address	
E-mail Address	
Contact Numbers	Tel. (B): _____ Facsimile: _____
	Cellular: _____
Full names of person on whose behalf request is made ( <i>if applicable</i> ):	
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	
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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 <i>(this includes photographs, slides, video recordings, computer-generated images, sketches, etc)</i>	
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 <i>(including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form)</i>	
Written or printed transcription of virtual images <i>(this includes photographs, slides, video recordings, computer-generated images, sketches, etc)</i>	
Transcription of soundtrack <i>(written or printed document)</i>	
Copy of record on flash drive <i>(including virtual images and soundtracks)</i>	
Copy of record on compact disc drive <i>(including virtual images and soundtracks)</i>	
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 <i>(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)</i>	
Postal services to postal address	
Postal services to street address	
Courier service to street address	
Facsimile of information in written or printed format <i>(including transcriptions)</i>	
E-mail of information <i>(including soundtracks if possible)</i>	
Cloud share/file transfer	
Preferred language <i>(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)</i>	

**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:	

<b>FEES</b>	
a)	<i>A request fee must be paid before the request will be considered.</i>
b)	<i>You will be notified of the amount of the access fee to be paid.</i>
c)	<i>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.</i>
d)	<i>If you qualify for exemption of the payment of any fee, please state the reason for exemption</i>
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 <i>(Please specify)</i>

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
*Signature of Requester / person on whose behalf request is made*

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**FOR OFFICIAL USE**

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

\_\_\_\_\_  
*Signature of Information Officer*

# 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.

**TO:** Reference number: \_\_\_\_\_

Your request dated \_\_\_\_\_, refers.

**1. You requested:**

Personal inspection of information at registered address of public/private body ( <i>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</i> ) 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.	
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**OR**

**2. You requested:**

Printed copies of the information ( <i>including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form</i> )	
Written or printed transcription of virtual images ( <i>this includes photographs, slides, video recordings, computer-generated images, sketches, etc</i> )	
Transcription of soundtrack ( <i>written or printed document</i> )	
Copy of information on flash drive ( <i>including virtual images and soundtracks</i> )	
Copy of information on compact disc drive ( <i>including virtual images and soundtracks</i> )	
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 ( <i>including transcriptions</i> )	
E-mail of information ( <i>including soundtracks if possible</i> )	
Cloud share/file transfer	
Preferred language: ( <i>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</i> )	

Kindly note that your request has been:

Approved  Denied, for the following reasons:

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**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	R40.00		
• To be provided by requestor			
(ii) Compact disc	R40.00		
• If provided by requestor			
• If provided to the requestor	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	R40.00		
• To be provided by requestor			
(ii) Compact disc	R40.00		
• If provided by requestor			
• If provided to the requestor	R60.00		
Postage, e-mail or any other electronic transfer:	Actual costs		
<b>TOTAL:</b>			

**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