



ARWYP MEDICAL CENTRE
PRIVATE HOSPITAL | KEMPTON PARK

**ARWYP MEDICAL CENTRE
INFORMATION MANUAL
IP 01**

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ARWYP MEDICAL CENTRE
PRIVATE HOSPITAL | KEMPTON PARK

Arwyp Medical Centre

INFORMATION MANUAL

IP 01

IP 01 Arwyp Medical Centre Information Manual Rev 6
Compiled by: Deputy Information Officer
Approved by: EXCO
To be revised: November 2027
Signature: *Zae*

Date: 07/11/2023

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1. PURPOSE:

The purpose of this policy is to ensure strict compliance with the applicable laws concerning the privacy and confidentiality of patient information, and the structured approach and recording of all requests for access to patient files and/or information. All requests for access to information must be dealt with in accordance with this policy and internal protocols of Arwyp Medical Centre.

2. SCOPE:

This policy applies to all requests and matters related to confidential patient information and/or records including certain categories of minors as stated in the Children's Act (those under the age of 18yrs of age) even if access is requested by a parent of legal guardian.

3. INTRODUCTION:

Arwyp Medical Centre is a privately-owned health establishment as defined in section 1 of the National Health Act, 2003

4. DEFINITIONS:

Child: means a natural person under the age of 18 years who is not legally competent, without assistance of a competent person, to take any action or decision in respect of any matters concerning him – or herself.

Consent: means any voluntary, specific, and informed expression of will in terms of which permission is given for the processing of personal information.

Data Subject: Means the person to whom personal information relates.

Requestor: The person making the request

Information officer: of, or in relation to, a private body means the head of a private body as contemplated in section 1, of the Promotion of Access to Information Act;

Operator: means a person who processes personal information for a responsible party in terms of a contract or mandate, without coming under the direct authority of that party;

Person: means a natural person or a juristic person;

Processing: means any operation or activity or any set of operations, whether or not by automatic means, concerning personal information, including:

(a) the collection, receipt, recording, organisation, collation, storage, updating or modification, retrieval, alteration, consultation, or use;

(b) dissemination by means of transmission, distribution or making available in any other form; or

(c) merging, linking, as well as restriction, degradation, erasure, or destruction of information;

CEO: Chief Executive Officer

POPI Act: Protection of Personal Information Act

PAIA Act: Promotion of Access to Information Act

5. INTRODUCTION TO THE INFORMATION MANUAL:

The following 'Information Manual' is published in terms of section 51 of the Promotion of Access to Information Act, to establish *how* any person may access information as held by Arwyp Medical Centre.

This Manual is published in the spirit of transparency and accountability, whilst being sensitive to the rights of health care users including their right to privacy. For this reason, the manual states those legal, ethical, and mandatory obligations pertaining to privacy and confidentiality, including when some information may be withheld.

More specifically section 17 of the National Health Act, 2003, requires the health establishment to set up control measures to prevent the unauthorised access to those records pertaining to any health care user.

The CEO or Deputy Chief Information Manager of Arwyp Medical Centre must, during office hours and upon request, make available for public inspection a copy of this Information Manual to any person requesting such.

In this regard, he/she may not charge a fee for a public inspection thereof, but he/she may in respect of a copy of the manual charge a fee as prescribed in Payment of fees and Method of Payment, Point 5.8.

Within this Information manual the following information can be found:

- (a) The postal and street address, phone and fax number and electronic mail address.
- (b) A description of the guide referred to in section 10 and how to obtain access to it.
- (c) The latest notice in terms of section 52 (2), if any, regarding the categories of record which are available without a person having to request access in terms of this Act.
- (d) A description of the records which are available in accordance with any other legislation.
- (e) Sufficient detail to facilitate a request for access to a record, a description of the subjects and the categories of records held on each subject; and such other information as may be prescribed.


5.1 SECTION 10 OF THE PROMOTION OF ACCESS TO INFORMATION ACT:

The South African Human Rights Commission has in accordance with section 10 of the Promotion of Access to Information Act published a reference guide for the accessing of information as applicable to all Information Manuals registered within the Republic of South Africa. Any questions in relation to the Information manual of Arwyp Medical Centre can be directed to:

Arwyp Medical Centre

Telephone: 011 922 1169
e-mail: info.officer @arwyp .com

The PAIA Unit (Promotion of Access to Information) at the South African Human Rights Commission can be contacted at the following address:

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The Research and Documentation Department

Private Bag X2700
HOUGHTON
2014

Telephone **+27 11 484 8300**
Fax **+27 11 484 0582/1360**
Website **www.sahrc.org.za**
e-mail **PAIA@sahrc.org.za**

5.2 LEGAL, REGULATORY AND ETHICAL OBLIGATIONS TO PROTECT CERTAIN CATEGORIES OF INFORMATION:

Arwyp Medical Centre is governed by numerous pieces of legislation, some of which place strict obligations on the health establishment to protect certain categories of information as being private and confidential. In addition to this law/s, registered health professionals and nurse professionals are also bound by those ethical rules applicable to their profession to protect certain categories of information as being private and confidential. For the benefit of those persons requesting access to information the following legislation is cited as being applicable (although not exclusively):

1. The Constitution of the Republic of South Africa, 1996 [Act 108 of 1996]
2. The National Health Act, 2003 [Act No. 61 of 2003], section 14
3. The Mental Health Care Act, 2002 [Act No. 17 of 2002], section 13
4. The Health Professions Act, 1974 [Act No. 56 of 1974]
5. The Nursing Act, 1978 [Act No 50 of 1978]
6. The Pharmacy Act, 1974 [Act No. 53 of 1974]
7. The Medical Schemes Act, 1989 [Act No of 1989]
8. The Children's Act, 2005 [Act No. 38 of 2005]
9. The Prevention and Treatment of Drug Dependency Act [Act No. 20 of 1992]
10. The Choice Termination of Pregnancy Act, 1996 [Act No. 92 of 1996]
11. The Promotion of Access to Information Act, 2000 [Act No. 2 of 2000], Chapter 4
12. The Electronic Communications Act, 2005 [Act No. 36 of 2005]
13. The Consumer Protection Act, 2008 [Act No. 58 of 2008]
14. The Protection of Personal Information Act [POPI Act]
15. The Companies Act of 2008 [Act No 71 of 2008]
16. Income Tax Act, 1962 [Act No. 58 of 1962]
17. Employment Equity Act, 1998 [Act No. 55 of 1998]

Section 14 of the National Health Act, 2003, specifically states that all information concerning a health care user (as defined in section 1 of the Act), including information pertaining to his or her health status, treatment or stay in Arwyp Medical Centre is confidential. Furthermore, no person is authorised to disclose such information unless authorised by the health care user him or herself in writing, if ordered to do so by a court of law or required to do so in terms of any law.

Certain categories of minors as stated in the Children's Act (those under the age of 18yrs of age) are also under those specified circumstances entitled to medical and personal privacy, and accordingly such information may also be subject to restrictions on publication and disclosure even if access is requested by a parent of legal guardian.

Please note that Arwyp does not employ medical practitioners and any request pertaining to information, which is held or generated by such treating practitioner, must be requested from them directly.

5.3 INFORMATION WHICH IS HELD BY ARWYP MEDICAL CENTRE:

Records, which are kept at Arwyp Medical Centre in accordance with legislation include (but are not limited to the following):

1. Medical /personal information and records as required by the National Health Act, 2003.
2. Medical/financial information and records as required by the Medical Schemes Act, 1989.
3. Records as required in terms of the Companies Act, 2008 [Act No. 71 of 2008].
4. Records as required in terms of the Income Tax Act, 1962 [Act No. 58 of 1962]
5. Records as required in terms of the Employment Equity Act, 1998 [Act No. 55 of 1998]
6. Records required in terms of the Promotion of Access to Information Act, 2000.

For a complete list of those records, which are available from Arwyp Medical Centre, please request such from the Deputy Information Officer at the contact details provided.

5.4 INFORMATION WHICH MIGHT BE PROVIDED AUTOMATICALLY UPON REQUEST:

In accordance with section 52(1)(a) certain categories of information may be automatically available, without having to apply in accordance with the Promotion of Access to Information Act. Those records include (but are not limited to):

1. Administrative Forms pertaining to Admission.
2. Rules and Conditions Pertaining to Admission.
3. Information Booklets and Pamphlets, as made available to health care users.
4. Any information, which is offered, free of charge to members of the public, as per section 52(1) (a) (iii).

For a complete list of the available information automatically available, as well as information as to the way such information may be accessed, please request such from the Deputy Information Officer at the contact details provided.

5.5 MANNER OF ACCESS TO OTHER RECORDS:

Any person requesting access to information, which is held by Arwyp Medical Centre, must do so in the prescribed manner.

The person requesting information from Arwyp must complete the following process.

1. Any request for access to information held by the private health establishment, must in terms of section 53(1) must be made on the prescribed form. (Form 2).
2. All relevant detail on Form 2 must be provided, as well as detailed information pertaining to what record is being requested.
3. Upon receipt of such a request, and where such request is made by a person other than a personal requester (not the health care user him or herself), Arwyp require the payment of a prescribed fee amounting to R140.00 (One hundred and forty Rand) [As per section 54(1)]
4. In accordance, with Form 2 the requester must clearly state the capacity in which he or she is making the request, as well as the right he or she seeking to exercise or protect. In addition to which, the requester must clarify the reason why such record is necessary in the exercise or defence of that right.
5. If a request is being made on behalf of a health care user, then Arwyp will require written confirmation from that user him or herself, authorising the identified person to make such a request on his or her behalf.
6. Attorneys or legal representatives requesting information pertaining to health care users, and on whose behalf, they are acting, will be required to supply proof of authorisation by the health care user him or herself. This may be in the form of a specific Power of Attorney (or a written authorisation).
7. All requests for copies of records may be subject to a prescribed fee, and Arwyp reserves the right to request a deposit from the requester in this regard, prior to the facilitation or processing of any request.
8. A list of the prescribed fees is available upon request from Arwyp. See Annexure B
9. Once the request and all correctly completed documentation is received, and upon the payment of any fee (if applicable), Arwyp may take up to 30 days to process such. In the event, that access is required urgently, then such must be stated in the application and clearly marked for the attention of the Deputy Information Officer.
10. The requester shall be informed in writing whether his or her request for access to information/record has been granted or refused.
11. Should an extension be required, the requester will be notified of the additional period of 30 (thirty) days.

With reference to medical information, read together with section 5 of this Information Manual, requesters are advised to take note of the following additional requirements and conditions:

1. In terms of the general law, as stipulated in section 14 of the National Health Act, 2003, all information pertaining to a health care user's health status, treatment and stay in Arwyp is confidential. For this reason, all requests for access to such information must be made by the health care user him or herself.
2. If the health care user is not able to make such a request him or herself, then a legally authorised person (Appointed Executorship letter/ Authorisation letter from the Magistrate) must make such a request.
3. In terms of section 61 of the Promotion of Access to information Act, if the Deputy Information Officer is of the opinion that the disclosure of the record to the relevant person (the health care user, or any legally authorised person acting on his or her behalf) might cause harm to the health care users health or wellbeing, then he or she may prior to granting such access, consult with the treating health care practitioner.
4. If the treating health care practitioner referred to above is of the opinion that the disclosure of record concerned, would be likely to cause harm to the health care user's health or wellbeing, then the Deputy Information officer may only grant access to the record if the requester proves to him or her that adequate provision has been made for such counselling or arrangements as are reasonably practicable before, during or after the disclosure of the record to limit, alleviate or avoid such harm to the health care user.
5. Furthermore, before such access is given to the requester him or herself, Arwyp will require such access to be first given to the person responsible for such counselling or arrangements.

5.6 GROUNDS FOR REFUSAL OF ACCESS TO RECORDS:

The following may be grounds for the lawful denial of access to records. This list is not exhaustive, and if a request is denied, then Arwyp undertakes to provide written reasons for such a denial.

1. Any refusal made in terms of section 61(2) and (3) of the Act.
2. Any refusal based on the mandatory protection of privacy of a third party who is a natural person. Section 63.
3. Any refusal made in terms of the mandatory protection of commercial information of a third party. Section 64.
4. Any refusal made in terms of the mandatory protection of certain confidential information of a third party. Section 65.
5. Any refusal based on the mandatory protection of safety of individuals, and the protection of property. Section 66.
6. Any refusal based on the mandatory protection of records privileged from production in legal proceedings. Section 67.
7. Any refusal based on commercial information pertaining to Arwyp Medical Centre. Section 68.
8. Any refusal based on based on any other provision of law, requiring medical and personal privacy.

5.7 APPEALING ANY REFUSAL TO GRANT ACCESS TO ANY RECORD:

Any requester, who has been denied access to any record for whatever reason, has the right to appeal such a decision by making application to a Court within his or her jurisdiction. Such appeal must be made within “30 (thirty) days” of the notification of refusal by the Deputy Information Officer. In accordance with the provisions of the Promotion of Access to Information Act, the court/s to be used for such application is the Constitutional Court, the High Court, and any other court of a similar status.

5.8 PAYMENT OF FEES AND METHOD OF PAYMENT:

1. If any person wishes to have a copy of this Information manual, Arwyp may charge R2.00 (Two Rand) per A4 size page thereof.
2. The request fee payable by a requester, other than a personal requester, referred to in section 54(1) of the Act is R140.00 (One Hundred and Forty Rand).
3. The access fees payable by a requester referred to in section 54(7) of the Act are as follows:

a		For every photocopy of an A4-size page or part thereof	R2.00
b		For an ICU chart	R80.00
c		For every printed copy of an A4-size page or part thereof held on a computer or in electronic or machine-readable form	R2.00

4. The fee applicable for searching for a record, as per section 54(2) of the Act, shall be R145.00 up to R435.00 for each hour or part thereof as reasonably required for such a search.
5. Arwyp is also entitled by virtue of the Value-Added Tax Act, 1991 [Act No. 89 of 1991], to charge the prescribed VAT amount to all fees prescribed in the regulations of the Promotion of Access to Information Act.
6. The actual postal fee is payable when a copy of a record must be posted to a requester. Arwyp to ensure privacy and confidentiality will register that copy to the requester, to ensure that only he or she may access such.

5.9 INFORMATION PERTAINING TO THE INFORMATION OFFICER OF ARWYP MEDICAL CENTRE:

Full name of health establishment	Arwyp Medical Centre
Information Officer	Dr Zecharai Esterhuizen
Designation	Chief Executive Officer
Address	20 Pine Avenue Kempton Park 1619
Postal Address	PO BOX 3452 Kempton Park 1620
Telephone	+27 11 922 1563
Facsimile	+27 11 922 1413
E-mail	info.officer@arwyp.com

Deputy Information Officer	Analyze Engelbrecht
Address	20 Pine Avenue Kempton Park 1619
Telephone	+27 11 922 1097
E-mail	info.officer@arwyp.com

6. RECORDS AND REFERRED DOCUMENTS:

Record Document	Form Number	Location	Retention Period
<i>Form 2 – See Annexure A</i>	<i>External Document</i>	Website	Retention policy IP15
<i>Form 6 – Fee structure Annexure B</i>	<i>Internal Document</i>	SharePoint	<i>Retention policy IP15</i>
<i>Form 695 – Consent Annexure C</i>	<i>Internal Document</i>	SharePoint	<i>Retention policy IP15</i>
<i>Form 2, Form 3, and Form 4</i>	<i>External Document</i>	Website	<i>Retention policy IP15</i>

All records shall be shredded unless otherwise stated.
Records may not be disposed of without consent of the process owner.

Referred Document	Location	
	Computer	Hard Copy
All Acts as per Section 5.2	SharePoint	

7. REVISION HISTORY:

NOTES:

1. REVISED AREAS IN THE CURRENT DOCUMENT PRINTED *IN BLUE ITALIC & DESCRIBED IN THE REVISION HISTORY TABLE BELOW.*
2. WHERE AMENDMENTS ARE MADE, THE WHOLE DOCUMENT SHALL BE RE-ISSUED WITH THE DATE AND NEW REVISIONS STATUS *ON THE BOTTOM OF EACH PAGE.*
3. AFTER A MAXIMUM OF 10 REVISIONS, THE WHOLE DOCUMENT SHALL BE RE-ISSUED

REV N°	CLAUSE (S) AMENDED	REVISION DETAILS
1.	Format changes	See blue italics
2.	Para 12.3 & 12.4	See blue italics
3.	Header/footer Para 1	See blue italics
4.	Entire Document	See blue italics
5.	Introduction 1 (1) & (5) & 9.10 Annexure A	See blue italics
6.	<i>Entire Document & Annexure A to C</i>	<i>See blue italics</i>
7.		
8.		
9.		
10.		

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
 Arwyp Medical Centre

(Address)

E-mail address: Info.officer@arwyp.com

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 are made (if applicable):	
Identity Number	
Postal Address	

Street Address	
E-mail Address	

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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 – Date of Hospitalization	
Any further particulars of record	
TYPE OF RECORD <i>(Mark the applicable box with an "X")</i>	
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 <i>(Mark the applicable box with an "X")</i>	
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 (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 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

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

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

Annexure B:

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ARWYP MEDICAL CENTRE
PRIVATE HOSPITAL | KEMPTON PARK

20 Pine Avenue, Kempton Park
PO Box 3452, Kempton Park, 1620
Telephone: +27 (0)11 922 1000
Email: arwyp@arwyp.com
Website: www.arwyp.com

Specialised Facilities

343 Beds
Emergency Department
33 Beds – surgical & medical ICU
12 Theatres (laminar flow)
Cardiac catheterisation laboratory
Maternity Unit
Neonatal Unit
Paediatric Unit
Renal Dialysis Unit

Medical Disciplines

Cardiology
Cardiothoracic surgery
Dermatology
Ear, nose, and throat surgery
Endocrinology
General Practice (GP)
Hepato-pancreatobiliary surgery (ERCP's)
Internal medicine
Interventional radiology
Maxillo-facial and oral surgery
Neurology
Neurosurgery
Obstetrics and gynaecology
Ophthalmology
Orthopaedic surgery
Paediatrics
Psychiatry
Plastic and reconstructive surgery
Prosthodontics
Pulmonology
Rheumatology
Urology
Vascular Surgery

Additional Services

Coffee Shop
Dietetics
Nuclear Medicine
Pathology
Pharmacy
Physiotherapy
Psychology
Occupational therapy
Radiology (X-rays/MRI/Cat scan)
SA Blood bank
Speech therapy

Training

Arwyp Training Institute

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Dear Sir / Madam

General details about your hospital records request

Thank you for your request.

Please keep in mind that the following is merely a fee structure, not an invoice:

Description	Amount
Admin Fee	R 140.00
Copy Fee (Per Page) incl. VAT	R 2.00
Search Fee / Request Fee (Per File) incl. VAT	R 145.00 up to R435.00
ICU Charts (Per Chart) incl. VAT	R 80.00
Form / RAF1 (Per Form) incl. VAT	R 500.00
Form / RAF1 ICU (Per Form) incl. VAT	R 1 500.00

Banking Details	Arwyp Medical Centre
Bank:	First National Bank
Branch:	Festival Mall (231-433)
Account No:	62123731756
Reference No:	ID Nr of patient
Information Clerk:	Anelie Bean
Telephone Number:	011 922-1169
Fax:	011 922-1314
Email:	info.officer@arwyp.com

We will do our best to respond to your request as quickly as possible, but please be aware that the Promotion of Access to Information Act allows Arwyp Medical Centre to process this request within 30 days if all requested documentation is completed in full and submitted to the information officer.


Signed on _____ day of _____ 20__

Client Signature Client Name and Surname

Contact telephone number: _____

ARWYP MEDICAL CENTRE (PTY) LTD
REG NO 1985/002572/07 PRACTICE NO 5807891 VAT NO 4590124691
DIRECTORS – SIR R.C. HAWKINS BT. DR E.M SHACKLETON, MRS A.J. SMITH, MR W. WYPKEMA



 ARWYP MEDICAL CENTRE <small>PROVIDING CARE AND SUPPORT SINCE 1988</small>	LETTER OF CONSENT TO RELEASE MEDICAL INFORMATION	Form: 695 Rev: 8 Date: 12/12/2023 Page: 1 of 1
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MEDICAL AND HOSPITAL CONSENT

I, the undersigned _____,

ID Nr: _____

do hereby authorise _____, or their authorised representatives, successors and appointees, to have access or release and obtain all medical and hospital records, documents, reports and notes for

_____ at any hospital, offices of medical practitioners, nursing home or any other supplier of medical services in connection with medical treatment and injuries sustained.

Signed at _____ on this the _____ day of _____ 20__

As Witnesses

Claimant
