

Directors: Mr Koos Raubenheimer Mr Freddie Kenney Mr Christo Nienkemper Ms Jana Britz

First Floor Preller Plein Dan Pienaar Bloemfontein  
c/o Louw Wepener & Graaff-Reinet Street, Dan Pienaar | P.O. Box 28489, Danhof, Bloemfontein, 9301  
Tel. Nr: (051) 250 4500 | www.citymed.co.za | ws@citymed.co.za  
CityMed Sub Acute t/a CityMed Rehabilitation Hospital  
Reg Nr: 2018/613965/07 | Pr No: 990469



## PAIA Section 51 Manual: CITYMED REHABILITATION HOSPITAL

### PROMOTION OF ACCESS TO INFORMATION ACT

("PAIA")

AND

### PROTECTION OF PERSONAL INFORMATION ACT

("POPIA")

#### SECTION 51 MANUAL

Prepared in accordance with Section 51 of the Promotion of Access to  
Information Act, No. 2 of 2000

This document serves as the information manual as required by Section 51(1) of the Promotion of Access to Information Act, No.2 of 2000 (the "Act") for a private body. It provides information on the records held and the process that is to be followed to request access to such records.

## CITYMED REHABILITATION HOSPITAL

Private Body

Directors: Mr Koos Raubenheimer Mr Freddie Kenney Mr Christo Nienkemper Ms Jana Britz

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## PAIA Section 51 Manual: CITYMED REHABILITATION HOSPITAL

### Background to the 06.10\_Section 51 PAIA Manual

This 06.10\_Section 51 PAIA Manual is designed to help you compile your Hospitals' own section 51 PAIA Manual and include the amendments made by the POPI Act to the PAIA Act.

### Purpose

To compile a section 51 PAIA Manual for CITYMED REHABILITATION HOSPITAL.

### Effective Date

The Manual is in force with approval.

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Approved by:

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Approval Signature:



## PAIA Section 51 Manual: CITYMED REHABILITATION HOSPITAL

### PART A: General

#### A.1. What is the purpose of this Manual?

- A.1.1. Under the Promotion of Access to Information Act 2000 (“PAIA”), CITYMED REHABILITATION HOSPITAL (hereinafter referred to as “CITYMED REHABILITATION HOSPITAL”, “we” and “us”) is required to grant individuals access to records held by CITYMED REHABILITATION HOSPITAL if that record is required by the individual to exercise or protect any legal right that individual enjoys under the law.
- A.1.2. Additionally, under the Protection of Personal Information 2013 (“POPI”), CITYMED REHABILITATION HOSPITAL are required to be open and transparent about how we handle personal information and allow individuals to access and correct their personal information.
- A.1.3. The purpose of this Manual is to set out the information which CITYMED REHABILITATION HOSPITAL is legally required to disclose under PAIA and POPI, and to explain how you can exercise your statutory rights under PAIA and POPI with respect to records and personal information handled by us.

#### A.2. What is the status and scope of this Manual?

- A.2.1. This Manual (version 2.0) was last updated on **8 April 2022** and will become effective on **11 April 2022**.
- A.2.2. This Manual may be revised from time to time to reflect changes in laws and regulations, or changes in CITYMED REHABILITATION HOSPITAL’ business operation.

#### A.3. Introduction to the centre

- A.3.1. This private Hospital is the hospital of Directors Mr Koos Raubenheimer, Mr Freddie Kenney, Mr Christo Nienkemper and Ms Jana Britz. CITYMED REHABILITATION HOSPITAL is a South African entity specialising in excellent quality and professional medical care and services to all private and medical aid patients as well as health care workers.
- A.3.2. Our hospital is run according to the requirements set by the Health Professions Act No. 56 of 1974 and are subject to the authority of the Health Professionals Council of South Africa (HPCSA).
- A.3.3. The practitioners practicing at the Hospital are registered at the HPCSA and provide excellent quality and professional medical care and services to all private and medical aid patients as well as health care workers within the scope and ambit of their registration, competence and training at the Hospital. The practitioners are bound by the Ethical Rules issued by the HPCSA most notably the duty to preserve patient confidentiality unless legislation or a court order provides otherwise.



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A.3.4. Requesters should note that commercial information and financial information may be withheld on the grounds of sections 63-70.

### A.4. Our rights under the Promotion of Access to Information Act

A.4.1. On 9 March 2001, the Promotion of Access to Information Act, became operative, giving effect to the constitutional right of access to any information held by the State and any information that is held by another person and that is required for the exercise or protection of any rights; and to provide for matters connected therewith.

A.4.2. Under PAIA, everyone has the right to access

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

A.4.3. A public body may make a request for information under PAIA only if, in making the request, the public body is acting in the public interest.

A.4.4. Records CITYMED REHABILITATION HOSPITAL makes available under PAIA is described hereinafter. If you wish to make a request under PAIA, CITYMED REHABILITATION HOSPITAL, please follow the procedure described in **the section 10** Manual. Please note that your request will be subject to the applicable charges set out in section 10 manual.

A.4.5. You can learn more about your rights under PAIA by contacting the South African Human Rights Commission ("**SAHRC**") at:

<b>Address:</b>	Braampark Forum 3 33 Hoofd Street Braamfontein South Africa
<b>E-Mail:</b>	<a href="mailto:info@sahrc.org.za">info@sahrc.org.za</a>
<b>Website:</b>	<a href="http://www.sahrc.org.za">http://www.sahrc.org.za</a>
<b>Tel No:</b>	+27 11 877 3600

### A.5. Availability of this manual [S 51(1)(a)(i) – Promotion of Access to Information Act]

Directors: Mr Koos Raubenheimer Mr Freddie Kenney Mr Christo Nienkemper Ms Jana Britz

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- A.5.1. A copy of this manual is available to the public for inspection at our website/registered offices as listed below or on request from the designated contact person.
- A.5.2. **Contact Details [S 51(1)(a)(i)]** - This contact person is responsible for the administration of and compliance with the Act in a fair objective and unbiased manner.

<b>Hospital Name:</b>	CITYMED REHABILITATION HOSPITAL
<b>Registration No:</b>	2018/613965/07
<b>Information Officer:</b>	Jana Britz
<b>Deputy Information Officer:</b>	Vivienne Pistorius
<b>Physical Address:</b>	First Floor, Preller Square, c/o Louw Wepener & Graaff-Reinet Street, Dan Pienaar, Bloemfontein 9301
<b>Postal Address:</b>	First Floor, Preller Square, c/o Louw Wepener & Graaff-Reinet Street, Dan Pienaar, Bloemfontein 9301
<b>Tel No:</b>	051 436 4320
<b>Fax No:</b>	051 436 4328
<b>E-Mail Address:</b>	<a href="mailto:reception@citymed.co.za">reception@citymed.co.za</a>
<b>Website:</b>	<a href="http://www.citymed.co.za">www.citymed.co.za</a>



## PAIA Section 51 Manual: CITYMED REHABILITATION HOSPITAL

### PART B: Processing Operations insofar the PAIA Act concerned

- B.1. Description of the guide referred to in section 10, if available, and how to obtain access to it [Sect 51(1)(b)(i)].**
- B1.1. The ACT grants a requester 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 public interest.
- B1.2. Requests in terms of the ACT shall be made in accordance with the prescribed procedures, at the rates provided.
- B1.3. Requesters are referred to the Guide in terms of Section 10 which has been compiled by the South African Human Rights Commission, which will contain information for the purposes of exercising Constitutional Rights.
- B1.4. The Guide is available from the SAHRC.
- B1.5. The contact details of the Commission are:

<b>Postal Address:</b>	Private Bag 2700 Houghton, 2041
<b>Tel No:</b>	+27-11-877 3600
<b>Fax No:</b>	+27-11-403 0625
<b>Website:</b>	www.sahrc.org.za

- B.2. The latest notice in terms of section 52(2), if any, regarding the categories of record of the Hospital of CITYMED REHABILITATION HOSPITAL which are available without a person having to request access in terms of this Act [Sect 51(1)(b)(ii)].**

<b>1. Inspection in terms of legislation other than this Act</b>	None
<b>2. Purchase or copying from us</b>	None
<b>3. From us free of charge</b>	Health related brochures, information leaflets





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### **B.3. A description of the records of the Hospital of CITYMED REHABILITATION HOSPITAL which are available in accordance with any other legislation [Sect 51(1)(b)(iii)].**

Records are kept in accordance with the following legislation (this list is not exhaustive):

- (a) Basic Conditions of Employment Act 75 of 1997;
- (b) Children's Act 38 of 2005;
- (c) Companies Act 71 of 2008;
- (d) Compensation for Occupational Injuries and Diseases Act 130 of 1993;
- (e) Consumer Protection Act 68 of 2008;
- (f) Credit Agreements Act No. 75 of 1980;
- (g) Electronic Communications and Transactions Act 25 of 2002;
- (h) Employment Equity Act 55 of 1998;
- (i) Hazardous Substances Act 15 of 1973;
- (j) Income Tax Act 58 of 1962;
- (k) Labour Relations Act 66 of 1995;
- (l) Medicines and Related Substances Act 101 of 1965;
- (m) Mental Health Care Act 17 of 2002;
- (n) Occupational Health and Safety Act 85 of 1993;
- (o) Promotion of Access to Information Act 2 of 2000;
- (p) Protection of Personal Information Act 4 of 2013;
- (q) Road Accident Fund Act 56 of 1996;
- (r) Short Term Insurance Act No. 53 of 1998;
- (s) Skills Development Levies Act 9 of 1999;
- (t) Skills Development Act 97 of 1998;
- (u) Unemployment Contributions Act 4 of 2002;
- (v) Unemployment Insurance Act 63 of 2001; and
- (w) Value Added Tax Act 89 of 1991.



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**B.4. Sufficient detail to facilitate a request for access to a record of the body, a description of the subjects on which the body holds records and the categories of records held on each subject [Sect 51(1)(b)(iv)]**

The Hospital holds the following categories of records:

Categories of Records	Document Type
Records relating to the form of practice and related matters	Documents pertaining to a personal liability company as required by the Companies Act 71 of 2008, including, but not limited to the prescribed certificates, memorandum of incorporation, forms and registers of directors and shareholders, company rules, minute books, resolutions and shareholders' agreements; Centre code number and related records
Records relating to the registration of practitioners working at the Hospital	Registration certificates at the HPCSA and related documents; Proof of payment of registration and annual fees to the HPCSA
Employment records	Employment contracts; Conditions of employment and work place policies such as leave policies; Employment equity and skills development plans and reports; Salary and wage register; Performance management records; Documents related to disciplinary proceedings, arbitration awards, CCMA (Commission for Conciliation, Mediation and Arbitration) and other legal cases; Expense accounts; Relevant tax records and information pertaining to employees; <i>Locum</i> contracts and related documents and records; Contracted staff lists
Pension / Retirement fund and medical scheme records	Pension/retirement fund and medical scheme rules; Records relevant to pension / retirement fund and medical scheme members, including payment of contributions
Financial records	Annual Financial Statements, including directors' reports; auditor's reports; Accounting Records; Bank statements; Invoices, statements, receipts and related documents
Tax and VAT records	Copies of tax returns and documents relating to income tax and VAT, including payments made and VAT registration
Patient records	Records are kept in respect of all patients consulted at the Hospital, which include their medical history, treatment and relevant financial arrangements
Health and safety records	Evacuation plan; Information related to the Health and Safety Committee / Officer; Health and safety incident reports
Records related to property (movable and immovable)	Finance and lease agreements; Asset register; Title deeds; Mortgage Bonds; Debenture register; Registers and records kept in terms of the Medicines and

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	Related Substances Act 101 of 1965; Stock sheets; Delivery notes and orders; Sale agreements; Purchase agreements
Other Agreements	Managed care and medical scheme agreements; Information Technology (IT) agreements (software and hardware); Agreements concerning provision of services or materials and clinical trials; Agreements with contractors and suppliers
Records relating to legal processes	Complaints, pleadings, briefs and other documents pertaining to any actual, pending or threatened litigation, arbitration or investigation; Settlement agreements; Legal opinions/advice
Insurance records	Insurance policies, including professional indemnity insurance policies and related records; Claims records



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### Part C: Processing Operations insofar the POPI Act concerned

#### C.1. The purpose of the processing [Sect 51(1)(c)(i)]

1. The health care professionals who provide you with care maintain records about your health and any treatment or care you have received previously. These records help to provide you with the best possible healthcare.
2. Our health records may be electronic, on paper or a mixture of both, and we use a combination of working practices and technology to ensure that your information is kept confidential and secure. Records which the Hospital hold about you may include the following information;
  - a) Details about you, such as your address, referring doctor, emergency contact details.
  - b) Any contact the Hospital has had with you, such as appointments, Hospital visits, emergency appointments, etc.
  - c) Notes and reports about your health.
  - d) Details about your treatment and care.
  - e) Results of investigations such as laboratory tests, x-rays etc.
  - f) Relevant information from other health professionals, relatives or those who care for you.
3. Other purposes for retaining records may include (see paragraph 3.1 of the HPCA's Booklet 9: Guidelines on the Keeping of Health Records):
  - a) Further the diagnosis or ongoing clinical management of the patient;
  - b) Conduct clinical audits;
  - c) Promote teaching and research;
  - d) Be used for administrative or other purposes;
  - e) Be kept as direct evidence in litigation or for occupational disease or injury compensation purposes;
  - f) Be used as research data;
  - g) Be kept for historical purposes;
  - h) Promote good clinical, beauty and laboratory practices;
  - i) Make case reviews possible;
  - j) Serve as the basis for accreditation.

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### **C.2. A description of the categories of data subjects and of the information or categories of information relating thereto [Sect 51(1)(c)(ii)]**

- a. The Hospital holds the categories of records and personal information in respect of the categories of data subjects specified below.
- b. The potential recipients of the personal information processed by the Hospital are also specified.
- c. Information and records are only disclosed as may be required in terms of the law or otherwise with the consent of the relevant data subjects.



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DATA SUBJECTS	CATEGORIES OF RECORDS	CATEGORIES OF PERSONAL INFORMATION	POTENTIAL RECIPIENTS OF THE PERSONAL INFORMATION
Directors, shareholders and employees	Proof of registration at and payment of fees to the HPCSA; employment / <i>locum</i> contracts, records and policies; Insurance policies; Complaints; Disciplinary and court proceedings; Employment equity and skills development plans and records; Salary and payroll records; Leave records; Tax records, including PAYE, UIF (Unemployment Insurance Fund) and SDL (Skills Development Levies) returns and related records; Correspondence with the HPCSA, insurers and other persons / bodies; Medical certificates; Continuing Professional Development (CPD) / training events, certificates and records	Names and surnames; Contact details e.g. address, telephone and fax numbers, e-mail addresses; Identity numbers / dates of birth; Race; Gender; Nationality; Qualifications; HPCSA registration numbers; Registered profession; Category of registration; Employment history and information; Position held; Banking details; Relevant medical history; Criminal behavior and history; Correspondence; Notes, reports and records created by these data subjects in respect of clients; Tax numbers, returns and certificates; Leave periods; Medical certificates; Remuneration; Employment benefits; Absenteeism information; Next-of-kin details	SA Revenue Services (SARS); Relevant statutory bodies such as the HPCSA and Council for Medical Schemes (CMS); Board of Healthcare Funders of SA (BHF); Companies and Intellectual Property Commission (CIPC); Medical schemes; Contractors and vendors; Patients; Relevant public bodies, including government departments, e.g. Compensation Commissioner, Road Accident Fund (RAF), UIF, Department of Labour; Banks; Professional societies; Vetting agencies (e.g. of qualifications); Hospitals
Other contractors, vendors and suppliers, e.g. BHF, IT vendors, claims switching companies, auditors, legal counsel, consultants, debt collectors	Agreements with contractors, vendors and suppliers; Non-Disclosure Agreements; Debt Collection Agreements; Legal opinions and advice; Invoices; Correspondence	Names and surnames; Company names; Relevant staff details; Contact details e.g. address, telephone and fax numbers, e-mail addresses, website addresses; Opinions; Correspondence; Track records; Price structures; Financial arrangements	Banks; Auditors; Legal practitioners; Medical schemes



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Insurers	Insurance policies; Payment of premiums; Claims' records and related documents	Names and contact details e.g. addresses, telephone and fax numbers, e-mail addresses; Premiums	Auditors; Legal practitioners; Relevant public bodies
Patients	Patient records, including medical records, financial arrangements, invoices, payment records and correspondence	Names and surnames; Contact details e.g. address, telephone and fax numbers, e-mail addresses; Identity numbers / dates of birth; Race; Gender; Nationality; Employers and their contact details; Medical schemes, medical scheme options and dependent status; Name, surname and contact details of a relative / friend; Medical history, including details about injuries sustained; Fees charged, payments received and payment history; Diagnosis / suspected diagnosis; Procedures performed; Diagnosis and procedure codes; Radiological images (X-rays, scans and sonars) and reports; Referral notes; Complaints lodged; Correspondence; Patient information forms; Consent forms; Prescriptions; Medical certificates	Medical schemes; Medical scheme administrators; Managed care organizations; Insurers; Employers; Debt collectors; Practitioners to whom patients are referred; Credit lists (Blacklists); Bodies performing peer review; Statutory / Governmental bodies e.g., HPCSA when responding to complaints, Compensation Commissioner, RAF; Hospitals; Other relevant treating health practitioners; Next-of-kin
Practitioners referring patients to the Hospital	Referral notes; Correspondence	Names and Surnames; Contact details e.g., address, telephone and fax numbers, e-mail addresses and Hospital code numbers of practitioners	Medical schemes; Managed care organizations; Governmental bodies e.g., HPCSA when responding to complaints, Compensation Commissioner, RAF; Hospitals; Bodies performing peer review



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Medical Schemes / Insurance Companies	Claims; Remittance advices; Contracts; Correspondence; Scheme rules; Policy provisions	Contact details e.g. addresses, telephone and fax numbers, e-mail addresses	Patients; Debt collectors
Hospitals	Correspondence	Names: Contact details e.g. addresses, telephone and fax numbers, e-mail addresses and practice code numbers of hospitals	Medical schemes; Statutory / Governmental bodies e.g., HPCSA when responding to complaints
Public Bodies (e.g., Department of Health, RAF, Compensation Commissioner, UIF) and Statutory Bodies (e.g. HPCSA, CMS)	Complaints submitted to statutory bodies and related documents; Correspondence; Newsletters and circulars issued by these bodies and councils; Payment of fees	Names: Contact details e.g. addresses, telephone and fax numbers, e-mail addresses; Office bearers; Fee structures	Medical schemes; Patients

**C.3. The recipients or categories of recipients to whom the personal information may be supplied [Sect 51(1)(c)(iii)]**

The Hospital is not planning to send any personal information about any data subject across the borders of the Republic of South Africa to third parties in foreign countries. Should this be required, patient consent will be obtained, where possible, and transfers of such information will occur in accordance with the requirements of the law.

**C.4. Planned transborder flows of personal information [Sect 51(1)(c)(iv)]**

Personal information of data subjects may be transferred across borders due to the hosting of some CITYMED REHABILITATION HOSPITAL infrastructure and application in foreign jurisdictions. Current employees and consultants' information may also be transferred transborder where CITYMED REHABILITATION HOSPITAL has a physical presence or may be providing services or performing in terms of its contractual obligations.





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- C.5. A general description allowing a preliminary assessment of the suitability of the information security measures to be implemented by the responsible party to ensure the confidentiality, integrity and availability of the information which is to be processed. [Sect 51(1)(c)(v)].**
- a. The Hospital takes the privacy of persons seriously and is therefore committed to ensuring that personal information in its possession or under its control is secure.
  - b. In order to prevent unauthorised access or disclosure of information, appropriate physical, electronic and managerial procedures have been implemented to safeguard and secure the information. For example, access to information is controlled and only persons requiring the information for the treatment, care and invoicing of patients as well as the administration of the practice have access to the information.
  - c. Access to electronic records is password controlled.
  - d. A privacy policy has been implemented to ensure that personal information is processed and stored strictly in accordance with the law and all persons who have access to that information are aware of their responsibilities.
  - e. Records are maintained in a structured filing system for as long as it is necessary in accordance with the relevant laws.
  - f. A risk assessment of the organisational and technical processes and procedures is conducted on a regular basis to ensure a continuous monitoring and enhancement of security measures in the Hospital.
  - g. Practitioners, other staff and contractors are required to adhere to the strict policies and processes implemented by the Hospital and are subject to sanctions for any security breach.
  - h. All security breaches are taken seriously and are addressed in accordance with the law.



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### Part D: Procedure for making a request under PAIA.

#### D.1. How can I make a request to CITYMED REHABILITATION HOSPITAL under PAIA?

D.1.1. In order to facilitate a timely response to requests for access, all requesters should take note of the following when completing the Access Request Form:

D.1.2. To facilitate the processing of your request, kindly:

1. Complete the Request Form, which is embedded in Part E of this Manual, also available on the website of the SOUTH AFRICAN HUMAN RIGHTS COMMISSION at [www.sahrc.org.za](http://www.sahrc.org.za) (copy attached hereto as an example)
2. Address your request to the Head of this Hospital.
3. Provide sufficient details to enable us to identify:
  - (a) The record(s) requested;
  - (b) The requester (and if an agent is lodging the request, proof of capacity);
  - (c) The form of access required;
  - (d) The postal address or fax number of the requester in the Republic;
  - (e) If the requester wishes to be informed of the decision in any manner (in addition to written) the manner and particulars thereof;
  - (f) The right which the requester is seeking to exercise or protect with an explanation of the reason the record is required to exercise or protect the right.
  - (g) **Payment of Fees:**

Pay the applicable Request Fee described in Section D.4 below. Payment can be made via:

- i. bank guaranteed cheque or postal order (written to CITYMED REHABILITATION HOSPITAL);  
or
- ii. EFT (direct bank transfer). If you wish to pay the applicable Request Fee via EFT, you will need to send the proof of payment together with your request. You can obtain the details required for EFT by contacting CITYMED REHABILITATION HOSPITAL (see Section A.5 above for contact details).
- iii. Unfortunately, CITYMED REHABILITATION HOSPITAL cannot accept payment via credit card or debit card.
- iv. This fee is not applicable to Personal Requesters, referring to any person seeking access to records that contain their personal information.



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- v. The completed Access Request Form together with a copy of the identity document must be submitted either via conventional mail or e-mail and must be addressed to the contact person as indicated above.

### D.2. How will my PAIA request be processed by CITYMED REHABILITATION HOSPITAL?

- D.2.1. **CITYMED REHABILITATION HOSPITAL** will process your request when the completed Request Form is received, and any applicable Request Fee is paid. Subject to Section D.2.2. below, your request will normally be processed within 30 days of receipt of the completed Request Form, provided that all of the required details are properly set out in the completed Request Form.
- D.2.2. If it turns out that it will take more than 30 days to process your request (e.g., due to the volume of records/personal information that must be processed, or difficulty in accessing the relevant record/personal information), CITYMED REHABILITATION HOSPITAL may extend the aforementioned 30-day period in processing your request. Should this become necessary, CITYMED REHABILITATION HOSPITAL will notify you.
- D.2.3. Once a decision on your request is reached, CITYMED REHABILITATION HOSPITAL will notify you in writing. Where CITYMED REHABILITATION HOSPITAL decides to:
  - a. grant access to the record/personal information requested, CITYMED REHABILITATION HOSPITAL will notify you how the access will be granted and what Access Fees are payable and release the requested record/personal information upon receipt of the applicable Access Fee.
  - b. deny access to the record/personal information requested; CITYMED REHABILITATION HOSPITAL will notify you of the reasons why access is denied.
  - c. complies with your request to correct or delete your personal information, confirm how your request has been or will be actioned; and
  - d. denies your request to correct or delete your personal information, confirm why your request has been denied.
- D.2.4. Where your request was a request for confirmation as to whether or not CITYMED REHABILITATION HOSPITAL handles your personal information (i.e., you make a request under POPI s23(1)(a)), CITYMED REHABILITATION HOSPITAL gives you the confirmation.



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### D.3. What if I am not happy about how CITYMED REHABILITATION HOSPITAL handled my PAIA/POPI request?

B.3.1. If you are not satisfied about the way in which your request was handled by CITYMED REHABILITATION HOSPITAL (including where you are not happy about the Access Fee charged by CITYMED REHABILITATION HOSPITAL or the length of time CITYMED REHABILITATION HOSPITAL is taking to process your request), you can make an application for relief to the Constitutional Court, the High Court or another court of similar status.

D.3.2. Please note that if you wish to make an application to the court, you will need to do so within 180 days of receiving the relevant decision made by CITYMED REHABILITATION HOSPITAL.

### D.4. What are the charges applicable to my PAIA/POPI request?

D.4.1. There are two types of fees which are payable under PAIA, namely Request Fee, and Access Fee.

#### D.4.2. Request Fee

Request Fee is payable upon making a request to access records/personal information, and it is **R57.00** (inclusive of VAT) for each request. You do not have to pay a Request Fee if:

- a. You are a private individual requesting access to your own records/personal information;
- b. You are single and earning less than R14,812 p/a; or
- c. You are married (or in a life partnership), and earning less than R27,192 p/a.

#### D.4.3. Access Fee

**Access Fee** is payable in respect of records/personal information which are produced in response to your request. Access Fee is payable by everyone who makes a request. The rate of Access Fees are as follows:

Type of activity involved in producing the record or personal information	Rate (inc. VAT)
For every photocopy of an A4-size page or part thereof.	R1.25
For every printed copy of an A4-size page or part thereof. Held on a computer or in electronic or machine-readable form.	R0.86
For a copy in a computer-readable form on stiffer disk.	R8.55
For a copy in a computer-readable form on CD.	R79.80
For a transcription of visual images, for an A4-size page or part thereof.	R45.60
For a copy of visual images.	R68.40



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Type of activity involved in producing the record or personal information	Rate (inc. VAT)
For a transcription of an audio record, for an A4-size page or part thereof.	R22.80
For a copy of an audio record.	R34.20
Each hour or part of an hour (excluding the first hour) reasonably required to search for and prepare the record/personal information for disclosure.	R34.20
For posting the record/personal information.	Actual postage incurred
For confirming whether or not CITYMED REHABILITATION HOSPITAL handles personal information of the requestor (POPI s23(1)(a) request)	Free of charge

#### D.4.4. Please note that:

- a. where Request Fee is payable, your request will not be processed until you pay the Request Fee;
- b. where Access Fee is payable, the record/personal information you requested will not be released until the Access Fee is paid; and

D.4.5. Please also note that if you are not a private individual and if the search for and preparation of the record requested is in CITYMED REHABILITATION HOSPITAL's view likely to require more than 6 hours of work, CITYMED REHABILITATION HOSPITAL reserves the right to require you to pay 1/3<sup>rd</sup> of the Access Fee up front as a deposit.

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### Part E: Forms

#### E.1. Form C - Request for access to record of Private Body (Section 53(1) of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000)) [Regulation 10]



J752

REPUBLIC OF SOUTH AFRICA

FORM C

REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY

(Section 53(1) of the Promotion of Access to Information Act, 2000 (Act No. 2 of 2000))

[Regulation 10]



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**A. Particulars of private body**

The Head:

--

**B. Particulars of person requesting access to the record**

- (a) The particulars of the person who requests access to the record must be given below.
- (b) The address and/or fax number in the Republic to which the information is to be sent must be given.
- (c) Proof of the capacity in which the request is made, if applicable, must be attached.

Full names and surname:												
Identity number:												
Postal address:												
Telephone number:	( )											
E-mail address:												
Fax number:	( )											

Capacity in which request is made, when made on behalf of another person:

--

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

This section must be completed ONLY if a request for information is made on behalf of another person

Full names and surname:												
Identity number:												

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### D. Particulars of record

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

#### 1. Description of record or relevant part of the record:

#### 2. Reference number, if available:

#### 3. Any further particulars of record:





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### E. Fees

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

Reason for exemption from payment of fees:

### F. Form of access to record

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

Disability:	Form in which record is required:
Mark the appropriate box with an X.	

#### NOTES:

- (a) Compliance with your request for access in the specified form may depend on the form in which the record is available.
- (b) Access in the form requested may be refused in certain circumstances. In such a case you will be informed if access will be granted in another form.
- (c) The fee payable for access to the record, if any, will be determined partly by the form in which access is requested.



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1. If the record is in written or printed form:					
	copy of record*		inspection of record		
2. If record consists of visual images - (this includes photographs, slides, video recordings, computer-generated images, sketches, etc.):					
	view the images		copy of the images*		transcription of the images*
3. If record consists of recorded words or information which can be reproduced in sound:					
	listen to the soundtrack (audio cassette)		transcription of soundtrack* (written or printed document)		
4. If record is held on computer or in an electronic or machine-readable form:					
	printed copy of record*		printed copy of information derived from the record*		copy in computer readable form* (stiffy or compact disc)

*If you requested a copy or transcription of a record (above), do you wish the copy or transcription to be posted to you? Postage is payable.	Yes	No
---	-----	----

**G. Particulars of right to be exercised or protected**

If the provided space is inadequate, please continue on a separate folio and attach it to this form.  
 The requester must sign all the additional folios.

1. Indicate which right is to be exercised or protected:

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2. Explain why the record requested is required for the exercise or protection of the aforementioned right:

**H. Notice of decision regarding request for access**

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

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

Signed at ..... this day ..... of .....year.....

.....

SIGNATURE OF REQUESTER /

PERSON ON WHOSE BEHALF REQUEST IS MADE

Directors: Mr Koos Raubenheimer Mr Freddie Kenney Mr Christo Nienkemper Ms Jana Britz

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**D.2. Form E - Automatically Available Records and Access to Such Records: (Section 52 of the Promotion of Access to Information Act, 2000 (Act 2 of 2000)) [Regulation 9A]**



REPUBLIC OF SOUTH AFRICA

**FORM E  
 AUTOMATICALLY AVAILABLE RECORDS AND ACCESS TO SUCH RECORDS:  
 (Section 52 of the Promotion of Access to Information Act, 2000 (Act 2 of 2000))  
 [Regulation 9A]**

DESCRIPTION OF CATEGORY OF RECORDS AUTOMATICALLY AVAILABLE IN TERMS OF SECTION 52(1)(a) OF THE PROMOTION OF ACCESS TO INFORMATION ACT, 2000	MANNER OF ACCESS TO RECORDS (e.g. website) (SECTION 52(1)(b))
<b>FOR INSPECTION IN TERMS OF SECTION 52(1)(a)(i):</b>	
<b>FOR PURCHASING IN TERMS OF SECTION 52(1)(a)(ii):</b>	
<b>FOR COPYING IN TERMS OF SECTION 52(1)(a)(ii):</b>	

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<b>AVAILABLE FREE OF CHARGE IN TERMS OF SECTION 52(1)(a)(iii):</b>	

**Department of Justice and Constitutional Development**



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**E.3. Objection to the Processing of Personal Information in terms of Section 11(3) of the Protection of Personal Information Act, 2013 (Act No. 4 of 2013)**

**Form 1**

**Objection to the Processing of Personal Information in terms of Section 11(3) of the Protection of Personal Information Act, 2013 (ACT NO. 4 OF 2013)**

**REGULATIONS RELATING TO THE PROTECTION OF PERSONAL INFORMATION, 2018**  
 [Regulation 2]

*Note:*

1. *Affidavits or other documentary evidence as applicable in support of the objection may be attached.*
2. *If the space provided for in this Form is inadequate, submit information as an Annexure to this Form and sign each page.*
3. *Complete as is applicable.*

A	DETAILS OF DATA SUBJECT
Name(s) and surname/ registered name of data subject:	
Unique Identifier/ Identity Number	
Residential, postal or business address:	
	Code (    )
Contact number(s):	
Fax number/E-mail address:	
B	DETAILS OF RESPONSIBLE PARTY
Name(s) and surname/ Registered name of responsible party:	
Residential, postal or business address:	
	Code (    )
Contact number(s):	

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Fax number/ E-mail address:	
<b>C</b>	<b>REASONS FOR OBJECTION IN TERMS OF SECTION 11(1)(d) to (f) <i>(Please provide detailed reasons for the objection)</i></b>

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

.....  
*Signature of data subject/designated person*



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**E.4. Request for Correction or Deletion of Personal Information or Destroying or Deletion of Record of Personal Information**

in terms of Section 24(1) of the Protection of Personal Information Act, 2013 (Act No. 4 of 2013)

**FORM 2**

**Request for Correction or Deletion of Personal Information or Destroying or Deletion of Record of Personal Information INTERMS OF SECTION 24(1) OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013 (ACT NO. 4 OF 2013)**

**REGULATIONS RELATING TO THE PROTECTION OF PERSONAL INFORMATION, 2018 [Regulation 3]**

*Note:*

1. *Affidavits or other documentary evidence as applicable in support of the request may be attached.*
2. *If the space provided for in this Form is inadequate, submit information as an Annexure to this Form and sign each page.*
3. *Complete as is applicable.*

Mark the appropriate box with an "x".

**Request for:**

Correction or deletion of the personal information about the data subject which is in possession or under the control of the responsible party.

Destroying or deletion of a record of personal information about the data subject which is in possession or under the control of the responsible party and who is no longer authorized to retain the record of information.

A	DETAILS OF THE DATA SUBJECT
Name(s) and surname / registered name of data subject:	
Unique identifier/ Identity Number:	
Residential, postal or business address:	
	Code (    )
Contact number(s):	



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Fax number/E-mail address:	
<b>B</b>	<b>DETAILS OF RESPONSIBLE PARTY</b>
Name(s) and surname/ registered name of responsible party:	
Residential, postal or business address:	
	Code (     )
Contact number(s):	
Fax number/ E-mail address:	
<b>C</b>	<b>INFORMATION TO BE CORRECTED/DELETED/ DESTROYED/ DESTROYED</b>
<b>D</b>	<b>REASONS FOR *CORRECTION OR DELETION OF THE PERSONAL INFORMATION ABOUT THE DATA SUBJECT IN TERMS OF SECTION 24(1)(a) WHICH IS IN POSSESSION OR UNDER THE CONTROL OF THE RESPONSIBLE PARTY ; and or REASONS FOR *DESTRUCTION OR DELETION OF A RECORD OF PERSONAL INFORMATION ABOUT THE DATA SUBJECT IN TERMS OF SECTION 24(1)(b) WHICH THE RESPONSIBLE PARTY IS NO LONGER AUTHORISED TO RETAIN.</b> <i>(Please provide detailed reasons for the request)</i>
Signed at ..... this ..... day of 20...	
Signature of data subject/ designated person	

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