



POPIACT INFORMATION & CONSENT

The practice and its employees are bound by numerous parts of legislation namely, though not exclusive to, the HPCSA Guidelines, Patient's Rights Charter, The Children's Act 38 of 2005 and The Protection of Personal Information Act 4 of 2013.

The POPI Act has recently come into effect in June 2020 and from June 2021 will be enforceable by law. We would like to take this opportunity to inform you of the practice procedures and policies when processing your and your child's information, your rights in regard to this, and the various measures and guidelines we follow.

You, and your child, as the data subject, have the following rights in relation to your personal information obtained/held by the practice:

- Notice of request of collection personally or from a third party
- Consent to provide information personally or through a third party
- Consent to collection and storage of information
- Access to all information held by the practice
- Correction / destruction of information
- Objection against or withdrawal of consent to processing (general) of information
- Objection against direct marketing
- Not to receive unsolicited electronic communication
- Not to be subjected to decisions based on profiling
- Submission of complaints to the Information Regulator
- Instituting of civil action

Furthermore any information held by the practice should be:

- Complete
- Accurate
- Not misleading
- Updated

And for these reasons we ask that you update your contact details, address, school and doctor's details regularly with your therapist should anything change during the course of treatment.

Storage of Records by the Practice

The practice is in the process of converting all records to electronic records only. Currently all paper based records are stored in a lockable filing cabinet and only the relevant therapist and practice owner have access.

All electronic records including photographs, videos, whatsapp history, emails, smses, etc are stored as attachments on HeroMed and backed up on a password protected google drive within separate folders.

According to HPCSA Guidelines Booklet 9, September 2016:

- Health records should be stored in a safe place and if they are in electronic format, safeguarded by passwords
- Health records should be stored for a period of not less than six (6) years as from the date they became dormant.
- For minors under the age of 18 years health records should be kept until the minor's 21st birthday. This applies equally for obstetric records.
- All efforts must be made to contact the patient at his/her last known address prior to destruction of records.
- For mentally incompetent patients health records should be kept for the duration of the patient's lifetime.

The Occupational Health and Safety Act (Act 85 of 1993) states that health records must be kept for a period of 20 years after treatment. This includes all screening records of staff relating to the COVID-19 Pandemic. The patient screening records form part of each individual patient's health record.

In terms of Section 14 of the POPI Act records of personal information must not be retained any longer than is necessary for achieving the purpose for which the information was collected and processed. Records should not be retained randomly on an indefinite basis.

All electronic transmissions must be secured using generally acceptable data protection and authentication techniques and must also be stored and filed securely for no less than the time period following which claims relating to the service may become prescribed, plus two year; or according to the HPCSA guidelines as stated above, whichever comes after. This includes all records of patient-related electronic communications including:

- a. Patient-practitioner communications
- b. Prescriptions
- c. Laboratory and test results
- d. Evaluations and consultation forms
- e. Records of past medical history
- f. Instructions given or received in connection with Telehealth technologies
- g. Consent to treatment and the use of "Telehealth" services.
- h. Consent to different modalities of treatment.
- i. Consent to processing of personal information including personal particulars, diagnosis, medical aid details, etc.

Promotion of Access to Information Act 2 of 2000 (PAIA)

The Act provides for the right to access to information held by the State and to information held by another person or entity, where such information is required by someone to protect his/her rights.

Under PAIA you may submit a request to obtain a copy of all personal information held by the practice, or to object to the processing thereof.

Should you wish to do so please complete the correct document as accessible on our facebook site (@paedsphysio) or at the practice, and submit it to the Information Officer (Robyn Tacon) either in person, through your treating therapist or send it to robyn@hope-studio.co.za

Further Information

Should you require further information regarding any practice policies please contact Robyn on 082 324 1857 or robyn@hope-studio.co.za

SA Human's Right Commission regarding PAIA: lidlamini@sahrc.org.za

Information Regulator regarding POPI: NNemasisi@justice.gov.za

Consent

I, _____, the parent/legal guardian of _____ have read and understood the contents of this document, as well as the list of documents provided to me as marked on the checklist in the document named **Patient Details**.

Patient Information collected, processed, shared and stored by the practice includes: personal details; health records, funding records, agreements, consents, financial and accounts information, research information, profiling and similar information. **Please initial:** _____

The information processed is solely for the purpose of providing accurate care and treatment to myself/my child. Information may be obtained from myself, caregivers who accompany my child to therapy, teachers, doctors, other medical professionals. I may withdraw my consent to the gathering or sharing of information regarding myself/my child at any time. **Please initial:** _____

The practice hosts online and in-person events, and sends out a fortnightly blog containing therapy tips from the Hope Studio therapists. Your therapist may also wish to invite you to an event hosted by a third party that she feels may be of interest to you. **Please initial to consent to receiving this information:** _____

Financial and personal information regarding your account is shared with the practice management system HeroMed who have strict policies in place. Please see their attached document. **Please initial to consent to this:** _____

In order to claim from medical aid we are required to provide your child's name, birth date and an ICD 10 code on your invoice. This code stands for a diagnosis and thus this information regarding you/your child is being shared with your medical aid and/or broker. **Please initial to consent to this:** _____

Should your account require debt collection your contact information and the account status and particulars, but not your child's medical information or ICD 10 code, will be shared with the relevant party. **Please initial to consent to this:** _____

Signed at: _____

Date: _____

Signature of Above: _____