

**CLINIX HEALTH GROUP LIMITED  
GROUP OF COMPANIES MANUAL IN  
TERMS OF  
THE PROMOTION OF ACCESS TO INFORMATION ACT, NO 2 OF 2000**

Manual of the Clinix Health Group of Companies, as per the individual companies and entities on the attached list, herein represented by Clinix Health Group (Pty) Ltd, prepared in terms of section 51 of the Promotion of Access to Information Act, No 2 of 2000.

1. **Particulars of Company and authorised officer**

<b>Name of company</b>	:	Clinix Health Group (Pty) Ltd Registration number: 1997/017587/06
<b>Authorised officer</b>	:	Johanesi Musiyiwa (Company Secretary)
<b>Postal Address</b>	:	P. O. Box 805, Houghton, 2041
<b>Street Address</b>	:	Clinix Health Group 47 St Patrick Road Houghton
<b>Telephone number</b>	:	+27 11 429 1000
<b>Fax number</b>	:	+27 11 429 1110
<b>E-mail address</b>	:	<a href="mailto:cosec@clinix.co.za">cosec@clinix.co.za</a>

2. **Human Rights Commission Guide**

The Human Rights Commission has prepared a guide in terms of S10 of the Promotion of Access to Information Act, containing information required by a person wishing to exercise any right contemplated in the Act. Any queries concerning the guide should be referred to the Human Rights Commission in Johannesburg.

<b>Website Address</b>	:	<a href="http://www.sahrc.org.za">www.sahrc.org.za</a>
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**Head Office Address** : 29 Princess of Wales Terrace, Cnr York and St Andrews Street, Parktown, Johannesburg Private Bag 2700, Houghton, Johannesburg 2041

**Telephone number** : +27 11 484 8300

3. **Categories of records available without a person having to request access in terms of the Act**

There is currently no description of categories of records which are automatically available in terms of section 52(2) of the Act.

4. **Description of records that are available in accordance with the following legislation**

All records that are legally required to be kept by the company in terms of the following legislation are available:

- 3.1 National Health Act
- 3.2 Companies Act
- 3.3 Labour Relations Act
- 3.4 Occupational Health and Safety Act
- 3.5 Basic Conditions of Employment Act
- 3.6 Employment Equity Act
- 3.7 Compensation for Occupational Injuries and Diseases Act
- 3.8 Unemployment Insurance Act
- 3.9 Any other legislation relevant to the business concerned

4. **How to go about requesting records**

Access to records may be requested by completing the prescribed form, (attached and known as Form C) and submitting it to the authorised officer as set out in paragraph 1.

Once a request is received, the requester will be contacted to advise him / her about the further management of the request.

5. **Subjects and categories of records held**

5.1 Records relating to the following subjects and categories are held by the company and may be requested:

5.1.1 Hospital records of patients by the patients or authorized persons.

5.2 Access to these records will be considered, keeping the relevant legal, including the legislative provisions and ethical duties in mind, including but not limited to the Protection of Personal Information Act, Sections 14 and 15 of the National Health Act, 2003 (Act No. 61 of 2003), section 13 of the Mental Health Care Act, 2000 (Act No. 17 of 2002) and Booklet 14 of the Health Professional Council of South Africa (HPSCA) and the purpose of the processing.

6. **Right of internal appeal**

6.1 The requester shall have a right of internal appeal if the request for information is waived or deemed to be waived, that needs to be exhausted before the requester can escalate the request to litigation.

6.2 The internal appeal—

6.2.1 must be lodged within 60 days of the date of refusal or deemed refusal;

6.2.2 must be delivered or sent to the Head of Legal at [legal@clinix.co.za](mailto:legal@clinix.co.za) and a hard copy thereof must be addressed to the Head of Legal, Clinix Health Group (Pty) Ltd and delivered to 47 St. Patrick's Road, Houghton, Johannesburg.

6.2.3 must identify the subject of the internal appeal and state the reasons for the internal appeal and may include any other relevant information known to the appellant.

6.3 If an internal appeal is lodged after the expiry of the period referred to in subsection (1)(a), the relevant authority will, upon good cause shown, allow the late lodging of the internal appeal.

## LIST OF COMPANIES / ENTITIES

<b>NAME OF HOSPITAL PHYSICAL ADDRESS</b>	<b>REGISTRATION NUMBERS</b>
<b>Clinix Botshelong-Empilweni</b>	<b>1993/002389/07</b>
<b>Clinix Naledi-Nkanyezi</b>	<b>1996/009414/07</b>
<b>Clinix Tshepo - Themba</b>	<b>1994/007666/07</b>
<b>Dr SK Matseke Memorial Hospital</b>	<b>1980/004750/07</b>
<b>Clinix Selby Park</b>	<b>2003/024982/07</b>
<b>Clinix Health Management</b>	<b>1995/007347/07</b>
<b>Itokolle-Clinix Private Hospital Mafikeng</b>	<b>2005/019767/07</b>
<b>Clinix Phalaborwa Private - Limpopo</b>	<b>2008/016716/07</b>
<b>Clinix Head Office</b>	<b>1997/017587/06</b>
<b>Clinix Cullinan Private Hospital</b>	<b>2010/015989/07</b>
<b>Clinix Agency</b>	<b>2004/011522/07</b>

**FORM C: REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY**

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

**[Regulation 10]**

**A. Particulars of private body**

The Head:

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**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: \_\_\_\_\_

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Identity number: \_\_\_\_\_

Postal address: \_\_\_\_\_

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Fax number: \_\_\_\_\_ Telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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

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**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: \_\_\_\_\_

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Identity number: \_\_\_\_\_

**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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 hereunder, 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 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.

**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? <b>Please note that postage is payable.</b>	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:

\_\_\_\_\_

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?

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

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**SIGNATURE OF REQUESTER / PERSON  
ON WHOSE BEHALF REQUEST IS MADE**