

McCulloch, Harrison & Partners Inc

Manual to access information in terms of section 51 of the Promotion of Access to Information Act

Introduction to the practice

This private practice is the practice of Ms Amanda McCulloch, Ms Amy Harrison, Ms Carmen Reed, Ms Haley Norval, Ms Sacha Hildebrandt, Ms Roxanne Dale & Ms Ange Beringer . We run our practice according to the requirements set by the Health Professionals Act of 1974, and are subject to the authority of the Health Professionals Council of South Africa (HPCSA). Our business is to practice physiotherapy, occupational therapy and speech therapy within the scope and ambit of our competence and training, as defined from time to time. We are bound by a number of ethical rules issued by the HPCSA, most notably the duty to preserve patient confidentiality, unless legislation or a court order compels us to breach this duty.

Section A – Our details

Company Name: McCulloch, Harrison & Partners Inc

Company registration number: 2009/010766/21

Practice numbers used:

McCulloch A: 7235798

Harrison A: 0087386

Harrison A and McCulloch A: 0197513

Norval H: 0051659

Hildebrandt S: 0528625

Beringer A: 0245356

Dale R: 0333220

Reed C: 0528706

McCulloch AJ and Partners: 0276715

Registered Address: 1 De La Rey, Rivonia, 2128

Postal Address: PO Box 5812, Rivonia, 2128

Telephone Number: 011 8036649

Fax Number: 0866569277

Company Directors: Amanda McCulloch, Amy Harrison, Carmen Reed, Ange Beringer, Haley Norval, Roxanne Dale, Sacha Hildebrandt

Designated Information Officer: Amy Harrison

Section B – The official SA Human Rights Commission Guide

Section 10 of the Act requires the South African Human Rights Commission (SAHRC) to publish a Guide containing information reasonably required by a person wishing to exercise or protect any right in terms of this Act. The SAHRC Guide will contain the following information: The objects of the Act; Particulars of the information officer of every public body; Particulars of every private body as are practicable; The manner and form of a request for access to information held by a body; Assistance available from both the information officers and the Human Rights Commission in terms of this Act; All remedies in law regarding acts, omissions, rights and duties, including how to lodge an internal appeal and a court application; Schedules of fees to be paid in relation to requests for access to information; Regulations made in terms of the Act. Copies of this Guide will be available as soon as it is published by the SAHRC. Enquiries regarding the Guide can be addressed to the SAHRC, the contact details of which are as follows: South African Human Rights Commission, Promotion of Access to Information Act Unit, Private Bag 2700, Houghton 2041 Telephone: (011) 484-8300; Fax: (011) 484-0582; website: www.sahrc.org.za; E-mail: PAIA@sahrc.org.za

Section C – Information available from this practice in terms of the Act

1. Categories of information

(a) INFORMATION ON FORM OF PRACTICE

We are practicing in an incorporated company and hold documentation and records required by the Companies Act of 1973, including, but not limited to the prescribed certificates, memorandum and articles of association, minute books, resolutions, forms and registers of directors and shareholders, etc.

(b) INFORMATION RELATING TO THE PROFESSIONAL STATUS OF PERSONS WORKING IN THE PRACTICE

Certificates and cards proving professional registration at the HPCSA and other relevant Boards and Councils;
Proof of payment of annual and registration fees

(c) ASSETS, FINANCIAL INFORMATION AND RECORDS HELD IN TERMS OF MEDICINES CONTROL ACT OF 1965

Annual Financial Statements including: Annual accounts; Directors' reports; Auditor's report; Books of Account; Supporting schedules to books of account and ancillary books of account; Accounting records; Books of Account including journals and ledgers; Bank statements; Delivery notes, orders, invoices, statements, receipts, vouchers and bills of exchange; Claims to medical schemes;

(d) PATIENT RECORDS

Records are held on all patients. Records are kept between 6 and 9 years, or as legislation from time to time determine. Children's records are kept until the age of 21. These records constitute personal confidential information that is protected from unauthorised third party access.

(e) EMPLOYEMENT RECORDS

Employees' names and occupations; Time worked by each employee; Remuneration paid to each employee; Attendance register; Employment equity plan and reports; Salary and wages register; Disciplinary proceedings, Arbitration awards and CCMA cases; Skills Development Plan and training records; Staff records (after date of employment ceases); Expense accounts (including account(s) held by physiotherapist(s)); IRP5's and Tax information pertaining to the employment of employees; Employee contracts; Performance management records; Incentive schemes; Study assistance schemes; Conditions of Employment and Policies (including but not limited to leave policies, Motor vehicle scheme, telephone policy, etc.); Locum agreements and locum records.

(f) HEALTH AND SAFETY

Evacuation plan; Information related to Health and Safety Officer.

(g) PROPERTY AND ASSETS (FIXED AND MOVABLE)

Title Deeds; Leases; Asset register; Finance and Lease Agreements

(h) TAXATION & VAT

Copies of all Income Tax Returns and other tax returns and documents relating to Income Tax and VAT.

(i) LEGAL

Complaints, pleadings, briefs and other documents pertaining to any actual, pending or threatened litigation, arbitration or investigation; Settlement agreements.

(j) INSURANCE

Insurance policies; Professional Indemnity; Claim records; Details of insurance coverages, limits and insurers.

2. Procedure for requesting access to the above information

If you wish to request access to any of the above categories of information, you are required to complete a request form available from: our information officer (see above); the SAHRC website (www.sahrc.org.za) or the Department of Justice and Constitutional Development website (www.doj.gov.za). There is a prescribed fee (payable in advance) for requesting and accessing information in terms of the Act. Details of these fees are contained in the request form. You may also be called upon to pay the additional fees prescribed by regulation for searching for and compiling the information which you have requested, including copying charges. Access to information is not automatic – you must identify the right you are seeking to exercise or protect and explain why the record you request is required for this right. You will be notified whether your request has been approved. The fact that information is held by us and being listed in this manual should not be construed as conferring upon any requester a right to that information.

OR See Appendix for copy of the Request Form C

3. Procedure available to requesters if their request for information has been refused

It is the recommendation of the South African Human Rights Commission that should a request for information be refused, the requester should seek further counsel and action from the Magistrates Court.

Designated Information Officer:

Amy Harrison

011 8036649

Date of submission: _____

Addendum:

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]

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:

Fax number:

Telephone number:

E-mail address:

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 <i>ONLY</i> if a request for information is made on behalf of another person.
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Full names and surname:

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

- | |
|--|
| <p>(a) A request for access to a record, other <i>than</i> a record containing personal information about yourself, will be processed only after a request fee has been paid.</p> <p>(b) You will be <i>notified of</i> the amount required to be paid as the request fee.</p> <p>(c) The fee payable for access to a record depends <i>on</i> the form <i>in which</i> access is required and the reasonable time <i>required</i> to search for and prepare a record.</p> <p>(d) If you qualify for exemption <i>of</i> the payment <i>of</i> any fee, please state the reason for exemption.</p> |
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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.	
<p>NOTES:</p> <p>(a) Compliance with your request in the specified form may depend on the form in which the record is available.</p> <p>(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.</p> <p>(c) The fee payable for access for the record, if any, will be determined partly by the form in which access is requested.</p>	

1. If the record is in written or printed form:					
<input type="checkbox"/>	copy of record*	<input type="checkbox"/>	inspection of record		
2. If record consists of visual images this includes photographs, slides, video recordings, computer-generated images, sketches, etc)					
<input type="checkbox"/>	view the images	<input type="checkbox"/>	copy of the images"		
<input type="checkbox"/>		<input type="checkbox"/>	transcription of the images*		
3. If record consists of recorded words or information which can be reproduced in sound:					
<input type="checkbox"/>	listen to the soundtrack audio cassette	<input type="checkbox"/>	transcription of soundtrack* written or printed document		
4. If record is held on computer or in an electronic or machine-readable form:					
<input type="checkbox"/>	printed copy of record*	<input type="checkbox"/>	printed copy of information derived from the record"		
<input type="checkbox"/>		<input type="checkbox"/>	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.			<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> </table>	YES	NO
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?

Signed at..... This..... day of20

SIGNATURE OF REQUESTER / PERSON ON
WHOSE BEHALF REQUEST IS MADE

