



Manual in terms of Section 51 of the
Promotion of Access to Information
Act (2 of 2000) (PAIA)


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Signature	

TABLE OF CONTENTS

1. Introduction	03
2. Company Details – Section 51 (1)(A) PAIA	03
3. Human Rights Commission Guide – Section 10 PAIA	03
4. Voluntary Disclosure and Automatic Availability of Records	04
5. Records Held by BHA-Medical	04
6. Purpose of Holding Records and Recipients of Records	04
7. Security Measures to Protect Records	04
8. How to Request a Record	05
9. Grounds for Refusing a Request	07
10. Application to Court	07
11. Fees	07
12. Form A	09
13. Form B	13
14. Form C	14

1. INTRODUCTION

In accordance with Section 51 (1) to (4) of the Promotion of Access to Information Act of 2000 (PAIA) and in conjunction with the Protection of Personal Information Act of 2013 (POPIA), BHA-Medical has compiled this manual which provides information and procedures to follow for data subjects requesting records.

This manual is revised annually or when changes have been made to operational processes where those processes affect personal information or processing thereof.

2. COMPANY DETAILS - SECTION 51 (1) (A) PAIA

Company Name	BHA-Medical (Pty) Ltd
Postal Address	Unit 8A, Kloof Village Office Park, 2 Inkonka Road, Kloof, 3610
Physical Address	Unit 8A, Kloof Village Office Park, 2 Inkonka Road, Kloof, 3610
Telephone Number	+27 78 782 5988
Company Email Address	info@bha-medical.com
Website	www.bha-medical.com
Chief Executive Officer	Gavyn Hough
Email Address	gavyn@bha-medical.com
Information Officer	Ashley Rose
Email Address	informationofficer@bha-medical.com

3. HUMAN RIGHTS COMMISSION GUIDE – SECTION 10 PAIA

According to section 10 (1) of PAIA the Human Rights Commission is responsible for completing a guide in each official language containing information for a person who wishes to exercise any right contemplated in PAIA. The guide and their annual report can be found by clicking on the following link:

<https://www.sahrc.org.za/index.php/sahrc-publications/paia-annual-reports>

https://www.justice.gov.za/inforeg/docs/misc/PAIA-Guide-English_20210905

A hard copy of this guide is available at their Provincial Office's. Contact details and address can be found on their website: <https://www.sahrc.org.za/index.php>.

4. VOLUNTARY DISCLOSURE AND AUTOMATIC AVAILABILITY OF RECORDS

According to section 52 of PAIA, a private body may on a periodic basis volunteer to submit to the Minister automatic available records without a person having to request it. BHA-Medical has not submitted any such records to the Minister of Justice.

5. RECORDS HELD BY BHA-MEDICAL

Limited personal information is the only records held by BHA-Medical. Personal information is recorded either electronically and / or manually and it is recorded by our employees or directly by the participant depending on their preference.

6. PURPOSE OF HOLDING RECORDS AND RECIPIENTS OF RECORDS

BHA-Medical provides COVID-19 testing and is required by law to obtain and submit personal information and the results of the test to the National Institute for Communicable diseases (NICD) for recording statistics and control of the virus by the Department of Health RSA.

7. SECURITY MEASURES TO PROTECT RECORDS

7.1 Manual Records

All manual records obtained are secured in a lockable filing cabinet. Only staff with designated discretion has access to these records.

7.2 Electronic Records

Electronic records are secured on an isolated environment within a Google Cloud platform and we have implemented the following security protocols:

- Network Firewall
- Web Application Firewall
- Open security standards
- Regular updating of software dependencies to include the latest patches
- Penetration testing

8. HOW TO REQUEST A RECORD

Rights of a data subject:

- Request access to personal information held;
- Objecting to processing of personal information;
- Validating processed information;
- Correcting or deleting of personal information held.

All of the above requests must be addressed to the Information Officer and a requester must make use of the prescribed forms detailed below and attached hereto. The completed and signed forms must be returned electronically via email to the noted email address on each form.

The requester must comply with the following:

- provide sufficient detail on the request form to enable the information officer to identify the record and the requester;
- should indicate which form of access is required;
- should indicate if any other manner is to be used to inform the requester and state the necessary particulars to be so informed;
- must identify the right that is sought to be exercised or to be protected and provide an explanation of why the requested record is required for the exercise or protection of that right;
- If a request is made on behalf of another person, the requester must then submit proof of the capacity in which the requester is making the request to the satisfaction of the information officer.

Type of Request	Procedure	Reply	Form
Request access of personal information held	Complete and sign the respective form and email it back to the Information Officer on the noted email address on the Form	<ul style="list-style-type: none"> • Acknowledgement of request within 7 working days • Reply to request within 7 working days after acknowledgement date 	A
Validating processed information	Complete and sign the respective form and email it back to the Information Officer on the noted email address on the Form	<ul style="list-style-type: none"> • Acknowledgement of request within 7 working days • Reply to request within 7 working days after acknowledgement date 	A
Objecting to processing of personal information	Complete and sign the respective form and email it back to the Information Officer on the noted email address on the Form	<ul style="list-style-type: none"> • Acknowledgement of request within 7 working days • Reply to request within 7 working days after acknowledgement date 	B
Correcting or deleting of personal information held	Complete and sign the respective form and email it back to the Information Officer on the noted email address on the Form	<ul style="list-style-type: none"> • Acknowledgement of request within 7 working days • Reply to request within 7 working days after acknowledgement date • Confirm that the correction or 	C

		deletion has been affected within 7 working days from receipt of the request	
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9. GROUNDINGS FOR REFUSING A REQUEST

BHA-Medical has the right to reject any request for information submitted in terms of Sections 62 to 70 of Chapter 4 of PAIA.

- Mandatory Protection of Privacy of 3rd party who is a natural person;
- Mandatory Protection of commercial information of a third party;
- Mandatory Protection of certain confidential info of third party;
- Mandatory Protection of safety of individuals and protection of property;
- Mandatory protection of records privileged from production in legal proceedings;
- Commercial info of a private body.

10. APPLICATIONS TO COURT

If a requester is aggrieved by a decision of the information officer who has:

- (i) refused a request for access; or
- (ii) taken in terms of section 54, 57(1) or 60,

may, by way of an application, within 30 days apply to a court for appropriate relief.

11. FEES

This manual is downloadable free of charge from the BHA-Medical website.

Where a printed copy is required, the following fees are calculated as noted in part III of regulation 187 published in the Government Gazette.

- 11.1 The fee for a copy of the manual as contemplated in regulation 9(2)(c) is R1,10 for every photocopy of an A4-size page or part thereof.
- 11.2 The fees for reproduction referred to in regulation 11(1) are as follows:
- (a) For every photocopy of an A4-size page or part thereof R1,10
 - (b) For every printed copy of an A4-size page or part thereof held on a computer or in electronic or machine-readable form R0,75
 - (c) For a copy in a computer-readable form on compact disc R70,00
- 11.3 The request fee payable by a requester, other than a personal requester, referred to in regulation 11(2) is R50,00.
- 11.4 The access fees payable by a requester referred to in regulation 11(3) are as follows:
- (a) For every photocopy of an A4-size page or part thereof R1,10
 - (b) For every printed copy of an A4-size page or part thereof held on a computer or in electronic or machine-readable form R0,75
 - (c) For a copy in a computer-readable form on compact disc R70,00
 - (d) To search for and prepare the record for disclosure, R30,00 for each hour or part of an hour reasonably required for such search and preparation.
- 11.5 For purposes of section 54(2) of the Act, the following applies:
- (a) Six hours as the hours to be exceeded before a deposit is payable;
 - (b) One third of the access fee is payable as a deposit by the requester.
- 11.6 The actual postage is payable when a copy of a record must be posted to a requester.

Form A

Request for Access to Record of a Private Body

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

A. Particulars of a private body

The Information Officer:

B. Particulars of the person requesting access to the record

<p>a) The particulars of the person who requests access to the records must be given below.</p> <p>b) The address in the Republic to which the information is to be sent.</p> <p>c) Proof of capacity in which the request is made, if applicable, must be attached.</p>
--

Full names and surname: _____

Identity number: _____

Postal address: _____

Telephone number: _____ Fax number: _____

Email address: _____

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

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

<p>This section must be completed ONLY if a requester for information is made on behalf of another person.</p>
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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.**

I. Description of records or relevant part of the record: _____

II. Reference number, if available: _____

III. 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 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 the record consists of visual images (this includes photographs, slide, 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 record		Copy in computer readable form (*) (flash drive or CD)
(*) If you request 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 you 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 exerciser 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 _____ 20__

 Signature of requester / person on whose behalf request is made

This fully completed and signed form must be emailed to:
 The Information Officer – BHA-Medical on
 informationofficer@bha-medical.com

Form B

Protection of Personal Information Act of 2013 & Promotion of Access to Information Act
2000

Objection to Processing of Personal Information Form

Attention: The Information Officer

BHA-Medical (Pty) Ltd

I, _____ (First & Surname), ID number:
_____ hereby object to the processing of my personal
information supplied to your organisation. My signature hereunder confirms my
understanding of this objection and I submit this form in accordance with prescribed
objection procedure as set-out by BHA-Medical in the PAIA / POPIA manual.

Signed on this the _____ day of _____ 20____.

Signature

Contact Number

This fully completed and signed form must be emailed to:

The Information Officer – BHA-Medical on informationofficer@bha-medical.com

Form C

Protection of Personal Information Act of 2013 & Promotion of Access to Information Act
2000

Request for Correction or Deletion of Personal Information

Attention: The Information Officer

BHA-Medical (Pty) Ltd

I, _____ (First & Surname), ID number:
_____ hereby request the following:

- 1) The following personal information must be amended:

Existing Information	New Information

- 2) The following personal information must be deleted from both manual and electronic systems:

Signed on this the _____ day of _____ 20____.

Signature

Contact Number

This fully completed and signed form must be emailed to: The Information Officer –
BHA-Medical on informationofficer@bha-medical.com