



**PROMOTION OF ACCESS TO INFORMATION ACT
("PAIA")**

SECTION 51 MANUAL

Prepared in accordance with Section 51 of the Promotion of Access to Information Act, No.2 of 2000 and the Protection of Personal Information Act, 4 of 2013 ("POPIA")

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 information.

Smiles4All Dental Studio

Private Body



Introduction

This practice Smiles4All Dental Studio is private dental practice and Dr FMA Pinheiro is the owner of this practice. This practice provides dental services in accordance with the requirements set out by the Health Professions Act No.56 of 1974 and subject to the authority of the Health Professionals Council of South Africa (HPCSA).

The practitioners at this practice are registered with the required regulatory authorities HPCSA and provide dental services.

Company Contact Details: Section 51 (1) (a)

Practice Name:	Smiles4All Dental Studio
Practice number:	5438993
Information Officer:	Dr FMA Pinheiro
Deputy Information Officer:	Letitia Schreck
Physical Address:	Cnr John Vorster & Logan Ave Highveld Park Shopping Centre Suite 11 Highveld, Centurion
Postal Address:	Po Box 8885 Centurion 0046
Tel No:	(012) 665 1631 (012) 665 1635
E-Mail Address:	info@smilesforall.co.za smilesforall@iafrica.com
Website:	www.smilesforall.co.za



THE ACT (Section 51(1) (b))

3.1 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.

3.2 Requests in terms of the ACT shall be made in accordance with the prescribed procedures, at the rates provided. The forms and tariff are dealt with in paragraphs 6 and 7 of the Act.

3.3 Information Regulator's Guide: An official Guide has been compiled which contains information to assist a person wishing to exercise a right of access to information in terms of PAIA and POPIA. This Guide is made available by the Information Regulator (established in terms of POPIA). Copies of the updated Guide are available from Information Regulator in the manner prescribed.

Postal Address: The Information Regulator (South Africa)
33 Hoofd Street Forum III, 3rd Floor Braampark
P.O Box 31533 Braamfontein, Johannesburg, 2017

Telephone Number: +27 (0) 10 023 5207

Fax Number: (011) 403-0668

Complaints email: complaints.IR@justice.gov.za

General enquiries email: infoereg@justice.gov.za.

APPLICABLE LEGISLATION (Section 51 (1) (c))

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

No	Ref	Act
1	Basic Conditions of Employment Act	75 of 1997
2	Children's Act	38 of 2005
3	Companies Act	71 of 2008
4	Compensation for Occupational Injuries and Diseases	130 of 1993
5	Credit Agreements Act	75 of 1980
6	Employment Equity	55 of 1998
7	Hazardous Substances Act	15 of 1973
8	Health Act	63 of 1977
9	Health Professions Act	56 of 1974
10	Income Tax Act	58 of 1962
11	Labour relations Act	66 of 1995
12	Medical Schemes Act	17 of 1998
13	Medicines and Related Substances Act	101 of 1965
14	National Credit Act	34 of 2005
15	Occupational Health and Safety Act	85 of 1993



16	Promotion of Access to information	2 of 2000
17	Protection of Personal Information	4 of 2013
18	Short-term Insurance Act	53 of 1998
19	Skills Development Act	97 of 1998
20	Skills Development Amendment Act	37 of 2008
21	Skills Development Levies Act	9 of 1999
22	Tax Administration Act	28 of 2011
23	Unemployment Insurance Contributions Act	4 of 2002
24	Unemployment Insurance Act	63 of 2001
25	Value Added Tax Act	89 of 1991

SCHEDULE OF RECORDS 9(Section 51 (1) (d))

Records	Subject	Availability
Records relating to the registration of practitioners working at the practice	HPCSA registration Certificates, Proof of payment	Immediately available
Employment Records	Employment Contract, Relevant Tax records, Performance management Records	Request in terms of PAIA
Financial Records	Financial Statements, Invoices, Statements, receipts, and related documents	Request in terms of PAIA
TAX and VAT Records	Copies of tax returns and documents relating to income tax and vat	Request in terms of PAIA
Patient Records	Records are kept of all patients consulted at the practice, includes medical history, treatment provided and personal information	Request in terms of PAIA
Health and Safety Records	Information related to the Health and Safety Committee	Available
Records Related to property	Lease Agreement, Stock Sheets, Purchase agreements	Request in terms of PAIA
Insurance Records	Insurances Policies, Professional indemnity, and related records	Request in terms of PAIA



FORM OF REQUEST

To facilitate the processing of your request, kindly:

6.1 use the prescribed form, available on the website of the Information Regulator of South Africa at [Home | InfoRegSA \(justice.gov.za\) https://justice.gov.za/inforeg/](http://Home | InfoRegSA (justice.gov.za) https://justice.gov.za/inforeg/)

6.2 address your request to the Information Officer of Smiles4All Dental Studio.

6.3 Provide sufficient details to enable us to identify the following:

- The record(s) requested;
- The requester (and if an agent is lodging the request, proof of capacity);
- The form of access required;
- The postal address or fax number of the requester in the Republic;
- If the requester wishes to be informed of the decision in any manner (in addition to written) the manner and particulars thereof;
- 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.

PRESCRIBED FEES (Section 51(1) (f))

The following applies to requests (other than personal requests):

7.1 A requestor is required to pay the prescribed fees (R57.00) before a request will be processed.

7.2 If the preparation of the record requested requires more than the prescribed hours (six), a deposit shall be paid (of not more than one third of the access fee which would be payable if the request were granted);

7.3 a requestor may lodge an application with a court against the tender/payment of the request fee and/or deposit;

7.4 Records may be withheld until the fees have been paid.

7.5 The fee structure is available below;

Fees are payable in respect of records/personal information in response to your request. Fees are payable by everyone who makes a request.

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 stiffy disk	R8.55
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 an prepare the record/personal information for disclosure.	R34.20



For posting the record/personal information	Actual postage incurred
For confirming whether or not Smiles4all Dental Studio handles personal information of the requestor (POPI s23(1)(a) request)	Free of Charge



Form C



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]

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:

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Postal address:

Telephone number:

(.....) Fax 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 ONLY if a request for information is made on behalf of another person.

Full names and surname:

Identity number:

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FORM C: REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY

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:

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2. Reference number, if available:

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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:

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FORM C: REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY

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.

1. If the record is in written or printed form:					
<input type="checkbox"/>	copy of record*	<input type="checkbox"/>	inspection of record	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	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)	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	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 <input type="checkbox"/>	NO <input type="checkbox"/>
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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:

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FORM C: REQUEST FOR ACCESS TO RECORD OF PRIVATE BODY

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



PROTECTION OF PERSONAL INFORMATION ACT (“POPIA”)

POPI Act Policy

1. Introduction

- 1.1 Smiles4All Dental Studio is obliged to comply with the POPI Act 4 of 2013.
- 1.2 Smiles4All Dental Studio will inform all our patients’ how their Personal Information will be used disclosed and destroyed.
- 1.3 We undertake to protect all our patients’ personal information and to ensure the use of all personal information is done so in an appropriate, secure and transparent manner and in accordance with the relevant laws.
- 1.4 Smiles4All Dental Studio will also provide a stipulated structure for the purpose of why the personal information is required and obtained from our patient.

2. Important Definitions

- 2.1 “POPI” means the Protection of Personal Information Act 4 of 2013.
- 2.2 “Policy” means this POPI Policy and PAIA Manual.
- 2.3 “Personal information” means Information that includes how to identify you as a patient, (and may include some “Special Personal Information” as defined in S. 26 of POPIA), including:
 - 2.3.1 Information relating to race, gender, sex, pregnancy, marital status, age, physical and mental health, medical history, well-being, religion, disability and language of the patient.
 - 2.3.2 Information about children (individuals under the age of 18 years).
 - 2.3.3 Medical scheme information or medical insurance - Proof of medical aid membership will be required from all patients who are members of medical aids.
 - 2.3.4 Information regarding employment will be required.
 - 2.3.5 Proof of identity will be required from all patients.
 - 2.3.6 Patients may be required to update all their existing Personal Information at any time.
 - 2.3.7 Physical address and postal address.
 - 2.3.8 Telephone numbers, including cell phone numbers and work telephone numbers.
 - 2.3.9 E-mail address.
 - 2.3.10 Name/s and contact information of family/friends (next of kin).
- 2.4 “Process(ing)” Personal Information means the automated or manual activity of collecting, recording, organising, storing, updating, distributing and removing or deleting Personal Information.
- 2.5 “Competent Person” means anyone who is legally competent to provide Personal Information, and/or consent to any action or decision being taken for any matter concerning a patient or dependant, for example a parent or legal guardian, and (where duly authorised) a spouse or partner or other person.



3. Purpose of processing of Personal Information

- 3.1 Smiles4All Dental Studio will require all our patients to provide Personal Information, and whenever possible we will inform our patients what information we require in accordance with section 10 of the POPI Act which states, “personal information may only be processed if, given the purpose for which it is processed, it is adequate, relevant and not excessive.”
- 3.2 Below is a list of the type of Personal Information we require at Smiles4All Dental Studio to provide adequate service to our patients, list below is not limited to the examples, and may include any other Personal Information in respect of which Smiles4All Dental Studio has a legitimate purpose to collect:
- 3.2.1 Patients’ identity number, age, contact information, name, surname, address (physical, postal and email), employment information and medical scheme information or medical insurance.
 - 3.2.2 Patient’s marketing preferences.
 - 3.2.3 Patients’ demographic information, gender, country and preferred language.
 - 3.2.4 Name/s and contact information of family/friends (next of kin).
 - 3.2.5 Smiles4All Dental Studio process collected information for marketing purposes and to inform patients of new products and or services.

4. Competent Person to give Consent to process Personal Information on behalf of others

- 4.1 You understand that when you include your spouse/partner and/or dependents on your information provided to , we will process their personal information for the activation of the policy/benefit and to pursue their legitimate scheme-related interests. We will furthermore process their information for the purposes set out in this Privacy Statement.
- 4.2 If you are giving consent on behalf of a person under the age of 18 years old (a minor), you confirm that you are a competent person and the duly authorized representative or the legal guardian of such minor, and that you have authority to give consent on their behalf.

5. OUR COOKIE POLICY – Information we collect about you when using our Website

A cookie is a small piece of data sent from our website to your computer or device or internet browser where it is saved. The cookie contains information to personalise your experience on our website and applications. The cookie has the ability to identify your device, computer or smart phone. By using our website and applications you agree that cookies may be forwarded from the relevant website or application to your computer or device. We may use the cookie to enable us to know you visited our website. You have the right to choose whether or not to accept cookies. However, please note that if you do not accept our cookies, you may not be able to use the full functionality of our website or mobile applications (where relevant).

6. Usage of Personal Information

Smiles4All Dental Studio will use patients’ Personal Information for the intended purpose it was collected for and agreed on, and will include the following:

- 6.1 Patient requests and enquiries.



- 6.2 Update, verify and confirm patients' details.
- 6.3 Product and patient services to be carried out effectively.
- 6.4 Detection and prevention of fraud.
- 6.5 Audit and statistical data analysis.
- 6.6 Debt collection purposes.
- 6.7 Marketing and patient satisfaction research.

7. Disclosure of Personal Information

Smiles4All Dental Studio may disclose your personal information to:

- 7.1 Law enforcement and or the South African Police Department and to
- 7.2 Third Parties:
 - 7.2.1 Referring specialist/hospitals or any health professional to ensure continuation of your treatment.
 - 7.2.2 Debt collection companies and attorneys to ensure collections of monies owed to this practice.
 - 7.2.3 Dental laboratories.
 - 7.2.4 Medical schemes and insurances that you are a member of.

Smiles4All Dental Studio shall do our best to assure continued confidentiality.

8. Safeguarding patients' Personal Information

Several safeguarding measures have been put in place at Smiles4All Dental Studio to ensure the safety of all patients' Personal Information.

- 8.1 Patient files are stored in a safe and secure manner.
- 8.2 Electronical equipment is safeguarded with passwords and required protective software programs.
- 8.3 A privacy policy has been implemented to ensure compliance by all the staff members.
- 8.4 Practice safeguarded with required safety systems and alarm response units.

9. Patients' Rights in terms of POPIA –

PROOF OF IDENTITY - Proof of identity is required to authenticate your identity and the request. You will, in addition to this prescribed form, be required to submit acceptable proof of identity such as a certified copy of your identity document or other legal forms of identity.

A. Updating and Access to their own Personal Information -

- 9.1 Patients have the right to request Smiles4All Dental Studio to confirm, *free of charge, upon proof of identity*, all the information Smiles4All Dental Studio holds about the patient and



may request access to such information, including information about the identity of third parties who have or have had access to such information.

- 9.2 POPIA also provides that where the data subject is required to pay a fee for services provided to him/her, the Responsible party must provide the data subject with a written estimate of the payable amount before providing the service and may require that the data subject pays a deposit for all or part of the fee.

B. Objection to processing of their Personal Information –

- 9.3 Patients have the right to refuse to provide personal information or object to the processing of their Personal Information, on reasonable grounds relating to his/her particular situation, unless legislation provides for such processing. (Subject further to *)

- 9.4 The Patient must complete the prescribed form attached hereto as **FORM 1 - Objection to the processing of personal information** in terms of section 11(3) of POPIA Regulations relating to the protection of personal information, 2018 [Regulation 2] and submit it to the Information Officer at the postal or physical address, facsimile number or electronic mail address set out above.

*(Subject to: We may not be able to provide services/treatment and or products to patients if such disclosure, use or retention is necessary for any reason set out in this Manual, or any other relevant document - i.e. legally required or legitimate reason/ purpose).

C. Correction, deletion or destruction of personal information/Records of Personal Information

- 9.5 A Patient may also request Smiles4All Dental Studio to correct or delete personal information about the patient in its possession or under its control that is inaccurate, irrelevant, excessive, out of date, incomplete, misleading or obtained unlawfully; or destroy or delete a record of personal information about the patient that Smiles4All Dental Studio is no longer authorised to retain records in terms of POPIA's retention and restriction of records provisions.

- 9.6 A patient that wishes to request correction, deletion or destruction of personal information/record, must submit a request to the Information Officer at the postal or physical address, facsimile number or electronic mail address set out above on the form attached hereto as **FORM 2 - Request for correction or deletion of personal information or destroying or deletion of record of personal information** in terms of section 24(1) of POPIA's Regulations relating to the protection of personal information, 2018 [Regulation 3].



- D. Notification when patient's Personal Information is being collected**, for what purpose, whether the information is to be voluntarily or for mandatory purposes, and whether the information is being transferred to a third country and protections afforded there.
- E. Notification of Data Breach/compromise** – i.e. if their Personal Information has been unlawfully accessed or acquired.
- F. Withdraw the consent to processing, if voluntarily given.**
- G. Not to be subject to unsolicited electronic communication** (i.e. direct marketing), unless the patient is a patient or customer and to whom we have sold goods and/or services, or has consented thereto and has had an opportunity to opt out/ object to the communication.
- H. Not to be subjected to automated decision-making** based on their Personal Information in contravention of Section 71 of POPIA.
- I. To submit a complaint to the Information Regulator** at <http://www.justice.gov.za/infoereg/index.html>.
- J. Institute civil proceedings** regarding an alleged interference with their Personal Information in terms of section 99 of POPIA Act.

10. Timelines for Consideration of a Request for Access

- 10.1 Requests will be processed within 30 (thirty) days, unless the request contains considerations that are of such a nature that an extension of the time limit is needed.
- 10.2 Should an extension be required, you will be notified, together with reasons explaining why the extension is necessary.

11. Grounds for Refusal of Access and Protection of Information

There are various grounds upon which a request for access to a record may be refused. These grounds include:

- 11.1 the protection of personal information of a third person (who is a natural person) from unreasonable disclosure;
- 11.2 the protection of commercial information of a third party (for example: trade secrets; financial, commercial, scientific or technical information that may harm the commercial or financial interests of a third party);
- 11.3 if disclosure would result in the breach of a duty of confidence owed to a third party;



- 11.4 if disclosure would jeopardise the safety of an individual or prejudice or impair certain property rights of a third person;
- 11.5 if the record was produced during legal proceedings, unless that legal privilege has been waived;
- 11.6 if the record contains trade secrets, financial or sensitive information or any information that would put Smiles4All Dental Studio at a disadvantage in negotiations or prejudice it in commercial competition; and/or
- 11.7 if the record contains information about research being carried out or about to be carried out on behalf of a third party or by Smiles4All Dental Studio.

12. Changes to this PAIA Manual and POPIA Privacy Policies and Procedures

This PAIA Manual, as well as any Privacy policies and procedures, or other relevant policies or website terms of use/conditions, may be reviewed from time to time and updated on our Website.

This document was last updated in June 2021.



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)

POPIA 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):	
Fax number/ E-mail address:	

C	REASONS FOR OBJECTION IN TERMS OF SECTION 11(1)(d) to (f) (Please provide detailed reasons for the objection)

Signed at this day of20.....

.....

Signature of data subject/designated person



FORM 2

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)

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 authorised 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):	
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):	
Fax number/ E-mail address:	
C	INFORMATION TO BE CORRECTED/DELETED/ DESTROYED/ DESTROYED
D	<p>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</p> <p>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.</p> <p><i>(Please provide detailed reasons for the request)</i></p>

Signed at this day of20.....

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Signature of data subject/ designated person