




# MANUAL FOR THE PURPOSES OF PROMOTION OF ACCESS TO INFORMATION, ACT NO. 2 OF 2000

for the Council for Medical Schemes, a statutory body established by  
the Medical Schemes Act, 1998 (Act No. 131 of 1998)



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CMS	Council for Medical Schemes
PAIA	The Promotion of Access to Information Act, 2000 (Act No. 2 of 2000)
The Act	The Medical Schemes Act, 1998 (Act No. 131 of 1998)





# THE PROMOTION OF ACCESS TO INFORMATION ACT

## PURPOSE OF PAIA

PAIA is aimed at giving effect to the right of access to information set out in the Bill of Rights and establishing a culture of human rights and social justice. It also provides certain limitations on the right of access to information, aimed at protecting people's privacy and confidential commercial information, and ensuring efficient governance. It balances the right of access to information with the other constitutional rights. In general, PAIA attempts to promote transparency, accountability and effective governance in the public and private sectors.

## WHO CAN REQUEST A RECORD?

Any person can request access to a record held by the Council for Medical Schemes. A person can act on behalf of someone else in requesting access to a record. Access to a record may be requested by a natural person, or by a company, close corporation or trust.

## LEGISLATIVE AND OTHER MANDATES AFFECTING COUNCIL FOR MEDICAL SCHEMES OPERATIONS

- **Constitutional mandates**

Section 27 of the Constitution places the obligation on the state to make reasonable legislation to progressively realise access to healthcare. The Medical Schemes Act (131 of 1998) represents such legislation, which creates the framework for non discriminatory access to medical schemes.

Section 36 of the constitution deals with the limitation of rights, and spells out strict criteria which must be adhered to whenever rights included in the bill of rights are limited by law. Section 22 of the Constitution guarantees the freedom of trade, which may be limited by law. The medical schemes act limits the business of a medical scheme to those parties who are registered by the Council for Medical Schemes and requires such parties to comply with the provisions of the Medical Schemes Act.

- **Legislated mandates**

The Medical Schemes Act (131 of 1998), established the Council for Medical Schemes. Section 7 of the Act confers the following functions on Council:

- protect the interests of the beneficiaries at all times;
- control and co-ordinate the functioning of medical schemes in a manner that is complementary with the national health policy;
- make recommendations to the Minister on criteria for the measurement of quality and outcomes of the relevant health services provided for by medical schemes, and such other services as the Council may from time to time determine;
- investigate complaints and settle disputes in relation to the affairs of medical schemes as provided for in this Act;
- collect and disseminate information about private healthcare;
- make rules, not inconsistent with the provisions of this Act for the purpose of the performance of its functions and the exercise of its powers;
- advise the Minister on any matter concerning medical schemes; and
- perform any other functions conferred on the Council by the Minister or by the Act.

# CMS COST CENTRES

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## VISION

We strive to be a fair custodian of equitable access to medical schemes in order to support the improvement of universal access to healthcare.

## MISSION

The CMS regulates the medical schemes industry in a fair and transparent manner and achieves this by:

- protecting the public and informing them about their rights, obligations and other matters, in respect of medical schemes;
- ensuring that complaints raised by members of the public are handled appropriately and speedily;
- ensuring that all entities conducting the business of medical schemes, and other regulated entities, comply with the Medical Schemes Act;
- ensuring the improved management and governance of medical schemes; and
- advising the Minister of Health of appropriate regulatory and policy interventions that will assist in attaining national health policy objectives.

## VALUES

The values of the CMS stem from those underpinning the Constitution and its specific vision and mission. Being an organisation that subscribes to a rights-based framework where everyone is equal before the law, where the right of access to healthcare must be protected and enhanced, where access must be simplified in a transparent manner, the values below are key requirements of all employees in the office:

- “Ubuntu” – we need each other to achieve our goals;
- We strive to be consistent in our regulatory approach;
- We approach challenges with a “Can do” attitude;
- We are proud of our achievements; and
- We are occupied by doing something which is of value.

## POLICY MANDATES

Council, as an organ of state, is obliged to discharge its legislated mandate in a coherent manner, which is consistent with national policy.





# COST CENTRES IN THE OFFICE OF THE REGISTRAR/CEO

## OFFICE OF THE REGISTRAR/CEO

The CEO/Registrar is the accounting officer exercising overall control over the office of the Council for Medical schemes, and as Registrar, he/she exercises legislated powers to regulate medical schemes, administrators, brokers, and managed care organisations.

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## STRATEGY OFFICE

The purpose of the strategy office is to engage in projects to provide information to the Ministry on strategic health reform matters to achieve government's objective of an equitable and sustainable healthcare financing system in support of universal access, to support the Council in its Strategic and operational planning and to provide support to the office on clinical matters.

## ACCREDITATION

Accreditation ensure brokers, administrators and managed care organisations are assessed and accredited to the extent to which they meet the accreditation requirements as set out in the Medical Schemes Act, including whether applicants are fit and proper, have the necessary resources, skill, capacity and infrastructure and are financially sound.

## BENEFITS MANAGEMENT

The Benefits Management Unit, serves beneficiaries of medical schemes and the public in general by reviewing and approving changes to contributions paid by members and benefits offered by schemes. We analyse and approve all other rules to ensure consistency with the Medical Schemes Act. This ensures that the beneficiaries have access to affordable and appropriate quality healthcare.

## COMPLAINTS ADJUDICATION UNIT

The Complaints Adjudication Unit, serves the beneficiaries of medical schemes and the public by investigating and resolving complaints in an efficient and effective manner. By doing this, we ensure that beneficiaries are being treated fairly by their medical schemes.

## COMPLIANCE UNIT

The Compliance Unit, serves members of medical schemes and the public in general by analysing, reviewing and investigating information on possible transgressions of the Medical Schemes Act and taking appropriate actions to enforce compliance with the Act.

By doing this we help the Council for Medical Schemes foster compliance with the Medical Schemes Act and take proportionate actions to promote a culture of compliance with legislation.

## FINANCIAL SUPERVISION UNIT

The Financial Supervision Unit, serve the beneficiaries of medical schemes, the Registrar's office and Trustees by analysing and reporting on the financial performance of medical schemes and ensuring adherence to the financial requirements of the Act. By doing this, we help the Council for Medical Schemes monitor and promote the financial performance of schemes in order to achieve an industry that is financially sound.





## HUMAN RESOURCES MANAGEMENT UNIT

Human Resources is committed to providing high quality service to internal and external customers by assessing their needs and proactively addressing those needs through developing, delivering, and continuously improving human resources programs that promote and support Council's vision.

We will fulfil this mission with professionalism, integrity, and responsiveness by:

- Treating all our customers with respect
- Providing resourceful, courteous, and effective customer service
- Promoting teamwork, open and clear communication, and collaboration
- Demonstrating creativity, initiative, and optimism
- By doing this we help the Council for Medical Schemes by supporting its administration and staff through Human Resources Management advice and assistance, enabling them to make decisions that maximise its most important asset: its people and to continue the development of CMS as an employer of choice.

## INFORMATION AND COMMUNICATION TECHNOLOGY (ICT) AND KNOWLEDGE MANAGEMENT (KM)

ICT & KM serve the CMS business units by providing technology enablers and making information available to stakeholders.

## INTERNAL FINANCE UNIT

The Internal Finance unit serves all business units in CMS, the senior management team and Council by maintaining an efficient, effective and transparent system of financial management that complies with the applicable legislation. The Internal Finance unit also serves the Audit and Risk Committee, Internal Auditors, National Department of Health, National Treasury and Auditor-General by making available to them information and reports that allow them to carry out their statutory responsibilities. By doing this, we help Council to be a reputable Regulator.

## LEGAL UNIT

Legal Unit provide legal advice and representation to the CMS and business units to ensure the integrity of regulatory decisions.

## RESEARCH AND MONITORING

We serve beneficiaries of medical schemes and members of the public by collecting and analysing data to monitor, evaluate, and report on trends in medical schemes, investigate clinical aspects of complaints and develop recommendations to improve the regulatory policy and practice. By doing this we help the Council for Medical Schemes to contribute to development of policy that enhances the protection of the interests of beneficiaries and members of public.

## STAKEHOLDER RELATIONS

Stakeholder relations creates and promotes optimal awareness and understanding of the medical schemes environment by all regulated entities, the media, Council members and staff, through communication, education, training and customer care interventions.





## SERVICES PROVIDED BY CMS

The following are the main four public entries of the CMS apart from the regulatory units that deal with the medical schemes and its members, broker's administrators and other stakeholders:

- Knowledge Centre.
- Complaints Adjudication Unit.
- Consumer Training Division
- Call Centre

### CMS KNOWLEDGE CENTRE

The CMS Knowledge Centre is open five days a week, from 08:00 to 16:30. It provides information on private healthcare financing locally and internationally. Its databases are available on the CMS website. The Knowledge Management Officer (as the deputy information officer) is responsible for processing of all PAIA requests as per the Registrar's (Information Officer) approval.

**Contact: 012 431 0530**

### COMPLAINTS ADJUDICATION UNIT

The unit exists solely to protect the interest of the members of medical schemes. The CMS has well qualified complaints analysts to deal with complaints lodged by brokers and members against medical schemes. A complaint form is also available on our website, alternatively write a letter which may be faxed, emailed or posted to the CMS offices. The complaints team can also be contacted telephonically for immediate advice.

**Contact Tel: 012 431 0413**

### CONSUMER EDUCATION AND TRAINING – STAKEHOLDER RELATIONS

This unit is very important in educating and empowering through knowledge the members of medical schemes, trustees and brokers on aspects of the Medical Schemes Act. This is an endeavour to raise awareness of medical schemes' members of their rights. Training workshops are arranged throughout the country to inform and educate. More information on this can be found on our website by calling the unit during office hours.

**Contact: 012 431 0581 and 012 431 0539**

### CUSTOMER CARE SERVICE CENTRE

This unit was established to render excellent customer service by operating an efficient and effective call centre whose task is:

- To handle telephonic enquiries and queries
- Inform members of the public about their rights and duties.

**Contact: Share call - 0861 123 267**

**E-mail ([information@medicalschemes.com](mailto:information@medicalschemes.com))**  
**([support@medicalschemes.com](mailto:support@medicalschemes.com))**



# PROCEDURES FOR MAKING A PAIA REQUEST

In order for a request of a record of a public body to be processed, the requester must comply with all the PAIA's procedural requirements, which are as follows:

- The request form must be filled in.
- The form must be submitted to the information officer, by fax, email, post or hand.
- The request fee must be paid.

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A letter will be sent to the requester notifying them of the outcome of the request.

A request to access of any record held by the CMS that is not freely available in terms of section 51(2) of PAIA must be made to the information officer on the prescribed form. The requester must give enough detail for the officer to know which record is being requested. The requester has to indicate if they want an actual copy of the record, or whether they want to come to view it. If the record is on computer the requester has to indicate whether the record has to be printed or provided in electronic form. Where a record is available in more than one language, the requester must indicate which language they prefer. The information officer or an official will help requesters who are not able to read or write to complete the request form.

## COSTS OF OBTAINING A RECORD

There are three kinds of fees chargeable by PAIA. A request fee of R35,00 is payable for simply making a request. The request fee must be paid before the request is processed. Additional access and reproduction costs depend on the nature of the request. Requesters of records containing personal information about themselves do not pay request fees, only access and/or reproduction costs.

### FEES PAYABLE FOR INFORMATION FROM THE CMS

The fees for reproduction referred to in regulation 7(1) of the regulations to PAIA (which apply to all public bodies) are as follows:

		RAND
(a)	For every photocopy of an A4-size page or part thereof	0,60
(b)	For every printed copy of an A4-size page or part thereof held on a computer or in electronic or machine-readable form	0,40
(c)	For a copy in a computer-readable form on - (i) Stiffy disk (ii) Compact disk	5,00 40,00
(d)(i)	For a transcription of visual images, for an A4-size page or part thereof	22,00
(ii)	For a copy of visual images	60,00
(e)(i)	For a transcription of an audio record for an A4-size page or part thereof	12,00
(ii)	For a copy of an audio record	17,00



The access fees payable by a requester referred to in regulation 7(3) are as follows:

			RAND
1.	(a)	For every photocopy of an A4-size page or part thereof	0,60
	(b)	For every printed copy of an A4-size page or part thereof held on a computer or in electronic or machine-readable form	0,40
	(c)	For a copy in a computer-readable form on - (i) Stiffy disk (ii) Compact disk	5,00 40,00
	(d)(i)	For a transcription of visual images, for an A4-size page or part thereof	22,00
	(ii)	For a copy of visual images	60,00
	(e)(i)	For a transcription of an audio record, for an A4-size page or part thereof	12,00
	(ii)	For a copy of an audio record	17,00
	(f)	For the time reasonably required to find and prepare the record for disclosure.	15,00/hour (excluding the 1 <sup>st</sup> hour)
2.	For the purposes of section 22(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.	
3.	The actual postage is payable when a copy of a record has to be posted to a requester.		

## NOTIFICATION OF REQUESTERS

As soon as a decision has been made about a request, a notification letter will be sent to the requester. The notification may include any of the following information:

- the amount of the request fee to be paid.
- granting of request.
- denial of request.
- that access has been deferred for some reason.
- referral of request to the relevant body.

## FORM OF ACCESS

PAIA provides for access to information in any format available. Records may be reproduced by photocopying, and copying onto compact discs, video cassettes, audio cassettes, etc.

## LANGUAGE OF ACCESS

A requester whose request for access has been granted will be given access to the record in the language he or she prefers, provided the record exists in that language. If it does not, access will be granted in a language in which the record exists.



## GROUNDINGS FOR REFUSAL

PAIA provides several reasons for refusing access to records. Access may or must be refused in the following instances:

- To protect the privacy of a third party who is a natural person, and not a company or close corporation.
- To protect records at the South African Revenue Service.
- To protect commercial information belonging to third parties.
- To protect certain confidential information.
- To protect the safety of individuals and property.
- To protect law enforcement and legal proceedings, including police dockets in bail proceedings.
- To protect records privileged from production in legal proceedings.
- To protect the military, security and international relations of the Republic of South Africa.
- To protect the economic interest and financial welfare of the Republic and commercial activities of public bodies.
- To protect research.
- In certain instances, operations of public bodies.
- To prevent access to health records.

## DESCRIPTION OF RECORDS HELD BY COUNCIL FOR MEDICAL SCHEMES

The CMS holds a variety of records on the following:

- **Medical schemes**
  - A list of registered medical schemes.
  - The rules of registered medical schemes.
  - Audited financial statements of medical schemes.
  - Rulings of the Appeals Committee and Appeal Board.
- Minutes and agendas of the executive of the CMS from 2000 to date.
- Reports
  - Research reports.
  - Annual reports.
  - Investigation reports.
- **Legislation**
  - Medical Schemes Act and amendments.
  - Medical Schemes Levies Act, 2000 (Act No. 58 of 2000).
  - Regulations.
  - Notices.
- **Brokers**
  - A list of accredited brokers and managed care organisations.
- **Complaints**
  - Records of complaints lodged with the CMS.
  - Rulings of the Appeals Committee and Appeal Board.

## VOLUNTARY DISCLOSURE OF INFORMATION

The CMS published a notice in terms of section 15(2) of PAIA in *Government Gazette* No. 37872 of 1 August 2014. This notice lists categories of records that are freely accessible, and for which only reproduction costs have to be paid.

RECORDS AUTOMATICALLY AVAILABLE IN TERMS OF SECTION 15 OF THE PROMOTION OF ACCESS TO INFORMATION ACT, 2000 (ACT NO. 2 OF 2000)



DESCRIPTION OF CATEGORY OF RECORDS AUTOMATICALLY AVAILABLE IN TERMS OF SECTION 15(1)(a) OF THE PROMOTION OF ACCESS TO INFORMATION ACT, 2000	MANNER OF ACCESS TO RECORDS (e.g. website) (SECTION 15(1)(b))
<b>FOR INSPECTION IN TERMS OF SECTION 15(1)(a)(i):</b>	
1. Medical Schemes mergers-Exposition Documents ..... 2. Medical Schemes Liquidation & distribution Account	Records may be viewed/accessed by visiting the Council for Medical Schemes offices-Knowledge Centre Tel: 012 431 0530 <a href="http://www.medicalschemes.com">www.medicalschemes.com</a> Sharecall: 086 112 3267 <a href="http://www.medicalschemes.com">http://www.medicalschemes.com</a>
<b>FOR PURCHASING IN TERMS OF SECTION 15(1)(a)(ii):</b>	
1. Medical Schemes Rules  2. Medical Schemes Annual Financial Statements  3. Medical Schemes Annual Statutory Returns	Records may be viewed/accessed by visiting Council for Medical Schemes offices - Knowledge Centre – Knowledge Centre Telephone: 012 431 0530 Sharecall: 086 112 3267
<b>FOR COPYING IN TERMS OF SECTION 15(1)(a)(ii):</b>	
1. Medical Schemes Rules ..... 2. Medical Schemes Annual Financial Statements ..... 3. Medical Schemes Annual Statutory Returns ..... 4. Research Reports findings	Records may be obtained by visiting Council for Medical Schemes office -Knowledge Centre ..... Tel: 012 431 0530 .....
<b>AVAILABLE FREE OF CHARGE IN TERMS OF SECTION 15(1)(a)(iii):</b>	
1. List of Accredited Brokers/Administrators/Managed Care Org ..... 2. List of Registered Medical Schemes ..... 3. Annual Report ..... 4. Medical Schemes Act, amendments and Regulations ..... 5. Circulars, judgments & Appeals, Manuals, CMS news	Records may be obtained from Council for Medical Schemes Website ( <a href="http://www.medicalschemes.com">www.medicalschemes.com</a> ) or by visiting Council for Medical Schemes Office-Knowledge Centre ..... Tel: 012 431 0530 .....

## WHAT TO DO IF AN OFFICIAL REFUSES ACCESS TO A RECORD OR INFORMATION TO WHICH YOU ARE ENTITLED

PAIA provides a number of remedies to curb non-compliance with its provisions. The first step is to lodge an internal appeal by completing Form B and after this; the requester can take the matter to court. The person who refuses access has to give reasons for doing so.

**'Internal appeal'** means an Internal Appeal to the 'Relevant Authority' in terms of section 74 of the PAIA Act. In the case of the Council for Medical Schemes, the 'Relevant Authority' is the Appeals Committee of the Council.



Internal appeal procedures are subject to such a mechanism actually being in place within Council as a public body to facilitate such an Internal Appeal.

A requester, personal requester or third party may lodge an Internal Appeal if he/she is not satisfied with the decision made by the Information Officer or Deputy Information Officer about a request for access.

A third party/parties may only lodge an Internal Appeal against, or an application with a court on the decision(s) of the Information Officer or Deputy Information Officer to:

- Grant a request for access. [Section 49(3)(b)]

NOTE: In this case access to the record may be given only when the decision to grant the request is finally confirmed [Section 29(9)].

For an Internal Appeal to be lodged, a requester, personal requester or third party should/must lodge it within a specific time frame after being notified/informed of the decision of the Deputy Information Officer. The time frames are as follows:

- A requester (i.e. personal requester, requester, requester on behalf of someone), within 60 days that the requester has been informed of a decision.
- A third party/parties, within 30 days after the third party has been notified that access has been granted.

NOTE: The lodging of a late Internal Appeal may be allowed if a good reason as to why it is late is provided. If disallowed, the person lodging the request will receive notification of the decision [Section 75(2)(a)(b)].

Currently no fees are applicable with regard to Internal Appeals.

### Internal Appeal Procedures

To lodge an Internal Appeal the requester or third party needs to complete the prescribed Council for Medical Schemes "Notice of Internal Appeal" form B.

1. The Internal Appeal form is available:
  - As form B.
  - By requesting it to be forwarded via fax, letter, phone or e-mail from the Deputy Information Officer;
  - By collecting the form at Council for Medical Schemes from the Knowledge Centre.
2. The form must be signed by the appellant.
3. All additional pages of documentation added to the Internal Appeal form must be signed by the appellant.

The completed Internal Appeal form is to be dispatched to the Deputy Information Officer of the Council for Medical Schemes, by:

- By post
- By fax
- By E-mail
- By Hand, delivered at Council for Medical schemes reception

It is recommended that the requester keep a copy of the Internal Appeal for his/her own records.

The following actions will result from an Internal Appeal:

- The information officer/Deputy Information Officer must submit the Internal Appeal to the Relevant Authority within 10 working days.
- The Relevant Authority must inform third party/parties involved as soon as possible, but definitely within 30 days, by the fastest means possible, after receipt of an Internal Appeal lodged by the requester against the refusal to grant access.
- The Relevant Authority must inform the requester involved as soon as possible, but definitely within 30 days, by the fastest means possible, after receipt of an Internal Appeal lodged by the third party/parties against the granting of access.



- The Relevant Authority must decide on the Internal Appeal as soon as possible, but definitely:
  1. within 30 days after receiving it from the Deputy Information Officer;
  2. within 30 days after a third party or requester has been informed of an Internal Appeal; or

NOTE: The third party or requester may, within 21 days after being informed, make written representations to the Relevant Authority on why a request should either not be granted or be granted. [Section 76 (51)]

Within 5 working days after a requester has made written representations on the Internal Appeal by a third party/parties.

If knowledge about an Internal Appeal has been obtained by other means than by the Relevant Authority, written or verbal representations should be made to the Relevant Authority on why the request for access should be refused.

The Relevant Authority may decide to:

- confirm the decision appealed against, or
- to substitute a new decision for it.

Immediately after the decision on the Internal Appeal has been made, written notification of the decision will be given to:

- the appellant;
- every third party (if not the appellant)
- the requester (if not the appellant)

NOTE: If the Relevant Authority fails to give notice of a decision on the appeal within 30 days it should be regarded as that the Internal Appeal has been dismissed, and the requester may then apply to a court.  
[Section 77 (7)]

## CONTACT DETAILS

For assistance contact the **Council for Medical Schemes**.

Information Officer: Mr. Daniel Lehutjo (Acting Registrar/CEO)

Deputy Information Officer: Mr. S.S. Thosago ([s.thosago@medicalschemes.com](mailto:s.thosago@medicalschemes.com))

Postal address:

Private Bag X34  
Hatfield  
0028

Business address:

Block A  
Eco Glades2 Office Park  
420 Witch Hazel Avenue Eco Park Centurion  
0157

Telephone:

(012) 431 0500  
(012) 431 0530

Website:

[www.medicalschemes.com](http://www.medicalschemes.com)





## FORM A

### REQUEST FOR ACCESS TO RECORDS OF PUBLIC BODY

Section 18[1] of the Promotion of Access to Information Act [Act 2 of 2000]

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#### FOR OFFICE USE ONLY

Reference number. \_\_\_\_\_

Request received by \_\_\_\_\_

On \_\_\_\_\_ at \_\_\_\_\_

Request fee [if any] R \_\_\_\_\_

Deposit [if any] R \_\_\_\_\_

Access fee R \_\_\_\_\_

\_\_\_\_\_  
Signature of Information Officer /  
Deputy Information Officer

#### A. Particulars of public body

The Information Officer / Deputy Information Officer: \_\_\_\_\_

#### Particulars of person requesting access to the record

- |     |  |
|-----|--|
| [a] | The particulars of the person who requests access to the record must be recorded below.  |
| [b] | Furnish an address and/ or fax number in the Republic to which information must be sent. |
| [c] | Proof of the capacity in which the request is made. [If applicable, must be attached]    |

Full name 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: \_\_\_\_\_

#### B. 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 name and surname: \_\_\_\_\_

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



### C. 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.**

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1. Description of record or relevant part of the record: \_\_\_\_\_

\_\_\_\_\_

2. Reference number, if available: \_\_\_\_\_

3. Any further particulars of record: \_\_\_\_\_

\_\_\_\_\_

### D. 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 therefore.

Reason for exemption from payment of fees: \_\_\_\_\_

\_\_\_\_\_

### E. Form of access to record

If you are prevented by a disability to read, view or listen to a 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 requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mark the appropriate box with an 'X'

NOTES.

[a] Your indication as to the required form of access depends 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 required.

1. If the record is in printed or written form-

<input type="checkbox"/>	Copy of record*	<input type="checkbox"/>	Inspection of record
--------------------------	-----------------	--------------------------	----------------------



2. If record consist 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 consist 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 of computer readable form* [stiffy or compact disc]
--	-------------------------	--	--	--	--

\*If you requested copy or transcription of a record [above], do you wish the copy or transcription to be posted to you?

**A postal fee is payable.**

Note that if the record is not available in the language you prefer, access may be granted in the language in which the record is available

In which language would you prefer the record? \_\_\_\_\_

#### F. 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 thereof 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

## FORM B

### NOTICE OF INTERNAL APPEAL

(Section 75 of the Promotion of Access to Information Act 2000 (Act No. 2 of 2000)) [Regulation 8]

STATE YOUR REFERENCE NUMBER:

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#### A. Particulars of public body

The Information Officer/Deputy Information Officer: \_\_\_\_\_

#### B. Particulars of requester/third party who lodges the internal appeal

- (a) The particulars of the person who lodge the internal appeal must be given below.  
(b) Proof of the capacity in which appeal is lodged, if applicable, must be attached.  
(c) If the appellant is a third person and not the person who originally requested the information, the particulars of the requester must be given at C below.

Full names and surname: \_\_\_\_\_

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

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

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

Telephone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Capacity in which an internal appeal on behalf of another person is lodged: \_\_\_\_\_

#### C. Particulars of requester

This section must be completed ONLY if a third party (other than the requester) lodges the internal appeal.

Full names and surname: \_\_\_\_\_

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

#### D. The decision against which the internal appeal is lodged

Mark the decision against which the internal appeal is lodged with an X in the appropriate box:	
<input type="checkbox"/>	Refusal of request for access
<input type="checkbox"/>	Decision regarding fees prescribed in terms of section 22 of the Act
<input type="checkbox"/>	Decision regarding the extension of the period within which the request must be dealt with in terms of section 26(l) of the Act
<input type="checkbox"/>	Decision in terms of section 29(3) of the Act to refuse access in the form requested by the requester
<input type="checkbox"/>	Decision to grant request for access

**E. Grounds for appeal**

If the provided space is inadequate, please continue on a separate folio and attach it to this form. You must sign all the additional folios.

State the grounds on which the internal appeal is based: \_\_\_\_\_

State any other information that may be relevant in considering the appeal: \_\_\_\_\_

**F. Notice of decision on appeal**

You will be notified in writing of the decision on your internal appeal. If you wish to be informed in another manner, please specify the manner and provide the necessary particulars to enable compliance with your request.

State the manner: \_\_\_\_\_

Particulars of manner: \_\_\_\_\_

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

\_\_\_\_\_  
SIGNATURE OF APPELLANT

**FOR OFFICE USE:**

**OFFICIAL RECORD OF INTERNAL APPEAL**

Appeal received on \_\_\_\_\_ (date) by \_\_\_\_\_  
(state rank, name and surname of information officer/deputy information officer).

Appeal accompanied by the reasons for the information officer's/deputy information officer's decision and, where applicable, the particulars of any third party to whom or which the record relates, submitted by the information officer/deputy information officer on (date) to the relevant authority.

**OUTCOME OF APPEAL:**

DECISION OF INFORMATION OFFICER/DEPUTY INFORMATION OFFICER CONFIRMED/NEW DECISION SUBSTITUTED  
NEW DECISION:

\_\_\_\_\_  
RELEVANT AUTHORITY

\_\_\_\_\_  
DATE

RECEIVED BY THE INFORMATION OFFICER/DEPUTY INFORMATION OFFICER FROM THE RELEVANT AUTHORITY ON (date):  
\_\_\_\_\_





# NOTES

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