

Registration Number of Company: 2003/024215/07

NAME OF COMPANY: CAREWORKS (PTY) LIMITED

ACCESS TO INFORMATION MANUAL

in terms of

Section 51 of

The Promotion of Access to Information Act

2/2000,

and in compliance with

Section 17 of

The Protection of Personal Information Act

4/2013

Date of compilation: March 2018
Date of last revision: September 2024



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1. Introduction and purpose of manual

CareWorks (Pty) Ltd conducts business as a Healthcare provider. CareWorks provides Treatment Services, Wellness Services as well as SETA accredited training to customers. In addition, CareWorks works as an HIV prevention partner with the U.S President's Emergency Plan for AIDS Relief (PEPFAR) through the U.S. Centers for Disease Control and Prevention (CDC) and the United States Agency for International Development (USAID).

CareWorks has published this Access to Information Manual to provide guidelines to members of the public who wish to exercise their constitutional right of access to information in terms of the Promotion of Access to Information Act No. 2 of 2000 ("PAIA") as well as to provide guidance on how to access, object to or request correction of Personal Information in terms of the Protection of Personal Information Act No. 4 of 2013 ("POPIA").

This manual is available to any person as follows:

- On the CareWorks website (http://www.careworks.co.za)
- At the CareWorks head office in Cape Town for inspection during normal business hours.
- On request from the company's Information Officer per e-mail at no cost or in hard copy at a fee of R3.50 per page and postage.

2. Company contact details

Requests to CareWorks in terms of PAIA or POPIA should be addressed as per the following details:

Name of Company: CareWorks (Pty) Ltd

CEO / Information Officer: Rachael Rawlinson

Postal address: PO Box 23460

Claremont, Cape Town

7735

Street address: Block B Regent Square

OB Doncaster Road Kenilworth, Cape Town

7708, RSA

Telephone number: +27 21 673 5300

Fax Number: +27 21 413 1064

Email: informationofficer@careworks.co.za



3. PAIA and Section 10 Guide

PAIA was enacted on 3 February 2000. Subject to certain limitations and qualifications, PAIA grants a requester access to records of a private body, if the record is required for the exercise or protection of any right. If a public body lodges a request, the public body must be acting in the public interest. Requesters are referred to the Guide in terms of Section 10 of PAIA, which has been compiled by the South African Human Rights Commission (SAHRC), with the purpose of assisting people in making requests for information under PAIA by providing a step-by-step guide in all official languages.

The Section 10 Guide can be requested from the SAHRC. The contact details are:

Postal Address: Private Bag 2700

Houghton 2041

Telephone Number: +27-11-877 3600

Fax Number: +27-11-403 0625

Website: www.sahrc.org.za

4. Information available in terms of other legislation

Records are kept in accordance with the legislation as is applicable to CareWorks (Pty) Ltd, which includes, but is not limited to the following legislation:

| No | Ref | Act |
|----|----------------------------|---|
| | No 75 of 1997 | Basic Conditions of Employment Act |
| | No 53 of 2003 | Broad Based Black Economic Empowerment Act |
| | No 61 of 1973 & 71 of 2008 | Companies Act |
| | No 61 of 1997 | Compensation for Occupational Injuries and Diseases |
| | | Amendment Act |
| | No 68 of 2008 | Consumer Protection Act |
| | No 55 of 1998 | Employment Equity Act |
| | No 56 of 1974 | Health Professions Act |
| | No 95 of 1967 | Income Tax Act |
| | No 66 of 1995 | Labour Relations Act |
| | No 131 of 1998 | Medical Schemes Act |
| | No 33 of 2005 | Nursing Act |
| | No 85 of 1993 | Occupational Health and Safety Act |
| | No 2 of 2000 | Promotion of Access of Information Act |
| | No 4 of 2013 | Protection of Personal Information Act |
| | No 97 of 1997 | Skills Development Act |
| | No 9 of 1999 | Skills Development Levy Act |
| | No 63 of 2001 | Unemployment Insurance Act |
| | No 89 of 1991 | Value Added Tax Act |



5. Schedule of records

The table below lists and describes the subjects on which CareWorks holds records and names the categories of records held on each subject:

| A. Subjects on which CareWorks holds | B. Categories of records held on each subject |
|---|---|
| records | |
| Communications / Public affairs records | Current product information / product brochures |
| | Media releases |
| _ | Customer contracts and agreements |
| Customer records (Contracting parties / funders) | Proposal and tender documents |
| | Reports |
| Project partners (Partners assigned by funders to | Contracts and agreements |
| deliver specific services) | Operational records |
| | Attendance registers |
| Client records (Individuals receiving services from | Health records |
| CareWorks) | Records of consent |
| | Records of certain communication |
| | Statutory company information |
| | Management reports |
| | Insurance records |
| | Policies, procedures and guidelines |
| | Agreements and licences |
| Construction of Control of Construction | Health and Safety records |
| Company records (relating to CareWorks) | Security and access control records |
| | Financial records |
| | Records relating to IT system, including licenses and |
| | agreements |
| | Operational records |
| | Databases |
| | Statutory employee records pertaining to individual |
| | employees |
| Employee records (of individuals employed by or | BEE Statistics |
| contracted to CareWorks) | Disciplinary code and records |
| · | General terms of employment |
| | Letters of employment and employment contracts |
| Service providers (Companies who deliver services | Contracts and agreements |
| to CareWorks) | |
| Service partners (Companies, medical | Contracts and agreements |
| professionals, pathology laboratories etc. who | _ |
| provide or receive information for the purposes of | |
| delivering CW services) | |

5.1. Automatically available information

The following information is readily available without a person having to request access in terms of PAIA:

- Official company marketing material such as product brochures
- Media releases



5.2. Personal information

CareWorks processes personal information of clients, customers, employees, etc. taking great care to ensure that such information is correctly handled and protected.

5.2.1. Categories of data subjects and personal information, purpose of processing, and recipients of information

The table below lists the categories of data subjects whose personal information is processed by CareWorks, the types of personal information processed for each category of data subject, the purposes of the processing, and the recipients with whom the personal information is shared.

| Categories of data subjects | Categories of personal information held on data subjects | Purpose of processing | Recipients of information |
|-----------------------------|--|--|---|
| Visitors / Guests | Identifying information Contact information | Security and access control | Not intended for sharing, unless for investigation of |
| Employees and contractors | Identifying information Contact information Employment and education history Information needed for payments and tax Race Training records Disability information Location information (electronic access control) Time and attendance documents Background screening information (credit record & criminal background) Unique identifying numbers Biometric information | Maintenance of employee records and relationships; travel and accommodation bookings; recruitment and employment; payments and tax; legal and contractual purposes; health and safety; security and access control; Employment Equity reporting, B-BBEE verification, due diligence, compliance, time and attendance monitoring and reporting. | a security breach. Contracted consultants and service providers (e.g., B-BBEE consultants etc.), auditors, B-BBEE verifications agency, HWSETA, National Department of Labour, Bank, project funders and their auditors, SARS. |
| Job applicants | Personal information disclosed in CV / job application Education and employment history Criminal / background check results | Employment | Not intended for sharing. |
| Customers / clients | Identifying information Contact information Location information Health records Card holder files Employment status Unique identifying numbers | Providing services; billing and claims processing; reporting to contracting party; record keeping; statistical / historical purposes | Shared as agreed with the data subject or required / allowed by law. Recipients may include contracting parties (funders or corporate customers), the National Department of Health, medical doctors, clinics, HR managers, pathology laboratories, pharmacies, other third parties involved in treatment or care programmes. |



| Suppliers / | Personal information of suppliers | Relationship management; | Not intended for sharing. |
|-------------|-----------------------------------|--------------------------|---------------------------|
| service | / service providers or their | payment management | |
| providers | representatives | | |

5.3.2 Information security measures to protect personal information

CareWorks takes reasonable technical and organisational measures to ensure the confidentiality, integrity and availability of personal information in its possession or under its control. Some of these measures include working towards compliance with ISO 27001 information security standards, providing POPIA awareness training to staff, and liaising with Operators to enhance the protection of personal information.

5.3.4 Planned Trans-border flow of personal information

CareWorks transfers information across borders in accordance with the requirements of South African legislation and/or with the consent of data subjects. Where data subjects are outside of South Africa, their information will automatically be transferred cross-border.

6. Procedure for requesting access to information

6.1. Forms

For requests in terms of PAIA or POPIA, fill in the correct form as stipulated below:

- For a request to access to a record of information held by CareWorks in terms of PAIA (including a request by a data subject for a record of their personal information held by CareWorks), complete the "Record Request Form" (also called "Form C" as per the SAHRC) in Annexure 1.
 - Please ensure that you provide sufficient details to enable CareWorks to identify:
 - The record(s) requested
 - The requester (and if an agent is lodging the request, proof of capacity);
 - The form of access required;
 - o The postal address or fax number of the requester in the Republic;
 - o 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.
- To object to the processing of Personal Information in terms of POPIA, complete the "Objection to the Processing of Personal Information Form" in Annexure 2.
- To request the correction or deletion of personal information or the destruction of a record of personal information in terms of POPIA, complete the "Request for Correction or Deletion of Personal Information Form" in Annexure 3.
- No form is required to request CareWorks to confirm, free of charge, whether or not the company holds personal information about you. Contact CareWorks using the details provided in Section 2.
- All forms are available in the Annexures to this Manual and on the CareWorks website (https://www.careworks.co.za/access-to-information)

6.2. Process

Once the correct form has been completed, address it to the Information Officer / designated officer and submit it to CareWorks using the company details provided in Section 2. Once CareWorks receives the request, you will be contacted by the Information Officer / designated officer or an authorised officer who will advise you about the further management of your request.



6.3. Conditions for requests in terms of PAIA

Please take note of the following regarding access to information as per PAIA regulations:

- The successful completion and submission of the form does not automatically allow the requester access to the requested record. An application for access to a record is subject to certain limitations if the requested record falls within a certain category, as specified in Part 3 Chapter 4 of PAIA.
- If it is reasonably suspected that the requester has obtained access to records through the submission of materially false or misleading information, legal proceedings may be instituted against such requester.
- CareWorks will within 30 days of receipt of the request decide whether to grant or decline the request. Written reasons for declining a request will be given to the requester.
- The 30-day period, may be extended for a further period of not more than thirty days, if the request is for a large volume of information, or the request requires a search for information held at another CareWorks office, or the information cannot reasonably be obtained within the initial 30-day period. The requester will be informed in writing should an extension be required.

6.4. Conditions for requests in terms of POPIA

Please take note of the following regarding information requests per POPIA regulations:

- Data subjects making requests in terms of POPIA will be required to submit proof of identity.
- CareWorks, in the capacity of responsible party, may refuse to disclose information to which the grounds for refusal of access to records set out in the applicable sections of Chapter 4 of Part 2 and Chapter 4 of Part 3 of the Promotion of Access to Information Act apply. In addition, the provisions of sections 30 and 61 of the PAIA are applicable in respect of access to health or other records.

7. Prescribed fees

The fees stipulated below are as prescribed by the SAHRC.

7.1. Requesting fee

- The fee for requesting records in terms of PAIA is R50.00 (VAT inclusive) and is payable on instruction from a designated officer once CareWorks has received the Record Request Form ("Form C"). Proof of payment must be provided to CareWorks prior to the request being further considered.
- Requesters who are requesting access to their Personal Information are exempt from paying the request fee; however, they are still required to pay access fees.
- Requesters in certain income groups are exempt from paying requesting fees, as per the SAHRC instructions.

7.2. Access fee

If the request for access to information is granted, an access fee may be charges as per the table below, or as updated by Government and published in the Government Gazette. This fee covers the cost of searching for the record and copying it:

| Activity | Fee |
|--|----------|
| Copy per A4 page | R1.10 |
| Printing per A4 page | 75 cents |
| Copy on a CD | R70 |
| Transcription of visual images per A4 page | R40 |



| Copy of a visual image | R60 |
|---|---|
| Transcription of an audio recording per A4 page | R20 |
| Copy of an audio recording | R30 |
| Search and preparation of the record for | R30 per hour of part thereof, excluding the first |
| disclosure | hour, reasonably required for the search and |
| | preparation. |

In addition, postage fees have to be paid by the requester for the delivery of their records. If the Information Officer / designated officer thinks that the collection and reproduction of documents will take longer than six hours, the requester will be informed (by formal notice) that one third of the access fee is payable upfront as a deposit.

8. Recourse

If a request for access to information is denied by CareWorks' Information Officer / designated officer or a duly authorised person, the requestor is entitled to apply to a court with appropriate jurisdiction, or the Information Regulator (once established), for relief.



Annexure 1 – Record Request Form ("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]

| The Head: | oay | | | | | | | | | | | |
|---|-----------|----------|------------|-----------|----------|-----------|----------|----------|----------|----------|------|------|
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| B. Particulars of person re | questin | g acce | ess to t | he reco | ord | | | | | | | |
| (a) The particulars of the pe | rson wh | no requ | ests ac | cess to | the rec | ord mu | st be g | iven be | low. | | | |
| (b) The address and/or fax (c) Proof of the capacity in v | number | in the | Republi | ic to wh | ich the | informa | ation is | to be s | ent mus | st be gi | ven. | |
| (b) 1 root of the dapasity in t | Willow at | o roqu | 000 10 111 | uuo, ii | арриос | 010, 1110 | or no at | taorioa | | | | |
| Full names and surname: | | | | | | | | | | | | |
| Identity number: | | | | | | | | | | | | |
| Postal address: | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Telephone number: | (|) | | | | Fax | c numb | er: (. |) | | | |
| E-mail address: | | | | | | | | | | | | |
| Capacity in which request is | s made, | when i | made o | n behal | f of and | ther pe | erson: | | | | | |
| | | | | | | | | | | | | |
| C. Particulars of person or | whose | hehal | lf reque | est is m | nade | | | | | | | |
| C. Tartiourius or percent or | | Domai | roqu | | | | | | | | | |
| This section must be compl | eted ON | NLY if a | reques | st for in | formatio | on is ma | ade on | behalf (| of anoth | ner pers | son. | |
| | | | | | | | | | | | | |
| Full names and surname: | | | | | | | | | | | | |
| | | | | | | | | | | | | |



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.

| m | ust sign all the additional folios. |
|----------|---|
| 1. Des | cription of record or relevant part of the record: |
| | |
| | |
| | |
| | |
| | |
| 2. Refe | erence number, if available: |
| | |
| | |
| | |
| | |
| | |
| 3. Any | further particulars of record: |
| | |
| | |
| | |
| | |
| | |
| | |
| E. Fee | s |
| (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 | n for exemption from payment of fees: |
| | |
| | |
| | |
| ******** | |
| | |



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: | Disability: Form in which record is required: | | | | | | | | |
|-------------------------------------|---|----------|---|-----------|--|-------|--|--|--|
| Mark the appropriate box with an X. | | | | | | | | | |
| available (b) Access i access | 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. | | | | | | | | |
| 4 If the rec | ord is in written or printed | formi | | | | | | | |
| 1. II the rec | cord is in written or printed copy of record* | ionn: | inspection of record | | | | | | |
| 2. If record (this inc | consists of visual images - ludes photographs, slides, | video r | ecordings, computer-generat | ed ima | ges, sketches, e | tc.): | | | |
| | view the images | | copy of the images* | | transcription of t images* | he | | | |
| 3. If record | consists of recorded word | s or inf | ormation which can be repro | duced | in sound: | | | | |
| | listen to the soundtrack (audio cassette) | | transcription of soundtrack* (written or printed document) | | | | | | |
| 4. If record | | n elect | tronic or machine-readable fo | rm: | | | | | |
| | printed copy of record* | | printed copy of information derived from the record* | | copy in computer readable form* (stiffy or compact disc) | | | | |
| transcription Postage is | *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. NO O O O O O O O O O O O O | | | | | | | | |
| | ed space is inadequate, pleas ter must sign all the additio | | nue on a separate folio and atta | ach it to | this form. | | | | |
| 1. Indicate w | hich right is to be exercised o | r protec | cted: | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 2 Evolain ud | | | | | | | | | |
| z. Explain Wi | Explain why the record requested is required for the exercise or protection of the aforementioned right: | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |



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.

| mariner, predec openity the mariner and p | marrier, please openly the marrier and provide the necessary particulars to enable compilation 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 | | |
| | | | E OF REQUESTER | | MADE | |



Annexure 2 – Objection to Processing of Personal Information Form

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)

REGULATIONS RELATING TO THE PROTECTION OF PERSONAL INFORMATION, 2017 [Regulation 2(1)]

Note:

- 1. Affidavits or other documentary evidence in support of the objection must 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.

| and digit cach page. | | | |
|------------------------|----------------------|--------------------------------|-----------------------|
| | For office | use - Reference Number: | |
| | A. DETAIL | S OF DATA SUBJECT | |
| Surname: | | | |
| Full names: | | | |
| | | | |
| Residential, postal or | | | |
| business address: | | | |
| | | | Code (|
| Contact number(s): | | | |
| Fax number: | | | |
| E-mail address: | | | |
| | B. DETAILS (| OF RESPONSIBLE PARTY | |
| Name: | CareWorks (Pty) Ltd | | |
| | Block B Regent Squar | e | |
| Business address: | Kenilworth Cape Towr | n, 7700 | |
| Contact number(s): | +27 21 673 5300 | | |
| Fax number: | +27 21 413 1064 | | |
| e-mail address: | informationofficer@c | areworks.co.za | |
| C. REASON | IS FOR OBJECTION (F | Please provide detailed reasor | ns for the objection) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Signed at | this | day of | 20 |
| | | | |
| | | _ | |
| Signature of data subj | ect (applicant) | | |



Annexure 3 - Request for Correction or Deletion of Personal Information Form

REQUESTS FOR CORRECTION OR DELETION OF PERSONAL INFORMATION OR DESTRUCTION 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 20113)

REGULATIONS RELATING TO THE PROTECTION OF PERSONAL INFORMATION, 2017

[Regulation 3(2)]

Note:

- 1. Affidavits or other documentary evidence in support of the request must 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.

| For office use - Reference Number: | |
|------------------------------------|--|
|------------------------------------|--|

| 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 CareWorks as the Responsible Party. |
| Destruction or deletion of a record of personal information about the data subject which is it possession or under the control of CareWorks as the Responsible Party and who is no longer authorised to retain the record of information. |

| A. DETAILS OF THE DATA SUBJECT | | | | | |
|--|------------------------------------|--|--|--|--|
| Surname: | | | | | |
| Full names: | | | | | |
| Identity number: | | | | | |
| | | | | | |
| Residential, postal or business address: | | | | | |
| | | | | | |
| | Code (| | | | |
| Contact number(s): | | | | | |
| Fax number: | | | | | |
| E-mail address: | | | | | |
| | B. DETAILS OF RESPONSIBLE PARTY | | | | |
| Name: | CareWorks (Pty) Ltd | | | | |
| Business address: | Block B Regent Square | | | | |
| | Kenilworth Cape Town, 7700 | | | | |
| Contact number(s): | +27 21 673 5300 | | | | |
| Fax number: | +27 21 413 1064 | | | | |
| E-mail address: | informationofficer@careworks.co.za | | | | |

Page 1 of 2
Please complete Page 2



C. REASONS FOR *CORRECTION OR DELETION OF THE PERSONAL INFORMATION ABOUT THE DATA SUBJECT/ *DESTRUCTION OR DELETION OF A RECORD OF PERSONAL INFORMATION ABOUT THE DATA SUBJECT WHICH IS IN POSESSION OR UNDER THE CONTROL OF THE RESPONSIBLE PARTY. (Please provide detailed reasons for the request). *Delete whichever is not applicable

| Signed at | this | | day of | | _20 |
|---------------------------------------|------|---|--------|--|-----|
| | | | | | |
| Signature of data subject (applicant) | | _ | | | |

Page 2 of 2