



Practice Privacy Statement

Created: 26 June 2021

I, Jamie Hyslop, as a professional psychologist, am committed to protecting the confidentiality of my patients' information and their constitutional right to privacy. This document tells you how your personal information (PI) is collected and protected when you engage with me in my practice. In this regard, I am obliged to comply with the Protection of Personal Information Act, 2013 (POPI), the relevant provisions of the Promotion of Access to Information Act, 2000 (PAIA); the National Health Act, 2003; and the Mental Health Care Act, 2002; among others, and the ethical rules of the Health Professions Council of South Africa (HPCSA).

Your PI includes your name, ID number, banking details, birth details, health status (including pregnancy), age, marital status, beliefs, personal opinions and preferences, gender, sex, race, email and postal addresses, telephone numbers, medical aid membership details, medical history, and other confidential information necessary to render my best professional services to my patients.

This document will be reviewed regularly, and changes made as needed. You are encouraged to regularly read the practice PAIA manual and privacy statement accessible on my website or from me. You may be required to read and sign amended versions of this privacy statement or relevant consent form if necessary.

Last Reviewed:	27-06-2021
Last Amended:	29-06-2021

Collection of Personal Information

I collect your PI for the purpose of providing comprehensive and optimal psychological services to you or your dependents in terms of the contract between us. Please make sure you read and fully understand documents that I require you to sign.

Necessary Information

I collect and process only information that is relevant and necessary for:

- my patients' psychological treatment and in the interests of their health and well-being.
- the provision of psychology services to patients and, if necessary, professional advice to their parent, legal guardian, or recognised caregiver where this is in the patient's best interests,
- practice records and billing for my services,
- legal purposes in accordance with South African law,
- compliance with the ethical rules of the Health Professions Council of South Africa, and
- submission of a claim to a medical scheme if applicable.

You can withdraw your consent to the processing of your PI at any time; provided that the lawfulness of the processing of your PI before your withdrawal is not affected and there is no legal reason for me to continue to process it.

I do my best to collect the necessary information from patients directly. If I need to collect a patient's PI from a third party, I will inform the patient first and obtain such consent as is legally required wherever possible.

Please note, if you choose to share your PI or the PI of your dependents with third parties, I will not be responsible for how those third parties use or protect your PI.



Purpose Specification

Information Collected	Purpose of Collected Information
Name, telephone number, & email address	To engage in treatment and communicate with you about appointments and billing matters.
Person responsible for fees	To communicate billing information to the correct individual(s).
Emergency contact details (which may include your doctor's details in the case of online therapy or if your medical treatment/care affects psychological intervention) & your residential address	To locate you and/or contact people close to you to assist in keeping you safe if you were ever at risk of harming yourself and/or others.
Date of birth & current age	To identify your legal status as an adult or minor. This informs my record retention timelines, treatment in terms of legal and ethical obligations, and (in some instances) my psychological understanding of you.
Identity or passport number	To password-protect invoices and receipts and/or any other special PI (e.g., referral letters) to protect your confidentiality over electronic transmission.
Medical aid membership number (where applicable)	Included on invoices and receipts to facilitate the submission claims to medical aid schemes
(On the caregiver consent form) Reason consent has only been provided by one parent	To comply with laws and ethical guidelines regarding consent to the treatment of a minor.
Gender, race, ethnicity, sexual orientation, sex life, political opinions, religious/spiritual beliefs, trade union membership, relationship status, biometric data, and current and past physical and mental health (including previous medical and psychological interventions such as therapies and medication).	To inform my understanding and the current and historical life context of you/your child. To inform my work with and treatment of you/your child.
Where you heard about me or how you got in contact with me	To understand where my referrals are coming from and to inform any marketing strategies used for the development of my practice.
Postal address	To send you invoices, statements, forms or information that can assist you with treatment for yourself or your child. Postal address will only be used if email or other electronic forms of communication with you are inaccessible, or a physical document is necessary for some reason.

The above purposes are typically the only reason I collect your personal information. If it becomes necessary or relevant to use your PI for a different or additional purpose, as far as reasonably possible, you will be informed, and your consent obtained.

If you are unsure about why you should or would prefer not to provide certain information, please let me know so we can discuss it. Your disclosure preferences will be honoured as far as possible, but there may be instances where not disclosing information could prevent me working with you or limit my ability to work comprehensively with you.



Other Information Held About You or Your Child

Each patient has physical and/or electronic files. Included in the patient's file are:

- Consent form(s) – including consent to the specific service engaged in; attending in person sessions during the COVID-19 pandemic; online therapy consent; minor assent; and consent to disclosure. Electronic copies are made of any hardcopy consent forms provided by patients/caregivers.
- Intake form – this is completed in the first session, scanned, and included in your electronic file. The hardcopy is kept in your physical file.
- History form – in initial sessions, I take notes on the patient's background and history. These handwritten notes are transferred to an electronic form and the hardcopies are then destroyed.
- Treatment record – lists the session number, date, length, and if the session was conducted in person or online. It documents relevant session arrangements and rescheduled, cancelled, or missed sessions.
- Billing record – lists the session number and date, the rate charged. It also documents the dates on which invoices, receipts, payment reminders, and payment notices are sent out, and the date of payment.
- Invoices and receipts – invoices are typically deleted once the relevant receipt has been created and sent. Where applicable, the last receipt of each month (listing all sessions for that month) is retained and earlier copies are deleted.
- Progress notes – according to the HPCSA and the practice's insurance company, certain information must be recorded about each session. These notes include the session date and time, my clinical impressions/observations, the content/content themes of the session, and an indication of the progression of treatment. Additionally, notes about interventions conducted and treatment planning may be included. A record of any contact/communication made after sessions is also kept on these notes.
- Session notes – I may keep session notes that track my psychological understanding of you/your child.
- Additional documents – such as referral letters, applications, reports, or any other information/document relevant to your treatment.

Security, Storage, Retention, and Destruction of Personal Information

Patient records are not kept longer than necessary. Following HPCSA guidelines, patient records are kept for a minimum period of six years from the date the file becomes inactive, unless the patient is a minor (records are kept until the minor's twenty-first birthday) or mentally incompetent (records are kept for the patient's lifetime). There may be other reasons to keep records for longer (e.g., a slow developing medical condition or cause to believe legal action may be taken), and motivation for such retention will be made. Records are destroyed according to industry standards and guidelines.

All records, and the PI contained within them, are kept to a minimum. Physical records are kept in a cupboard in my office that is locked when not in use. My office and the practice door are kept locked when not in use, practice premises are secured by a metal security gate, and the centre at which my practice is located has security guards. Electronic records containing identifiable patient information are password protected and kept on a password protected computer. A patient number and/or initial system is used to label documents, files, make notes, list contacts in my business mobile phone, and schedule appointments in my electronic calendars. Electronic records are backed up to cloud storage and/or an external flash drive to prevent and/or limit the potential loss of information. This flash drive and the spare keys to my office and office cupboard are kept in a locked cupboard at my private residence.

My computer system is updated regularly, its information is encrypted, and the firewall is configured securely. My business phone is used for professional purposes only, and is secured with Touch ID and a passcode. Practice accounts (e.g., email, cloud storage, and bank) are password protected, and a clear desk and screen policy is followed. Documents containing PI sent to patients via email, including invoices and receipts, are generally password protected.



I regularly check that patient records are complete, up to date, and accurate. Please inform me of any changes to your contact details, personal or health status, or any other treatment relating to our work together.

In the case of loss, theft, unauthorised access, damage, or unintentional destruction of your PI, you will be informed of what has happened, what PI has been/may be compromised, and potential consequences of this. I may also need to inform the Information Regulator and any relevant authorities (e.g., the police).

Your Rights Regarding Your Personal Information

You have the right to request that I confirm whether I hold PI about you, request the record or a description of the PI held about you (including the identity of all third parties who have or have had access to that information), and to have your request responded to within a reasonable time, at a prescribed fee, in a reasonable manner or format, and in a form that is generally understandable. You will be informed of any fees, fee estimates, and deposits required before the service is provided. I may refuse to disclose the information you have requested on the grounds set out in the Promotion of Access to Information Act, or on grounds stipulated in other laws from time to time (e.g., the Mental Health Care Act, 2002).

You have the right to request that I correct, delete, or destroy PI or record of PI that is inaccurate, irrelevant, excessive, out of date, incomplete, misleading, obtained unlawfully, or that I no longer have authorisation to retain. As soon as it can reasonably be done, I will correct, destroy, or delete, or provide you with credible evidence in support of the information. If an agreement cannot be reached between you and I, I will take reasonable steps to add to the information a note that a change to the information was requested but not made. I will notify you of the action that I have taken to any request you make.

You can also object to the processing of your PI, and can submit a complaint to the Information Regulator or institute legal proceedings if you believe there has been interference with the protection of your PI.

Sharing Your Personal Information

I will not disclose information about you/your child to a third party without consent, apart from the exceptions and provisions to confidentiality and privacy outlined in service specific consent form(s). My website host complies with POPI regarding the use of my website.

Information Officer

For the purposes of POPI, I am the Information Officer of my private practice. This means I am responsible for how and the purposes for which your PI processed. For any questions or more information, please refer to the PAIA manual on my website (www.jamiehyslop.co.za) or contact me on: jamieclinpsych@gmail.com or 083 279 2969

Contact Details of Information Regulator

Website: <https://www.justice.gov.za/inforeg/>

Address: JD House, 27 Stiemans Street, Braamfontein, Johannesburg, 2001

Postal address: PO Box 31533, Braamfontein Johannesburg, 2017

Email: inforeg@justice.gov.za (general enquiries) or complaints.IR@justice.gov.za (complaints)