

Letter 16

Notice in respect of access to health records – Section 30

Ref. No. : **Letterhead of Institution**

Enquiries :

NOTICE THAT REQUEST RELATING TO HEALTH RECORDS IS GRANTED IN TERMS OF SECTION 30 OF THE PROMOTION OF ACCESS TO INFORMATION ACT, 2000 (ACT 2 OF 2000)

I refer to your request for access to particular records of this institution of _____.

Since you have satisfied the institution that adequate provision has been made for counselling, you are hereby informed that access to the requested information has been granted.

The **form** in which access will be given is as follows:

*As requested by yourself, the record will be made available in the form you have chosen.

*You requested access in a specific form. However, the access cannot be given in that form because it is only available in _____(form).

*The record is not available in the **language** requested and will therefore be given in _____.

Access fee

In terms of section 25(2)(a) of the above-mentioned Act, you have to pay an access fee of R_____. This is for the cost of making a copy of the record or a transcription of the content and/or postal fee and/or time reasonably required to search or make arrangements for the record. Access will only be given after payment of the access fee.

The above-mentioned access fee has been calculated in accordance with prescribed tariffs and is set out in the attached invoice.

Right to appeal

*In terms of section 25(2)(c) of the above-mentioned Act, you may lodge an internal appeal against the payment of the **access fee** or the **form of access** granted. Should you wish to appeal, you should direct your internal appeal in terms of the provisions of section 74 of the above-mentioned Act, to the Relevant Authority (Head: Education, Western Cape Education Department).

In terms of the provisions of section 75 of the above-mentioned Act, the internal appeal must be delivered or sent on the attached prescribed internal appeal form (FORM C) to the information officer of this institution within 60 days:

Address: Delivered personally to : _____
Posted to : _____
Fax number : _____
E-mail address : _____

**DEPUTY INFORMATION OFFICER
DATE:**

*Delete if not applicable.