

PRIVATE & CONFIDENTIAL

Prof L Snyman
Department Obstetrics & Gynaecology
University of Pretoria

Per e-mail: leon.snyman@mweb.co.za

YOUR REF:

OUR REF:
HV/00082873

DATE:
25 March 2023

Dear Prof Snyman

ADVICE RE CLOSURE OF PRACTICE UPON DEATH OR RETIREMENT

1. The above matter refers.
2. We confirm that you have approached us with a request for advice regarding a healthcare practitioner's ethical and legal obligations upon death or retirement, in circumstances where the practice will not be taken over by another practitioner. In particular, you require advice regarding the legal and ethical obligations in respect of health records belonging to the practice.
3. The Booklet 9 (Guidelines on the Keeping of Patient Records¹) of the Guidelines for Good Practice in the Healthcare Professions prescribes in detail how one should deal with health records in the event of a healthcare practitioner passing away or retiring. For these purposes, the health record includes all of the documents contained in the patient file, including, but not thereby limited to:
 - 3.1. Handwritten contemporaneous notes taken by the healthcare practitioner,
 - 3.2. Notes taken by previous practitioners attending healthcare practitioners, including a typed patient discharge summary or summaries,
 - 3.3. Referral letters to and from other healthcare practitioners,
 - 3.4. Laboratory reports and other laboratory evidence such as histology sections, cytology slides and printouts from automated analysers, X-ray films and reports, ECG traces, etc.
 - 3.5. Audio-visual records such as photographs, videos and tape-recordings,
 - 3.6. Clinical research forms and clinical trial data,
 - 3.7. Other forms completed during the health interaction such as insurance forms, disability assessments and documentation of injury on duty, and

¹ Health Professions Council of South Africa, 2016.

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- 3.8. Death certificates and autopsy reports.
4. The Guidelines on the Keeping of Patient Records provide that when a healthcare practitioner in private practice passes away:
- 4.1. The deceased's estate, which includes the records, should be transferred to the executor of the deceased estate.
 - 4.2. Should the practice not be taken over by another healthcare practitioner the executor should inform all patients in writing accordingly.
 - 4.3. The executor must transfer the health records to a successor healthcare practitioner, if requested to do so by individual patients.
 - 4.4. The remaining patient files should be kept in safekeeping by the executor for a period of at least twelve months, with full authority to further deal with the files as he or she may deem appropriate, provided the provisions of the rules on professional confidentiality are observed.
5. The Guidelines on the Keeping of Patient Records provide that when a healthcare practitioner in private practice decides to close their practice for whatever reason (including retirement) he or she shall, within three months of closure, inform all his or her patients in writing that:
- 5.1. The practice is being closed as from a specific date.
 - 5.2. Requests may be made that records are transferred to other healthcare practitioners of their choice.
 - 5.3. After the date concerned, the records will be kept in safe-keeping for a period of at least twelve months by an identified healthcare practitioner or health institution ("the appointed custodian")² with full authority to deal with the files as he or she may deem appropriate, provided the provisions of the rules on professional confidentiality are observed.
6. It may be challenging to write to each and every individual patient. Nevertheless, the requirement that the notification should be in writing appears to be peremptory and it is important that every attempt should be made to notify patients about the closure of the practice. We would recommend that the executor of the deceased estate or retiring practitioner at least notify all active patients of the practice. Active patients would include patients who consulted with the practitioner in the past six years. In addition, the executor of the deceased estate or retiring practitioner could consider publishing a notice in the local newspaper or the practice website and/or changing the practice answering message to alert patients that the practice has closed.
7. With regard to the aforesaid Guidelines, we would recommend that the written notification to patients should, at minimum, include the following information:
- 7.1. Confirmation that the healthcare practitioner has either passed away or is expected to retire/close the practice on a specific date³ and that the practice will be closing permanently.
 - 7.2. Patients may request that their records be transferred to a successor healthcare practitioner of their choice.
 - 7.3. The executor or retiring practitioner should attach a template consent form to the written notification, in terms of which he or she is authorised to release patient records to a

² The appointed custodian could be the retiring healthcare practitioner or a colleague or healthcare institution prepared to safeguard the records for a period of twelve months.

³ Not less than three months from the date of the notice.

successor healthcare practitioner if the patient so chooses. An example of a template consent form is attached herewith, marked “**Annexure A**”.

- 7.4. Whilst the Guidelines only refer to the transfer of health records to a nominated successor healthcare practitioner, patients would also be entitled to request copies of their health records in terms of the Promotion of Access to Information Act (No. 2 of 2000). We would thus recommend that the written notification also outline how patients may obtain copies of their health records for themselves. This would require of patients to submit a form that corresponds substantially with Form 2 of Annexure A to the Regulations relating to the Promotion of Access to Information.⁴ A copy of Form 2 is attached herewith, marked “**Annexure B**”.
- 7.5. In the case of retirement, it is important to emphasize to patients the importance of preferably procuring a copy of their records before the date when the practice will be closing.
- 7.6. Patients should be provided with the contact information of the executor, retiring practitioner or appointed custodian overseeing medical records storage. For practitioners who are planning on retiring or discontinuing practice, it might be helpful to create a new e-mail address exclusively for purposes of dealing with requests from patients regarding the disclosure of their health records.
- 7.7. It should be noted that patients are not generally entitled to be provided with their original patient file, as the file is the property of the healthcare practitioner and forms part of the deceased estate. The only exception relates to records for which the patient was required to pay, for example radiological investigations. Patients are thus entitled to retain original X-ray films, MRI scans, CT scans and other diagnostic imaging results.
- 7.8. The written notice should outline any charges which the patient will be responsible for with respect to copying and transfer of the health records. These fees are prescribed in terms of the Regulations relating to the Promotion of Access to Information. Regulation 8 provides that the requestor (that is, the patient) must be informed of the fees payable as provided for in Annexure B to the Regulations, on a form that corresponds substantially with Form 3 of Annexure A to the Regulations. Copies of Annexure B and Form 3 of Annexure A are attached herewith, marked “**Annexure C**” and “**Annexure D**”, respectively.
- 7.9. The remaining files will be kept in safekeeping by the executor of the deceased estate or the appointed custodian for a period of twelve months, during which time the provisions of the rules on professional confidentiality will be observed.
- 7.10. Records not claimed within the specified time will be disposed of in accordance with the Guidelines of the Health Professions Council of South Africa relating to the duration for the retention of health records.
- 7.11. Over and above the requirements stipulated in the Guidelines, it would be prudent (albeit not compulsory) to provide patients with contact information for a practitioner who is prepared to take over the deceased practitioner’s short-term duties in respect of patients who were actively receiving treatment at the time of the practitioner’s demise, and who had not yet completed a course of treatment. If the executor is unable to make these arrangements, the letter should at least explain how patients can find a new doctor. For example, patients can contact their medical aid to get a list of providers or, if the deceased was a specialist, a patient’s primary care provider will be able to assist with a new referral.
- 7.12. Practitioners who are retiring should timeously arrange for the referral and handover of patients who have not yet completed a course of treatment in order to ensure continuity of care (for example, patients who require post-operative follow-up or continual follow-up).

⁴ GNR.757 of 27 August 2021.

Failure to attend to referral and handover arrangements in respect of such patients may constitute abandonment of the patient.

8. We attach a template written notification to patients upon retirement herewith, marked "**Annexure E**". We also attach a template written notification that can be sent to patients by the executor of the deceased estate, marked "**Annexure F**".
9. Whilst the Guidelines provide that the executor of the deceased estate or the appointed custodian will enjoy "full authority to further deal with the files as he or she may deem appropriate" after the date concerned, we are of the view that one would not be permitted to destroy the health records prior to the usual retention periods prescribed in the Guidelines. In this regard, the Guidelines provide that:
 - 9.1. Health records should be stored for a period of not less than six years as from the date they became dormant (from the date of the last entry in the record).
 - 9.2. In the case of minors, patients who are mentally incompetent or occupational health patients, healthcare practitioners should keep the records for a longer period:
 - 9.2.1. For minors under the age of eighteen years health records should be kept until the minor's twenty first birthday as minors have up to three years after they reach the age of eighteen years to bring a claim. This would apply equally for obstetric records.
 - 9.2.2. For mentally incompetent patients the records should be kept for the duration of the patient's lifetime.
 - 9.2.3. In terms of the Occupational Health and Safety Act (Act No. 85 of 1993) health records for patients who were involved in occupational health and safety incidents must be kept for a period of twenty years after treatment.
 - 9.3. In addition to the time periods mentioned above there are a number of other factors which may require health records to be kept for longer periods, but no clear-cut rules exist in this regard. For instance, certain health conditions take a long period to manifest themselves, (e.g. asbestosis), and records of patients who may have been exposed to such conditions should be kept for a sufficient period of time. The Health Professions Council recommends that this should not be less than twenty-five years.
10. It should be noted that the provisions of the Protection of Personal Information Act (No. 4 of 2013) relating to the retention periods for personal information, in particular section 14(1) of the Act, do not replace the aforesaid Ethical Guidelines. Section 14(1)(a) of the Act provides that records of personal information must not be retained any longer than is necessary for achieving the purpose for which the information was collected or subsequently processed, unless the retention of the record is required or authorised by law. In the case of health records, the "law" in question is Booklet 9 of the Ethical Guidelines, which outlines the retention periods for health records mandated by the Health Professions Council of South Africa.
11. Following the initial retention period of twelve months, we would accordingly recommend that the executor or the appointed custodian arrange for the safekeeping of the records in accordance with the retention periods prescribed in the Guidelines and as outlined above. The manner of retention could, for example, include storage of the records with a company that specializes in medical record retention. Health records should be stored in a manner that ensures that the records remain preserved and safe, as well as accessible throughout the retention period. The executor or the appointed custodian may arrange for the destruction of health records in respect of which the required retention period has expired.

12. It is important to keep in mind that both the storage as well as the destruction of health records constitute the “processing”⁵ of “special personal information”⁶ in terms of the Protection of Personal Information Act. As such:
- 12.1. The executor, retired healthcare practitioner or the appointed custodian holding the records will become the “responsible party”⁷ in respect of the health records.
 - 12.2. The responsible party has a statutory duty in terms of section 8 of the Act to ensure that the conditions for lawful processing contained in Chapter 3 of the Act⁸, and all the measures that give effect to such conditions, are complied with.
 - 12.3. Confidentiality obligations must be adhered to when disposing of health records and they must be disposed of securely. Depending on the format of the record, this could entail physical destruction by shredding or incinerating, or in the case of electronic data, by permanently deleting the records from the hard drive and storage device. Insofar as the destruction of health records is concerned, the Act provides that:
 - 12.3.1. Records of personal information (such as health records) must be destroyed or deidentified as soon as practicably after the responsible person is no longer authorised to retain the records (that is, upon prescription of the prescribed retention period).⁹
 - 12.3.2. The destruction must be done in a manner that prevents the reconstruction of the records in an intelligible form.¹⁰
 - 12.4. In order to protect patient confidentiality, it is advisable to make use of the services of a reputable company to store and eventually dispose of the health records.
 - 12.5. The service provider responsible for the storage or disposal of the records will qualify as an “operator” in terms of section 20 of the Act.¹¹
 - 12.6. An operator may only process (in this case, store or dispose of) the health records with the knowledge or authorisation of the responsible party, and must also treat the personal information as confidential and must not disclose it.
 - 12.7. When making use of third-party service providers (for example, for the storage or destruction of health records), the responsible party must ensure that there is written contract in place governing the agreement. Section 21 of the Act provides that the responsible party must, in terms of a written contract between the responsible party and the operator, ensure that the operator establishes and maintains adequate security measures. The operator must furthermore notify the responsible party immediately where there are

⁵ “**Processing**” means any operation or activity or any set of operations, whether or not by automatic means, concerning personal information, including: (a) the collection, receipt, recording, organisation, collation, storage, updating or modification, retrieval, alteration, consultation or use; (b) dissemination by means of transmission, distribution or making available in any other form; or (c) merging, linking, as well as restriction, degradation, erasure or destruction of information.

⁶ “**Special personal information**” means personal information as referred to in section 26 of the Act, and includes personal information concerning a person’s health.

⁷ “**Responsible party**” means a public or private body or any other person which, alone or in conjunction with others, determines the purpose of and means for processing personal information.

⁸ The conditions of lawful processing include: (a) “Accountability”, as referred to in section 8; (b) “Processing limitation”, as referred to in sections 9 to 12; (c) “Purpose specification”, as referred to in sections 13 and 14; (d) “Further processing limitation”, as referred to in section 15; (e) “Information quality”, as referred to in section 16; (f) “Openness”, as referred to in sections 17 and 18; (g) “Security safeguards”, as referred to in sections 19 to 22; and (h) “Data subject participation”, as referred to in sections 23 to 25.

⁹ Section 14(4) of the Protection of Personal Information Act (No 4. of 2013).

¹⁰ Section 14(5) of the Protection of Personal Information Act (No 4. of 2013).

¹¹ “**Operator**” means a person who processes personal information for a responsible party in terms of a contract or mandate, without coming under the direct authority of that party.

reasonable grounds to believe that personal information has been accessed or acquired by any unauthorised person.

- 12.8. Personal information must always be processed in a reasonable manner. It would thus be advisable to keep a register of all health records that have been destroyed or otherwise disposed of, collected or transferred. The register could include the unique patient record/file number (if any), the patient's name and surname, the period that the record was active (the start and end dates of the record's contents), the date of collection, destruction or transfer and the name and signature of the person responsible for the same.
13. Healthcare practitioners should ideally develop a data management strategy, which includes proactive plans for health record retention and disposal upon retirement or unexpected death. Healthcare practitioners must plan for the regulatory and statutory compliant storage and eventual disposal of both paper and electronic health records.
14. We trust the above has been of some assistance to you. Please do not hesitate to contact us should you wish to discuss the matter.

Yours sincerely



HANNEKE VERWEY
MACROBERT INC

hverwey@macrobert.co.za

Direct telephone number : (012) 425 3400

Authorization to Release Information

I, the undersigned,

Name: _____

Surname: _____

Identity Number: _____

do hereby authorize and empower _____ (executor of the deceased estate or the retired healthcare practitioner) to release a copy of my medical records held by the practice of Dr _____ (enter the practitioner's details) (including all records of or other information regarding my treatment for all dates) to Dr _____ (healthcare practitioner nominated by patient).

Dated at _____ on this the _____ day of _____ 20_____

Patient Signature

**FORM 2
REQUEST FOR ACCESS TO RECORD**

[Regulation 7.]

Note:

- 1. *Proof of identity must be attached by the requester.*
- 2. *If requests made on behalf of another person, proof of such authorisation, must be attached to this form.*

TO: The information officer

(Address)

E-mail address:

Fax number:

Mark with an "X"

? Request is made in my own name ? Request is made on behalf of another person.

PERSONAL INFORMATION

Full names:

Identity number:

Capacity in which request is made *(when made on behalf of another person):*

Postal Address:

Street Address:

E-mail Address:

Contact numbers:	Tel. (B):	Facsimile:
	Cellular:	

Full names of person on whose behalf request is made *(if applicable):*

Identity number:

Postal Address:

Street Address:

E-mail Address:

Contact numbers:	Tel. (B):	Facsimile:
	Cellular:	

PARTICULARS OF RECORD REQUESTED

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. (If the provided space is inadequate, please continue on a separate page and attach it to this form. All additional pages must be signed.)

Description of record or relevant part of the record:

Reference number, if available:

Any further particulars of record:

TYPE OF RECORD

(Mark the applicable box with an "X")

Record is in written or printed form

Record comprises virtual images *(this includes photographs, slides, video recordings, computer-generated images, sketches, etc)*

Record consists of recorded words or information which can be reproduced in sound

Record is held on a computer or in an electronic, or machine-readable form

FORM OF ACCESS

(Mark the applicable box with an "X")

Printed copy of record *(including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form)*

Written or printed transcription of virtual images *(this includes photographs, slides, video recordings, computer-generated images, sketches, etc)*

Transcription of soundtrack *(written or printed document)*

Copy of record on flash drive *(including virtual images and soundtracks)*

Copy of record on compact disc drive *(including virtual images and soundtracks)*

Copy of record saved on cloud storage server

MANNER OF ACCESS

(Mark the applicable box with an "X")

Personal inspection of record at registered address of public/private body *(including listening to recorded words, information which can be reproduced in sound, or information held on computer or in an electronic or machine-readable form)*

Postal services to postal address

Postal services to street address

Courier service to street address

Facsimile of information in written or printed format *(including transcriptions)*

E-mail of information *(including soundtracks if possible)*

Cloud share/file transfer

Preferred language:

(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)

PARTICULARS OF RIGHT TO BE EXERCISED OR PROTECTED

If the provided space is inadequate, please continue on a separate page and attach it to this Form. The requester must sign all the additional pages.

Indicate which right is to be exercised or protected:

Explain why the record requested is required for the exercise or protection of the aforementioned right:

FEES

- a) *A request fee must be paid before the request will be considered.*
- b) *You will be notified of the amount of the access fee to be paid.*
- 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:

You will be notified in writing whether your request has been approved or denied and if approved the costs relating to your request, if any. Please indicate your preferred manner of correspondence:

Postal address Facsimile Electronic communication (*Please specify*)

Signed at this day of 20

.....

Signature of requester / person on whose behalf request is made

.....

FOR OFFICIAL USE

Reference number:

Request received by:
(state rank, name and surname of information officer)

Date received:

Access fees:

Deposit (if any):

.....

Signature of information officer

**ANNEXURE B
FEES**

Fees in Respect of Public Bodies

Item	Description	Amount
1.	The request fee payable by every requester	R100.00
2.	Photocopy of A4-size page	R1.50 per page or part thereof.
3.	Printed copy of A4-size page	R1.50 per page or part thereof.
4.	For a copy in a computer-readable form on:	
	(i) Flash drive (to be provided by requester)	R40.00
	(ii) Compact disc	
	. If provided by requester	R40.00
	. If provided to the requester	R60.00
5.	For a transcription of visual images per A4-size page	Service to be outsourced. Will depend on quotation from Service provider.
6.	Copy of visual images	
7.	Transcription of an audio record, per A4-size page	R24.00
8.	Copy of an audio record on:	
	(i) Flash drive (to be provided by requester)	R40.00
	(ii) Compact disc	
	. If provided by requester	R40.00
	. If provided to the requester	R60.00
9.	To search for and prepare the record for disclosure for each hour or part of an hour, excluding the first hour, reasonably required for such search and preparation.	R100.00
	To not exceed a total cost of	R300.00
10.	Deposit: If search exceeds 6 hours	One third of amount per request calculated in terms of items 2 to 8.
11.	Postage, e-mail or any other electronic transfer	Actual expense, if any.

Fees in Respect of Private Bodies

Item	Description	Amount
1.	The request fee payable by every requester	R140.00
2.	Photocopy/printed black & white copy of A4-size page	R2.00 per page or part thereof.
3.	Printed copy of A4-size page	R2.00 per page or part thereof.
4.	For a copy in a computer-readable form on:	
	(iii) Flash drive (to be provided by requester)	R40.00
	(iv) Compact disc	
	. If provided by requester	R40.00
	. If provided to the requester	R60.00
5.	For a transcription of visual images per A4-size page	Service to be outsourced. Will depend on quotation from Service provider.
6.	Copy of visual images	
7.	Transcription of an audio record, per A4-size page	R24.00
8.	Copy of an audio record on:	
	(v) Flash drive (to be provided by requester)	R40.00
	(vi) Compact disc	

	.	If provided by requestor	R40.00
	.	If provided to the requestor	R60.00
9.		To search for and prepare the record for disclosure for each hour or part of an hour, excluding the first hour, reasonably required for such search and preparation.	R145.00
		To not exceed a total cost of	R435.00
10.		Deposit: If search exceeds 6 hours	One third of amount per request calculated in terms of items 2 to 8.
11.		Postage, e-mail or any other electronic transfer	Actual expense, if any."

FORM 3
OUTCOME OF REQUEST AND OF FEES PAYABLE

[[Regulation 8.](#)]

Note:

1. If your request is granted the-
 - (a) amount of the deposit, (if any), is payable before your request is processed; and
 - (b) requested record/portion of the record will only be released once proof of full payment is received.
2. Please use the reference number hereunder in all future correspondence.

Reference number:

TO:

Your request dated, refers.

1. You requested:

Personal inspection of information at registered address of public/private body (including listening to recorded words, information which can be reproduced in sound, or information held on computer or in an electronic or machine-readable form) is free of charge. You are required to make an appointment for the inspection of the information and to bring this Form with you. If you then require any form of reproduction of the information, you will be liable for the fees prescribed in [Annexure B](#).

OR

2. You requested:

Printed copies of the information (including copies of any virtual images, transcriptions and information held on computer or in an electronic or machine-readable form)

Written or printed transcription of virtual images (this includes photographs, slides, video recordings, computer-generated images, sketches, etc)

Transcription of soundtrack (written or printed document)

Copy of information on flash drive (including virtual images and soundtracks)

Copy of information on compact disc drive (including virtual images and soundtracks)

Copy of record saved on cloud storage server

3. To be submitted:

Postal services to postal address

Postal services to street address Courier service to street address

Facsimile of information in written or printed format (including transcriptions)

E-mail of information (including soundtracks if possible)

Cloud share/file transfer

Preferred language:

(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)

Kindly note that your request has been:

Approved

Denied, for the following reasons:

4. Fees payable with regards to your request:

Item	Cost per A4-size page or part thereof/item	Number of pages/items	Total
Photocopy			
Printed copy			
For a copy in a computer-readable form on:			
(i) Flash drive			
. To be provided by requestor	R40.00		
(ii) Compact disc			
. If provided by requestor	R40.00		
. If provided to the requestor	R60.00		
For a transcription of visual images per A4-size page	Service to be outsourced. Will depend on the quotation of the service provider		
Copy of visual images			
Transcription of an audio record, per A4-size	R24.00		
Copy of an audio record			
(i) Flash drive			
. To be provided by requestor	R40.00		
(ii) Compact disc			
. If provided by requestor	R40.00		
. If provided to the requestor	R60.00		
Postage, e-mail or any other electronic transfer:	Actual costs		

TOTAL:

5. Deposit payable (if search exceeds six hours):

Yes No

Hours of search Amount of deposit
(calculated on one third of total amount per request)

The amount must be paid into the following Bank account: Name of Bank:

Name of account holder:

Type of account:

Account number:

Branch Code:

Reference Nr:

Submit proof of payment to:

Signed at this day of 20

.....
Information officer

Letter for healthcare practitioner retiring or discontinuing practice

Date
Patient Name
Address

Dear Patient:

Please be advised that I am retiring / discontinuing the practice of medicine on _____ (date). I will not be able to provide you with medical care after this date.

Should you wish to obtain copies of your medical records, you have the following options:

1. You may attend at the practice and collect a copy of your records between now and _____ (date of closure). In order to allow us an adequate opportunity to retrieve and prepare a copy of your records, please first contact the practice in order to arrange a time for the collection of copies of your records.
2. Electronic copies of the records can be scanned and e-mailed to you upon request.
3. Alternatively, the practice can transfer a copy of the records directly to a doctor of your choice via electronic mail or courier. As your records are confidential, I will require your written authorization to make the records available to another doctor. For this reason, I am enclosing an authorization form. Please complete the form and e-mail it to the practice when requesting the transfer of your records.
4. In order to streamline the process, I ask that all requests relating to the disclosure or transfer of health records please be addressed to the practice via electronic mail at the following address: _____ (address).
5. When requesting your records, please complete and submit the enclosed request form (Form 2 of Annexure A to the Regulations of the Promotion of Access to Information).

Please take note that a prescribed minimum fee of _____ (enter prescribed fee) per page or part thereof will be charged in respect of any photocopying charges. These fees are prescribed in terms of the Regulations published under the Promotion of Access to Information Act. Upon requesting your records, we will inform you of the fees payable. If you require the records to be delivered via courier, you will be personally responsible for such arrangements and the costs associated therewith.

I encourage you to please obtain a copy of your records or to arrange for the transfer of your records before the date when the practice will be closing. After the practice has closed, the records will be kept in safe-keeping for a period of twelve months by _____ (the appointed custodian) with full authority to deal with the files as appropriate. The provisions of the rules on professional confidentiality will be strictly observed by _____ (the appointed custodian) at all times. After my retirement, you may thus contact _____ (name and contact information of the appointed custodian) to obtain copies of your records.

Records not claimed within the specified time will be securely disposed of in accordance with the Health Professions Council of South Africa's Guidelines on the duration for the retention of health records and in full compliance with the confidentiality and security requirements outlined in the Protection of Personal Information Act.

I recommend that you find another specialist to take over your care. If you are not familiar with another obstetrician and gynecologist, you may contact your primary healthcare provider for a referral, consult a medical directory or locate a provider with the help of your medical aid.

I enjoyed my years of service to my patients and my community as a practicing obstetrician and gynaecologist. Thank you for entrusting me with your medical care.

Sincerely,

Practitioner's Signature

Letter for executor of the deceased estate

Date
Patient Name
Address

Dear Patient:

I regret to inform you that _____ (name of healthcare practitioner) has sadly passed away.

The practice will not be taken over by another healthcare practitioner. I thus recommend that you find another specialist to take over your care. If you are not familiar with another obstetrician and gynaecologist, you may contact your primary healthcare provider for a referral, consult a medical directory or locate a provider with the help of your medical aid.

The health records form part of the deceased estate and have accordingly been transferred to me in my capacity as executor of the deceased estate, as provided for in the Ethical Guidelines of the Health Professions Council of South Africa.

Should you wish to obtain copies of your health records, you have the following options:

1. Copies of the records can be made available to you via electronic mail or courier.
2. A copy of the records can be transferred directly to a doctor of your choice via electronic mail or courier. As your records are confidential, I will require your written authorization to make the records available to another doctor. For this reason, I am enclosing an authorization form. Please complete the form and e-mail it to me when requesting the transfer of your records.
3. When requesting your records, please complete and submit the enclosed request form (Form 2 of Annexure A to the Regulations of the Promotion of Access to Information).

Please take note that a prescribed minimum fee of _____ (enter prescribed fee) per page or part thereof will be charged in respect of any photocopying charges. These fees are prescribed in terms of the Regulations to the Promotion of Access to Information Act. Upon requesting your records, I will inform you of the fees payable. If you require the records to be delivered via courier, you will be personally responsible for such arrangements and the costs associated therewith.

The records will be kept in safe-keeping for a period of twelve months, during which time I will have full authority to deal with the files as appropriate. The provisions of the rules on professional confidentiality will be strictly observed at all times.

Records not claimed within the specified time will be securely disposed of in accordance with the Health Professions Council of South Africa's Guidelines on the duration for the retention of health records and in full compliance with the confidentiality and security requirements outlined in the Protection of Personal Information Act.

If you have questions, please contact me at _____ (contact information).

Sincerely,

Executor's Signature