

Practice Privacy Statement

As a clinical psychologist, I, Alexa Scher am committed to safeguarding the confidentiality of my clients' information and to preserving their constitutional right to privacy. This document sets out how your personal information 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 personal information includes your name, identity number, birth details, mental health status (diagnosis), age, gender, 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 clients.

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: 09.02.2023

Collection of Personal Information

I collect your personal information 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 clients' psychological treatment and in the interests of their health and well-being.
- the provision of psychology services to clients and, if necessary, professional advice to their parent, legal guardian, or recognised caregiver where this is in the client'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 personal information at any time: provided that the lawfulness of the processing of your personal information 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 clients directly. If I need to collect a client's personal information from a third party, I will inform the client first and obtain such consent as is legally required wherever possible.

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

Purpose Specification

Information Collected	Purpose
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 personal information (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 dependent. To inform my work with and treatment of you/your dependent.
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 or Residential address	To send you invoices, statements, forms or information that can assist you with treatment for yourself or your dependent. 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 personal information 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 Dependent

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

- Consent form(s) – including online therapy consent; consent to the specific service engaged in; minor assent; and consent to disclosure.
- Intake form – this is completed online, via Docusign, before the first session, emailed to me, and included in your electronic file.
- Progress notes – according to the HPSCA 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 and 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 in these notes.
- Session notes – I may keep session notes that track my psychological understanding of you/your dependent.
- Additional documents – such as referral letters, applications, PMB approvals, statements, reports, or any other information/document relevant to your treatment.

Security, Storage, Retention, and Destruction of Personal Information

All records and the personal information contained within them, are kept to a minimum. Physical records are kept in a cupboard in my home office that is locked when not in use. Electronic records containing identifiable client information are password protected and kept on a password protected computer.

I use a credible, password protected practice management software program, SME Metrics, to store clients':

- Personal information – name, age, date of birth, gender, ID number, contact numbers, email addresses, physical address, medical aid details, emergency contact details and details of person responsible for the account.
- Treatment record – session dates and length of the session. It documents if a session has been cancelled or missed.
- Billing record – lists the session date and 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 retained electronically with the billing record.

A client initial system is used to label documents, files, make notes and list contacts in my business mobile phone and on my phone calendar. However, a client's full name is used to schedule appointments in my electronic SME Metrics calendar, which is password protected and only accessed by me. 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 is kept in a locked cupboard at my home office.

My computer system is updated regularly, its information is encrypted, and the firewall is configured securely. My phone and iPad are 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.

I regularly check that client 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 personal information, you will be informed of what has happened, what personal information 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).

Client records are not kept longer than necessary. Following HPCSA guidelines, client records are kept for a minimum period of six years from the date the file becomes inactive, unless the client is a minor (records are kept until the minor's twenty-first birthday) or has an intellectual disability (records are kept for the client'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.

Your Rights Regarding Your Personal Information

You have the right to request that I confirm whether I hold personal information about you, request the record or a description of the personal information 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 personal information or record of personal information 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 personal information 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 personal information.

Sharing Your Personal Information

I will not disclose information about you/your dependent 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 Act, I am the Information Officer of my private practice. This means I am responsible for how and the purposes for which your personal information is processed. For any questions or more information, please contact me on: psychologist@alexascher.co.za or 083 353 3456.

Contact Details of Information Regulator

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

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

Postal address: PO Box 31533, Braamfontein Johannesburg, 2017

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