



# BUSINESS INTEGRATED TECHNOLOGY<sub>(CC/BK)</sub>

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JULY 2021

**TO: BIT CLIENTS**

**RE: POPIA REGULATION**

Valued client

Hereby basic information regarding POPIA regulation.

**POPIA COMPLIANCE DATE: 1 JULY 2021**

Accept **POPIA** as the new 'normal'

**POPIA** compliancy is compulsory and can not be bypassed.

**POPIA** ('Protection of private information act') is concerning the right of a person/patient to have his/her personal information captured, processed, shared and stored in a secure and confidential manner.

We have have consulted with POPIA specialist to assist with the documentation and forms that practices will require to be compliant.

We can supply practices with assistance and the required forms (10+) and documentation required on request.

Please see the page below to order the BIT POPIA compliance documents, guidelines and assistance.

**PI=personal information**

PI includes, names, physical addresses, e-mail addresses, billing, medical and clinical information, laboratory results, X-Rays and any information that has reference to a patient, captured handwritten or in digital format.

All PI kept/stored must be protected against loss, theft, unauthorised deletion and anauthorised access.

Measures must regularly be revised and updated.

## **REFUSAL TO COMPLY TO POPIA**

- May lead to a complaint at the regulator
- May lead to a civil claim
- May lead to criminal prosecution

**INFORMATION OFFICER PER PRACTICE:** Must be formally appointed.

**POPIA COMPLIANCE PLAN:** Must be in place.

**CONSENT FOR PROCESSING AND SHARING OF PI:** Documentation must be in place.

**COMPUTERS:** Measures must be in place.

**DOCUMENTATION:** 10 + documents must be available.

**VIOLATION** - Processes must be in place for when a violation occurs.

**DELETION OF PI** – Specific procedures must be followed.

Regards!

**BIT Management**

(see application document below)



**POPIA FORMS, GUIDELINES AND ASSISTANCE ORDER FORM**

**COST: R 2550.00 incl. VAT**

PRACTICE NAME: \_\_\_\_\_

PRACTICE NUMBER: \_\_\_\_\_

I would like to receive the POPIA forms for the practice (10+) with guidelines and assistance.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please return to [info@bitnet.co.za](mailto:info@bitnet.co.za) or fax: **0866037538**