HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

GUIDELINES FOR GOOD PRACTICE IN THE HEALTHCARE PROFESSIONS

CONFIDENTIALITY: PROTECTING AND PROVIDING INFORMATION

BOOKLET 5

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THE SPIRIT OF PROFESSIONAL GUIDELINES

Good clinical practice is based on a trust relationship between patients and healthcare professionals. Being a good healthcare practitioner requires a life-long commitment to sound professional and ethical practice and an overriding dedication to the interests and wellbeing of one's fellow human beings and society. This makes the practice in the healthcare profession a moral enterprise. It is in this spirit that the HPCSA presents the following ethical guidelines to guide and direct the practice of healthcare practitioners. These guidelines are an integral part of the standards of professional conduct against which professional conduct is evaluated.

[Note: The terms "healthcare practitioner" and "healthcare professional" in these guidelines refer to persons registered with the HPCSA].

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1. PRE-AMBLE

1.1 Being registered under the Health Professions Act No. 56 of 1974, gives healthcare practitioners certain authority and privileges. In return, they have the duty to meet the standards of competence, care and conduct set by the Health Professions Council of South Africa and its Professional Boards.

1.2 Healthcare practitioners hold information about patients that is private and sensitive. The National Health Act (No. 61 of 2003) provides that this information must not be given to others unless the patient consents or the healthcare practitioner can justify the disclosure. Practitioners are responsible for ensuring that clerks, receptionists and other staff respect confidentiality in their performance of their duties. Guidelines on when disclosures may be justified are provided in this booklet.

1.3 When a healthcare provider is satisfied that information should be released, he or she should act promptly to disclose all relevant information. This is often essential to protect the best interests of the patient, or to safeguard the well-being of others.

1.4 These guidelines on confidentiality are the result of extensive discussion and debate with professional and patient groups and the provisions of the National Health Act. They place responsibilities on healthcare practitioners regarding the obtaining of consent for and keeping patients informed about the disclosure of information concerning them. The guidelines set out a framework for respecting patients' rights, while ensuring that information needed to maintain and improve healthcare for individual patients and society is disclosed to those who need it for such purposes.

1.5 The additional duties on healthcare practitioners to obtain consent and to anonymise data are consistent with the provisions of the National Health Act. These guidelines ensure privacy-friendly relationships between patients and practitioners and should assist healthcare practitioners to comply with their ethical and legal obligations.

1.6 These guidelines are based upon international ethical codes, the South African Constitution (Act No. 108 of 1996) and the National Health Act (Act No. 61 of 2003).

2. DEFINITIONS

This section defines the terms used in this document.

2.1 "Anonymised data" means data from which the patient cannot be identified by the recipient of the information. The name, address, and full postal code must be removed, together with any other information which, in conjunction with other data held by or disclosed to the recipient, could identify the patient. Patient reference numbers or other unique numbers may be included only if recipients of the data do not have access to the 'key' to trace the identity of the patient using that number.

2.2 "Consent" in terms of the National Health Act means consent for the provision of a specified health service given by a person with legal and mental capacity. A person older than 12 years may consent to medical and surgical treatment subject to being sufficiently mature to provide the consent, (Children's Act No. 38 of 2005) and a female of any age may consent to a termination of pregnancy (Choice on Termination of Pregnancy Act No. 92 of 1996). For more information on Consent, consult Booklet 4 on *Seeking patients' informed consent: Ethical considerations*.

2.3 "Express consent" means consent which is expressed orally or in writing (except where patients cannot write or speak, when other forms of communication may be sufficient).

2.4 "Healthcare personnel" in terms of the National Health Act includes both healthcare providers and health workers (i.e. the healthcare team that provides clinical services for users or patients, and the administrative staff who support these services). The Act includes healthcare practitioners under the term "healthcare providers". For the purposes of these guidelines the term "healthcare practitioners" refers to practitioners registered with the HPCSA.

2.5 "Patients" are referred to as "users" in the National Health Act. A "user" is a person receiving treatment in a health establishment, including receiving blood or blood products, or using a health service. "User" includes persons who are authorised to give consent in terms of the National Health Act where the patient is incompetent to give consent (see Booklet 4 on *Seeking patients' informed consent: Ethical considerations)*.

2.6 "Personal information" means **i**nformation about people that healthcare practitioners extracts in a professional capacity and from which individuals can be identified.

2.7 "Public interest" means the interests of the community as a whole or individuals or a group within the community.

3. PATIENTS' RIGHT TO CONFIDENTIALITY

3.1 The National Health Act No. 61 of 2003 states that all patients have a right to confidentiality, and this is consistent with the right to privacy in the South African Constitution (Act No. 108 of 1996).

3.2.1.1 Rule 13 of the Ethical and Professional Rules of the HPCSA states that a practitioner may divulge information regarding a patient only if this is done:

3.2.1 In terms of a statutory provision;

3.2.2 At the instruction of a court;

3.2.3 In the public interest;

3.2.4 With the express consent of the patient;

3.2.5 With the written consent of a parent or guardian of a minor under the age of 12 Years;

3.2.6 In the case of a deceased patient, with the written consent of the next of kin or the executor of the deceased's estate.

3.3 Disclosures in the public interest would include but not be limited to situations where the patient or other persons would be prone to harm as a result of risk related contact.

4. MAINTAINING AND RETAINING CONFIDENTIALITY

4.1 Patients have a right to expect that information about them will be held in confidence by healthcare practitioner. Confidentiality is central to trust between healthcare practitioner and patient. Without assurances about confidentiality, patient may be reluctant to give health care practitioner the information they need in order to provide good care.

4.2 Where healthcare practitioner is asked to provide information about patient, they should:

4.2.1 Seek the consent of patient to disclosure of information wherever possible, whether or not the patient can be identified from the disclosure; Comprehensive information must be made available to patient with regard to the potential for a breach of confidentiality with ICD10 coding.

4.2.2 Anonymise data where unidentifiable data will serve the purpose.

4.2.3 Keep disclosures to the minimum necessary.

4.3 Healthcare practitioner must always be prepared to justify their decisions in accordance with these guidelines.

5. PROTECTING INFORMATION

5.1 The National Health Act requires that healthcare provider (which includes healthcare practitioner) and healthcare establishment held responsible for personal information about their patients and must make sure that such information is effectively protected against

improper disclosure at all times. For example, this means that employees such as clerks and receptionists must also be trained to respect the confidentiality when dealing with personal information.

5.2 It is plausible and possible that improper disclosures are unintentional. Healthcare practitioner should not discuss information about patient where they can be overheard or leave patients' records where they are vulnerable to disclosure, either on paper or electronically, where they can be seen by other patients, unauthorised health care personnel or the public. Healthcare practitioner should endeavour to ensure that their consultations with patient are private.

6. THE RIGHT OF PATIENTS TO INFORMATION

6.1 Patients have a right to information about the healthcare services available to them, presented in a way that is easy to follow and use.

6.2 The National Health Act provides that healthcare provider (this includes healthcare practitioner) must inform patient of the following:

6.3 The patient’s health status except in circumstances where there is substantial evidence that the disclosure of the patient’s health status would be contrary to the best interests of the patient;

6.4 The range of diagnostic procedures and treatment options generally available to the patient;

6.5 The benefits, risks costs and consequences generally associated with each option; and

6.6 The patient’s right to refuse health services and explain the implications, risks and obligations of such refusal.

6.7 Patients also have a right to information about any condition or disease from which they are suffering. Such information should be presented in a manner easy to follow and use, and should include information about the diagnosis, prognosis, treatment options, outcomes of treatment, common and serious side-effects of treatment, the likely time-frames of treatment, and the expected costs, where relevant.

6.8 Healthcare practitioner should always give patient basic information about the treatment they propose to provide but should respect the wishes of any patient who asks not to be given detailed information. The latter requests place a considerable onus upon healthcare providers because, without such information, patient cannot make proper choices as partners in the healthcare process.

7. DISCLOSURE OF INFORMATION TO OTHERS PROVIDING CARE

7.1 Healthcare practitioner cannot treat patient safely, nor provide continuity of care, without having relevant information about the patient's condition and medical history.

7.2 Healthcare practitioner should make sure that patient is aware that personal information about them will be shared within the healthcare team - and patient must be told the reasons for this. It is particularly important to check that patient understand what will be disclosed if it is necessary to share personal information with anyone employed by another organisation or agency providing health or social care.

7.3 In some circumstances where patient have consented to treatment, express consent (orally recorded or in writing) is not usually needed before relevant personal information is shared to enable the treatment to be provided. For example, express consent is not needed before a general practitioner discloses relevant personal information to a medical secretary so that she can type a referral letter. In such circumstances, when the practitioner informs the patient that he or she is referring the patient to somebody else, the patient is assumed to have given implied consent to such disclosure being made to the secretary.

7.4 The healthcare practitioner must make sure that any recipient to whom personal information about patient is disclosed, understands that it is given to them in confidence, which they must respect. Anyone receiving personal information in order to provide care is bound by the legal duty of confidentiality - whether or not they have contractual or professional obligations to protect confidentiality.

7.5 Circumstances may arise where a patient cannot be informed about the sharing of information, for example because of a medical emergency. In these cases, the healthcare practitioner should disclose the relevant information promptly and succinctly to those providing the patient's care and explain the situation to the patient or an available third-party nominee after the emergency has passed.

8. DISCLOSURE OF INFORMATION OTHER THAN FOR TREATMENT OF INDIVIDUAL PATIENTS

8.1 PRINCIPLES

8.1.1 Information about patient is requested for a wide variety of purposes including education, research, monitoring and epidemiology, public health surveillance, clinical audit, administration and planning, insurance and employment. Healthcare practitioners have a duty to protect the privacy of patient and respect their autonomy. When asked to provide information healthcare practitioner should adhere to the principles in para 4.2 above.

8.1.2 The paragraphs below deal with obtaining consent for disclosure of information and what to do where consent is unobtainable, or where it is impracticable to seek consent for disclosure of information.

8.2 OBTAINING CONSENT FOR DISCLOSURE

8.2.1 Seeking consent of patient for disclosure is obligatory and is part of good communication between healthcare practitioner and patient and is an essential part of respect for the autonomy and privacy of patient. The following principles should be applied:

8.2.2 Obtaining consent where the disclosures will have personal consequences for patient:

8.2.2.1 Healthcare practitioner must obtain express consent especially where patient may be personally affected by the disclosure, for example when disclosing personal information to a patient's employer or to a medical scheme e.g. applicable ICD-10 codes.

8.2.2.2 When seeking express consent, healthcare practitioner must make sure that patient is given enough information on which to base their decision, the reasons for the disclosure and the likely consequences of the disclosure.

8.2.2.3 Healthcare practitioner should also explain how much information will be disclosed and to whom it will be given, and why.

8.2.2.4 If the patient withholds consent the healthcare practitioner should first attempt to persuade the patient to consent.

8.2.2.5 If the patient continues to refuse consent, or consent cannot be obtained, the consequences of disclosure and non-disclosure should be explained to the patient. Disclosures may be made without consent only where it can be justified to be in the public interest.

8.2.3 Obtaining consent where the disclosure is made for research, educational, training, efficient administration of health services or clinical audit purposes:

8.2.3.1 If identifiable data is to be used this can only be done with informed consent of the patient

8.2.3.2 Use of identifiable patient data is permitted for purposes of the efficient administration of health services and for clinical audits, with the proviso that only information relevant to the purpose of disclosure is revealed, and disclosure is only made to personnel with a direct need for that information.

8.2.3.3 Where de-identified information can serve any of the above purposes, it is incumbent on the healthcare provider to de-identify data as soon as possible before making use of the data.

8.2.3.4 Where healthcare practitioner have control of personal information about patients, they must not allow anyone access to that information for study, research or medical audit unless the person obtaining access has been properly trained and authorised by a health establishment, a healthcare provider or comparable body and is subject to a duty of confidentiality in their employment or because of their registration with a statutory regulatory body.

8.2.4 Disclosures in the public interest:

8.2.4.1 In cases where healthcare practitioner has considered all the available means of obtaining consent, but is satisfied that it is not practicable to do so, or that patient is not competent to give consent, or in cases where patient withhold consent**,** personal information may be disclosed in the public interest where the benefits to an individual or to society of the disclosure outweigh the patient's interest in keeping the information confidential, (e.g. third parties at grave personal risk, such as the spouse or partner of a patient who is HIV positive, who after counselling refuses to disclosure his or her status to such spouse or partner; or reporting a notifiable disease).

8.2.4.2 In all such cases the healthcare practitioner must weigh the possible harm (both to the patient, and the overall trust between practitioner and patient) against the benefits that are likely to arise from the release of information. In situations where this is unclear to the practitioner or the practitioner is uncertain about their decision, the practitioner should seek assistance from the HPCSA.

8.2.4.3 Examples of circumstances to protect the patient or other persons from death or serious harm, include, but are not limited to:

a. Access to prophylactic treatment for a person who has had contact with an infectious disease, or
b. An employee with a health condition which may render him or her unable to work safely posing a danger to co-workers or clients,
c. A driver of a vehicle who requires medication to control an illness that might

impair his or her driving ability.

9. PUTTING THE PRINCIPLES INTO PRACTICE

The remainder of this booklet deals with circumstances in which healthcare practitioner is most frequently asked to disclose information and provides advice on how the principles should be applied.

9.1 DISCLOSURES WHICH BENEFIT PATIENTS INDIRECTLY

9.1.1 Monitoring public health and the safety of medicines and devices:

9.1.1.1 Professional organisations and government's regulatory bodies that monitor the public health or the safety of medicines or devices, as well as registries of notifiable conditions, rely on information from patient's health records for their effectiveness in safeguarding public health. For example, the effectiveness of the system of notifiable conditions depends on information provided by healthcare practitioners. Healthcare practitioners must co-operate by providing relevant information wherever possible. The notification of some communicable diseases is required by law and in other cases healthcare practitioner should provide information in anonymised form, when that would be sufficient.

9.1.1.2 Where personal information is needed, healthcare practitioner should seek express consent from the patient before disclosing information, whenever that is practicable. For example, where patient is receiving treatment there will usually be an opportunity for a healthcare practitioner to discuss disclosure of information with them.

9.1.1.3 Personal information may sometimes be sought about patient with whom health care practitioner is not in regular contact. Healthcare practitioner should therefore make sure that patient is given information about the possible value of their data in protecting public health in the longer term, at the initial consultation or at another suitable occasion when they attend a health establishment. It should be clear that they may object to disclosures at any point. The healthcare practitioner must record any objections so that patients' wishes can be respected. In such cases, the practitioner may pass on anonymised information if asked to do so.

9.1.1.4 Where patients have not expressed an objection, healthcare practitioners should assess the likely benefit of the disclosure to the public and commitment to confidentiality of the organisation requesting the information. If there is little or no evident public benefit, they should not disclose information without the express consent of the patient.

9.1.1.5 Where it is not practicable to seek the consent of patient for disclosure of personal information for these purposes, or where patient is not competent to give consent, healthcare practitioner must consider whether the disclosures would be justified in the public interest, by weighing the benefits to public health of the disclosure against the possible detriment to the patient.

9.1.1.6 The automatic transfer of personal information to a registry, whether by electronic or other means, before informing the patient that information will be passed on, is unacceptable, save in the most exceptional circumstances. These circumstances would be where a court has already decided that there is such an overwhelming public interest in the disclosure of information to a registry that rights of patients to confidentiality are overridden; or where healthcare practitioners are willing and able

to justify the disclosure, potentially before a court or to the HPCSA, on the same grounds.

9.1.2 Administration and financial audit:

9.1.2.1 Healthcare practitioner should record financial or other administrative data separately from clinical information and provide it in anonymised form wherever possible.

9.1.2.2 Decisions about the disclosure of clinical records for administrative or financial audit purposes, for example where medical scheme staff seek access to patient's records as part of the arrangements for medical benefit payments, are unlikely to breach the ethical rules of the HPCSA, provided that, before allowing access to patients' records, they follow the guidelines as set out in this booklet. Only the relevant part of the record should be made available for scrutiny.

9.1.3 Medical research:

Where research projects depend upon using identifiable information or samples, and it is not practicable to contact patient to seek their consent, the data should be anonymised and this should be drawn to the attention of a research ethics committee.

9.1.4 Publication of case-histories and photographs:

Healthcare practitioner must obtain express consent from patients before publishing personal information about them in scientific media to which the public has access, for example in journals or textbooks, whether or not the practitioner believes the patient can be identified. Express consent must, therefore, be sought to the publication of, for example case histories about or photographs of patient. Where healthcare practitioner wishes to publish information about a patient who has demised, they should take into account the guidelines in this booklet before deciding whether or not to do so.

9.2 DISCLOSURES WHERE HEALTHCARE PRACTITIONERS HAVE DUAL RESPONSIBILITIES

9.2.1 Situations arise where healthcare practitioners have contractual obligations to third parties, such as companies or organisations, as well as obligations to patients. Such situations occur, for example when practitioners:

9.2.1.1 Provide occupational health services or medical care for employees of a company or organisation;

9.2.1.2 Are employed by an organisation such as an insurance company;

9.2.1.3 Work for an agency assessing claims for benefits;

9.2.1.4 Provide medical care to patients and are subsequently asked to provide medical reports or information for third parties about them;

9.2.1.5 Work as district medical officer or forensic pathologist;

9.2.1.6 Work in the armed forces; or

9.2.1.7 Work in correctional services.

9.2.2 If healthcare practitioner is asked to write a report about or examine a patient, or to disclose information about a patient from existing records for a third party to whom the practitioners have contractual obligations, they must:

9.2.2.1 Be satisfied that the patient has been told at the earliest opportunity about the purpose of the examination or disclosure; the extent of the information to be disclosed; and the fact that relevant information cannot be concealed or withheld. Healthcare practitioners should show the form to the patient before they complete it to ensure that the patient understands the scope of the information requested;

9.2.2.2 Obtain, or have seen, written consent to the disclosure from the patient or a person properly authorised to act on the patient's behalf.

9.2.2.3 Disclose only information relevant to the request for disclosure.

9.2.2.4 Include only factual information that they can substantiate and ensure that it is presented in an unbiased manner.

9.2.2.5 Patient may wish to see reports written about them before they are disclosed. Healthcare practitioner should always check whether patient wish to see their report - unless patient have previously, clearly and specifically stated that they do not wish to do so.

9.2.3 Disclosures without patient's consent to employer, or any other relevant third party, can only be justified in exceptional circumstances, for example when it is necessary to do so to protect others from risk of death or serious harm. Ideally, all such disclosure should however only be done after having obtained consent.

9.3 DISCLOSURES TO PROTECT THE PATIENT OR OTHERS

9.3.1 Disclosure of personal information without consent may be justified where failure to do so or the absence of cooperation to do so, may expose the patient or others to risk or death or serious harm. Where third parties are exposed to a risk so serious that it outweighs the patient's right to confidentiality, healthcare practitioner should seek consent to disclosure where practicable. If it is not practicable, they should disclose information promptly to an appropriate person or authority. They should generally inform the patient before disclosing the information.

9.3.2 Such circumstances may arise, for example:

9.3.1.1 A colleague who is placing patients at risk as a result of illness or some other medical condition (e.g. an impaired colleague): If healthcare practitioner is in doubt about whether such disclosure is justified, they should consult an experienced colleague, or seek advice from a professional organisation. The safety of patient must come first at all times.

9.3.1.2 A patient who continues to drive, against medical advice, when unfit to do so: In such circumstances healthcare practitioner should consider disclosing the relevant information to the patient's next-of-kin or the traffic authorities or police. Where such a patient is employed as a professional driver the employer should be informed.

9.3.1.3 A disclosure that may assist in the prevention or detection of a serious crime defined in terms of the prevailing statutes: In this context serious crimes, means

crimes that will put someone at risk of death or serious harm, and will usually be crimes against the person, such as abuse of children.

9.4 CHILDREN AND OTHER PATIENTS WHO MAY LACK COMPETENCE TO GIVE CONSENT

9.4.1 Problems may arise if healthcare practitioner consider that a patient is incapable of giving consent to treatment or disclosure because of immaturity, illness or mental incapacity. If such patient asks them not to disclose information to a third party, the healthcare practitioners should try to persuade them to allow an appropriate person (third party) to be involved in the consultation.

9.4.1.1 If patient refuse to give consent and healthcare practitioner is convinced that it is essential, in the patient's interests, they may disclose relevant information to an appropriate person or authority. In such cases the healthcare practitioner must tell the patient before disclosing any information and seek the consent of the person legally designated to give such consent in terms of the National Health Act.

9.4.1.2 The National Health Act provides that if no person has been mandated or legally appointed to give consent and when a patient is incapable of giving consent, then in the following order of precedence, a spouse or partner, parent, grandparent, adult child or adult brother or sister may give consent (third party).

9.4.1.3 Healthcare practitioner should document in the patient's record the steps they took to obtain consent and the reasons for deciding to disclose information.

9.4.2 If healthcare practitioner believes a child or other legally incompetent patient to be a victim of neglect or physical, sexual or emotional abuse and that the patient cannot give or withhold consent to disclosure, they should give information promptly to an appropriate responsible person or statutory authority, where they believe that the disclosure is in the patient's best interests.

9.4.2.1 Healthcare practitioner should inform the patient that they intend to disclose the information before doing so. Such circumstances may arise in relation to children. Where child abuse is suspected the law requires the healthcare provider to report the alleged abuse to the relevant authorities.

9.4.2.2 Where appropriate, healthcare practitioner should inform those with parental responsibility about the disclosure. If, for any reason, practitioner believe that disclosure of information to the parent or guardian is not in the best interests of an abused or neglected patient, they must be prepared to justify their decision (e.g. where the parents or guardians are suspected of abusing the child).

9.4.2.3 The ages are as stipulated in this document are a reflection of the Children's Act, 2005 (Act No. 38 of 2005).

[For detailed information consult the HPCSA Ethical Booklet 4 on Seeking patient's informed consent: The ethical considerations]

9.5 DISCLOSURE AFTER A PATIENT'S DEATH

9.5.1 Healthcare practitioner still have an obligation to keep personal information confidential after a patient death. The extent to which confidential information may be disclosed after a patient's death will depend upon the circumstances. These include the nature of the information, whether that information is already public knowledge or can be made anonymous, and the intended use to which the information will be put. Healthcare

practitioner should also consider whether the disclosure of information may cause distress to, or be of benefit to, the patient's partner or family.

9.5.2 There are several circumstances in which healthcare practitioner may be asked to disclose, or wish to use, information about patients who have died, note this list is not exhaustive:

9.5.2.1 To assist in connection with an inquest. In these circumstances, practitioners are required to provide the relevant information;

9.5.2.2 As part of a clinical audit or for education or research with the approval of a research ethics committee. The publication of properly anonymised case studies would not be improper in these contexts;

9.5.2.3 On death certificates. The law requires healthcare practitioners to complete death certificates honestly and fully;

9.5.2.4 To obtain information relating to public health surveillance that is approved by a research ethics committee. Anonymised information should be used, unless identifiable data is essential to the study.

9.5.3 Particular difficulties may arise when there is a conflict of interest between parties affected by the patient's death. For example, if an insurance company seeks information in order to decide whether to make a payment under a life assurance policy, healthcare practitioner should only release information with consent from the next-of-kin or the executor of the deceased's estate, or if the deceased had consented to such release before his or her death.

10. DISCLOSURE IN CONNECTION WITH JUDICIAL OR OTHER STATUTORY PROCEEDINGS

10.1 Healthcare practitioner may be required to disclose information to satisfy a specific statutory requirement, such as notification of a notifiable disease or suspected child or elder abuse.

10.2 Healthcare practitioner must also disclose information if ordered to do so by a judge or presiding officer of a court when approached to do so and formally. They should object to the judge or the presiding officer if attempts are made to compel them to disclose what appear to them to be irrelevant matters, for example matters relating to relatives or partners of the patient, who are not parties to the proceedings.

10.3 Healthcare practitioner should not disclose personal information to a third party such as a lawyer, police officer or officer of a court without the patient's express consent, except in the circumstances described in paras 9.3, 9.4.2 and 9.5.2.

10.4 Healthcare practitioner may disclose personal information in response to an official request from a statutory regulatory body for any of the healthcare professions, where that body determines that this is necessary in the interests of justice and for the safety of other patients. Wherever practicable they should discuss this with the patient. There may be exceptional cases where, even though the patient objects, disclosure is justified.

10.5 In all cases, should healthcare practitioner decide to disclose confidential information they must be prepared to explain and justify their decisions.

11. ELECTRONIC PROCESSING OF INFORMATION

11.1 Healthcare practitioner must be satisfied that there are appropriate arrangements for the security of personal information when it is stored, sent or received by fax, computer, e-mail or other electronic means.

11.2 If necessary, healthcare practitioner should take appropriate authoritative professional advice on how to keep information secure before connecting to a network. They should record the fact that they have taken such advice.

11.3 Healthcare practitioner must make sure that their own fax machine and computer terminals or any other communication devices are secure at all times . If they send data by fax, email or any electronic format, they should satisfy themselves, as far as is practicable, that the data cannot be intercepted or seen by anyone other than the intended recipient.

11.4 When deciding whether and in what form to transmit personal information, healthcare practitioners should note that information sent through the internet may be intercepted.

[For detailed information consult the HPCSA Ethical Booklet 10 on Telehealth.]

Ethical guidelines for good practice in the health care professions

The following Booklets are separately available:

Booklet 1:	***General ethical guidelines for healthcare professions***
Booklet 2:	***Ethical and professional rules of the health professions council of South Africa as promulgated in government gazette R717/2006***
Booklet 3:	***National Patients' Rights Charter***
Booklet 4:	***Seeking patients' informed consent: The ethical considerations***
Booklet 5:	***Confidentiality: Protecting and providing information***
Booklet 6:	***Guidelines for the management of patients with HIV infection or AIDS***
Booklet 7:	***Guidelines withholding and withdrawing treatment***
Booklet 8:	***Guidelines on Reproductive Health management***
Booklet 9:	***Guidelines on Patient Records***
Booklet 10:	***Guidelines for the practice of Telehealth***
Booklet 11:	***Guidelines on over servicing, perverse incentives and related matters***
Booklet 12:	***Guidelines for the management of healthcare waste***
Booklet 13:	***General ethical guidelines for health researchers***
Booklet 14:	***Ethical Guidelines for Biotechnology Research in South Africa***
Booklet 15:	***Research, development and the use of the chemical, biological and nuclear weapons***
Booklet 16:	***Ethical Guidelines on Social Media***
Booklet 17:	***Ethical Guidelines for Palliative Care***