



HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

**GUIDELINES FOR GOOD PRACTICE IN THE HEALTH CARE
PROFESSIONS**

**CONFIDENTIALITY: PROTECTING AND
PROVIDING INFORMATION**

BOOKLET 5

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THE SPIRIT OF PROFESSIONAL GUIDELINES

Practice as a health care professional is based upon a relationship of mutual trust between patients and health care practitioners. The term "profession" means "a dedication, promise or commitment publicly made".¹ To be a good health care practitioner, requires a life-long commitment to sound professional and ethical practices and an overriding dedication to the interests of one's fellow human beings and society. In essence, practice as a health care professional is a moral enterprise. In this spirit the HPCSA presents the following ethical guidelines to guide and direct the practice of health care practitioners. These guidelines form an integral part of the standards of professional conduct against which a complaint of professional misconduct will be evaluated.

[Note: The term "health care practitioner" in these guidelines refers to persons registered with the HPCSA].

¹ Pellegrino, ED. Medical professionalism: Can it, should it survive? *J Am Board Fam Pract* 2000; 13(2):147-149 (quotation on p. 148).

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CONFIDENTIALITY: PROVIDING AND PROTECTING INFORMATION

1. PRE-AMBLE

- 1.1 Being registered under the Health Professions Act, 1974 (Act No. 56 of 1974), gives health care practitioners certain rights 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 Health care practitioners hold information about patients that is private and sensitive. The National Health Act (Act No. 61 of 2003) provides that this information must not be given to others, unless the patient consents or the health care 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 health care 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 new responsibilities on health care 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 health care for individual patients and society is disclosed to those who need it for such purposes.
- 1.5 The additional duties on health care 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 health care 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 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 (Act No. 38 of 2005) and a female of any age may consent to a termination of pregnancy (Choice on Termination of Pregnancy Act (Act No. 92 of 1996)). For more information on Consent consult Booklet 9 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 “Health care personnel” in terms of the National Health Act includes both health care providers and health workers (i.e. the health care team that provide clinical services for users or patients, and the administrative staff who support these services). The Act includes health care practitioners under the term “health care providers”. For the purposes of these guidelines the term “health care 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 9 on *Seeking patients’ informed consent: Ethical considerations*).
- 2.6 “Personal information” means information about people that health care practitioners learn in a professional capacity and from which individuals can be identified.
- 2.7 “Public interest” mean 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 (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 Rule 13 of the Ethical 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. RETAINING CONFIDENTIALITY

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

4.2 Where health care practitioners are asked to provide information about patients, they should :

4.2.1 Seek the consent of patients to disclosure of information wherever possible, whether or not the patients can be identified from the disclosure; Comprehensive information must be made available to patients 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 Health care practitioners must always be prepared to justify their decisions in accordance with these guidelines.

5. PROTECTING INFORMATION

5.1 The National Health Act requires that health care providers (which includes health care practitioners) and health care establishments are 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 of patients when dealing with personal information.

5.2 Many improper disclosures are unintentional. Health care practitioners should not discuss information about patients 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. Health care practitioners should endeavour to ensure that their consultations with patients are private.

6. THE RIGHT OF PATIENTS TO INFORMATION

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

6.2 The National Health Act provides that health care providers (this includes health care practitioners) must inform patients (patients) of the following:

- 6.2.1 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 patients;
- 6.2.2 The range of diagnostic procedures and treatment options generally available to the patients;
- 6.2.3 The benefits, risks costs and consequences generally associated with each option; and
- 6.2.4 The patient's right to refuse health services and explain the implications, risks and obligations of such refusal.
- 6.3 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.
- 6.4 Health care practitioners should always give patients 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 health care providers because, without such information, patients cannot make proper choices as partners in the health care process.

7. DISCLOSURE OF INFORMATION TO OTHERS PROVIDING CARE
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- 7.1 Health care practitioners should make sure that patients are aware that personal information about them will be shared within the health care team - and patients must be told the reasons for this. It is particularly important to check that patients 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. Practitioners cannot treat patients safely, nor provide continuity of care, without having relevant information about the patient's condition and medical history.
- 7.2 In some circumstances where patients have consented to treatment, express consent (orally 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.
- 7.3 The health care practitioner must make sure that any recipient to whom personal information about patients 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.
- 7.4 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 health care practitioner should disclose the relevant information promptly to those providing the patients' care, and explain the situation to the patient after the emergency has passed.

8.	DISCLOSURE OF INFORMATION OTHER THAN FOR TREATMENT OF INDIVIDUAL PATIENTS
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8.1	PRINCIPLES
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- 8.1.1 Information about patients 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. Health care practitioners have a duty to protect the privacy of patients and respect their autonomy. When asked to provide information health care practitioners 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
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- 8.2.1 Seeking consent of patients to disclosure is part of good communication between health care practitioners and patients and is an essential part of respect for the autonomy and privacy of patients. The following principles should be applied:
- 8.2.2 Obtaining consent where the disclosures will have personal consequences for patients:
- 8.2.2.1 Health care practitioners must obtain express consent where patients may be personally affected by the disclosure, for example when disclosing personal information to a patient's employer or to a medical scheme for ICD-10 coding.
 - 8.2.2.2 When seeking express consent, health care practitioners must make sure that patients are 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 Health care practitioners should also explain how much information will be disclosed and to whom it will be given.
 - 8.2.2.4 If the patient withholds consent the health care 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 only where they can be justified 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 audit, with the proviso that only information relevant to the purpose of disclosure is revealed, and disclosure is only made to personnel with a direct interest in that information.

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

8.2.3.4 Where health care practitioners 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 health care 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 health care practitioners have considered all the available means of obtaining consent, but are satisfied that it is not practicable to do so, or that patients are not competent to give consent, or exceptionally, in cases where patients 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 public and the patient's interest in keeping the information confidential, (e.g. endangered third parties such as the spouse or partner of a patient who is HIV positive, who after counselling refuses to disclose his or her status to such spouse or partner; or reporting a notifiable disease).

8.2.4.2 In all such cases the health care practitioner must weigh the possible harm (both to the patient, and the overall trust between practitioners and patients) against the benefits that are likely to arise from the release of information.

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 health care practitioners are 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 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 patients' records for their effectiveness in safeguarding public health. For example, the effectiveness of the system of notifiable conditions depends on information provided by clinicians. Health care practitioners must co-operate by providing relevant information

wherever possible. The notification of some communicable diseases is required by law and in other cases health care practitioners should provide information in anonymised form, when that would be sufficient.

- 9.1.1.2 Where personal information is needed, health care practitioners should seek express consent before disclosing information, whenever that is practicable. For example, where patients are receiving treatment there will usually be an opportunity for a health care practitioner to discuss disclosure of information with them.
- 9.1.1.3 Personal information may sometimes be sought about patients with whom health care practitioners are not in regular contact. Practitioners should therefore make sure that patients are 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 health care 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, health care 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 patients for disclosure of personal information for these purposes, or where patients are not competent to give consent, health care practitioners 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 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 health care 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 Health care practitioners 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 patients' 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 patients 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:

Health care practitioners must obtain express consent from patients before publishing personal information about them in media to which the public has access, for example in journals or text books, whether or not the practitioners believe the patients can be identified. Express consent must, therefore, be sought to the publication of, for example case-histories about or photographs of patients. Where health care practitioners wish to publish information about a patient who has died, they should take into account the guidelines in this booklet before deciding whether or not to do so.

9.2 DISCLOSURES WHERE HEALTH CARE PRACTITIONERS HAVE DUAL RESPONSIBILITIES

9.2.1 Situations arise where health care 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 officers or forensic pathologists;

9.2.1.6 Work in the armed forces; or

9.2.1.7 Work in correctional services.

9.2.2 If health care practitioners are 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. Health care 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 Patients may wish to see reports written about them before they are disclosed, In all circumstances health care practitioners should check whether patients wish to see their reports - unless patients have clearly and specifically stated that they do not wish to do so.
- 9.2.3 Disclosures without patients' consent to employers, or any other relevant third party, can be justified only in exceptional circumstances, for example when they are necessary to protect others from risk of death or serious harm.

9.3	DISCLOSURES TO PROTECT THE PATIENT OR OTHERS
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- 9.3.1 Disclosure of personal information without consent may be justified where failure 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, health care practitioners 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 (eg. an impaired colleague): If health care practitioners are in doubt about whether such disclosure is justified they should consult an experienced colleague, or seek advice from a professional organisation. The safety of patients 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 health care practitioners 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: 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
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- 9.4.1 Problems may arise if health care practitioners consider that a patient is incapable of giving consent to treatment or disclosure because of immaturity, illness or mental incapacity. If such patients ask them not to disclose information to a third party, the health care practitioners should try to persuade them to allow an appropriate person to be involved in the consultation.
- 9.4.1.1 If patients refuse to give consent and health care practitioners are convinced that it is essential, in the patients' medical interests, they may disclose relevant

information to an appropriate person or authority. In such cases the health care 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, then in the following order of precedence, a spouse or partner, parent, grandparent, adult child or adult brother or sister may give consent.

9.4.1.3 Health care practitioners 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 health care practitioners believe 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 agency, where they believe that the disclosure is in the patient's best interests.

9.4.2.1 Health care practitioners 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 health care provider to report the alleged abuse to the relevant authorities.

9.4.2.2 Where appropriate, health care practitioners should inform those with parental responsibility about the disclosure. If, for any reason, practitioners believe that disclosure of information to the parents or guardians 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 patients' informed consent: The ethical considerations

9.5	DISCLOSURE AFTER A PATIENT'S DEATH
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9.5.1 Health care practitioners still have an obligation to keep personal information confidential after a patient dies. 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 anonymised, and the intended use to which the information will be put. Health care practitioners 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 a number of circumstances in which health care practitioners may be asked to disclose, or wish to use, information about patients who have died:

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 health care 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, health care practitioners 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
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- 10.1 Health care practitioners 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 Health care practitioners must also disclose information if ordered to do so by a judge or presiding officer of a court. 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 Health care practitioners 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 Health care practitioners may disclose personal information in response to an official request from a statutory regulatory body for any of the health care 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 health care practitioners decide to disclose confidential information they must be prepared to explain and justify their decisions.

11. ELECTRONIC PROCESSING OF INFORMATION

- 11.1 Health care practitioners 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, health care practitioners 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 Health care practitioners must make sure that their own fax machine and computer terminals are in secure areas. If they send data by fax, they should satisfy themselves, as far as is practicable, that the data cannot be intercepted or seen by anyone other than the intended recipient.

- 11.4.1 When deciding whether and in what form to transmit personal information, health care practitioners should note that information sent by e-mail through the internet may be intercepted.

For detailed information consult the HPCSA Ethical Booklet 10 on Telemedicine.

Ethical guidelines for good practice in the health care professions

The following Booklets are separately available:

- Booklet 1: General ethical guidelines for health care 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 Telemedicine***
- Booklet 11: Guidelines on over servicing, perverse incentives and related matters***
- Booklet 12: Guidelines for the management of health care 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: Professional self-development***