



**REPORTING AN ALLEGATIONS OF IMPAIREMENT FOR STUDENTS AND
PRACTITIONERS REGISTERED WITH THE HEALTH PROFESSIONS COUNCIL OF
SOUTH AFRICA**

DEPARTMENT	CORE OPERATIONS
DIVISION	PROFESSIONAL PRCATICE
DOCUMENT TITLE	IMPAIRMENT REPORTING FORM
RELEASE DATE	19/09/2023
VERSION	03

Notice

Note that the HPCSA collect your personal information for use, store and such may be disclosed mainly to investigate or determine whether impairment exist or not in terms of the regulations relating to impairment as defined under the authority of Section 51 of the Health Professions Act, 1974. We will only process and share your personal information for a purpose you would reasonably expect, including, but not limited to 1) providing you with advice and support that suit your needs as requested, 2) to notify you of new developments regarding the complaint/report, and 3) to confirm, verify and update your details and status. Be assured that the HPCSA will manage the information you provide with strict confidence to ensure comply with any legal and regulatory requirements. Some of your information that we hold may include your first and last name, email address, a home, postal or other physical address, other contact information, your title, birth date, gender, occupation and qualifications. No information will be shared without express consent to disclose, unless required by the law, court order or it is in the interest of the public. Where we share your information, we will take all precautions to ensure that the third party will treat your information with the same level of protection as required by us.

This form can be used by any member of the public or registered practitioner to report allegations of impairment of registered practitioner.

Note that the HPCSA will only liaise with the person reporting the case only if necessary and relevant, otherwise as soon as the case is opened no further correspondence will be entered into.

Send the duly completed form to BasaniM@hpcsa.co.za

SECTION A: INFORMATION OF THE PERSON REPORTING THE CASE

Name of the person reporting _____

Email Address _____

Contact details _____

SECTION B: INFORMATION OF THE ALLEGED IMPAIRED HEALTH PRACTITIONER

Full names of the health practitioner alleged to be impaired _____

Sex _____

ID number (if known) _____

HPCSA's registration number _____

Employment status and place of work _____

SECTION C: ALLEGED IMPAIRMENT

Provide/attach information relating to allegations of impairment:

Details of allegation/s and any additional and relevant information e.g., medical reports