



**KWAZULU-NATAL PROVINCE**

**HEALTH**  
REPUBLIC OF SOUTH AFRICA

# ALL YOU MUST KNOW ABOUT LICENSING OF PRIVATE HEALTH ESTABLISHMENTS

**GROWING  
KWAZULU-NATAL  
TOGETHER**



## TABLE OF CONTENTS

### **PAGE 01 - 02 DEFINITIONS**

#### **PAGE 03 SCHEDULE 1**

FEES ARE PAYABLE TO THE KWAZULU NATAL DEPARTMENT OF HEALTH UNDER THE REGULATIONS GOVERNING PRIVATE HEALTH ESTABLISHMENTS AND UNATTACHED THEATRES (R158) IN THE PROVINCE

---

#### **PAGE 04 - 05 SCHEDULE 2**

PROTOCOL FOR ANNUAL REPORTING BY PRIVATE HEALTH ESTABLISHMENTS TO THE KWAZULU NATAL DEPARTMENT OF HEALTH UNDER THE REGULATIONS GOVERNING PRIVATE HEALTH ESTABLISHMENTS AND UNATTACHED THEATRES (R158) IN THE PROVINCE

---

#### **PAGE 06 - 07 SCHEDULE 3**

PROTOCOL CONCERNING APPROVALS IN PRINCIPLES IN TERMS OF REGULATIONS GOVERNING PRIVATE HEALTH ESTABLISHMENTS AND UNATTACHED THEATRES (R158) IN THE PROVINCE

---

#### **PAGE 08 - 11 SCHEDULE 4**

PROTOCOLS FOR OPERATING A TERMINATION OF PREGNANCY CLINIC IN KWAZULU-NATAL IN TERMS OF THE CHOICE OF TERMINATION OF PREGNANCY AMENDMENT ACT (1 of 2008)

---

#### **PAGE 12 - 14 SCHEDULE 5**

PROCESS TO BE FOLLOWED DURING A CHANGE TO A LICENSE AND THE OWNERSHIP THERETO IN TERMS OF REGULATIONS GOVERNING PRIVATE HEALTH ESTABLISHMENTS AND UNATTACHED THEATRES (R158) IN THE PROVINCE

# DEFINITIONS

For the purposes of these protocols, unless the context otherwise indicates –

“accreditation body” means anybody, company, or organization recognized by the Department to perform inspection and monitoring functions in terms of these Regulations;

“adverse event” means an unintended injury to a patient or a complication caused by the health care management of a patient, that results in a major permanent loss of function (being sensory, motor, physiological or psychological) for the patient or death of the patient.

“applicant” means an individual/s, natural or juristic person that has put up an application and to whom the license/accreditation will be issued;

“bed-count” means the number of beds, including day beds, cribs, and cots available for the accommodation of patients, but excluding –

- (a) all trolleys, including recovery trolleys;
- (b) all waiting, preparation, first-stage and labour room beds and cots in maternity wards;

“Certificate of Registration” means a license;

“committee” means the private licensing committee appointed in terms of regulation 158;

“convalescent care” means in-patient services for patients with medical conditions requiring nursing care of low intensity for a finite period of time, during which period improvement in the patient’s clinical condition is anticipated and the duration of admission is determined by improvement in the patient’s condition;

“Department” means the Provincial Department of the KwaZulu-Natal responsible for health services;

“Head of Department” means the Head of the Department responsible for health services in KwaZulu-Natal;

“inspecting officer” means an official appointed in terms of the National Health Act, 2003, as amended, or any duly authorized employee of a designated accreditation body, authorized in writing by the Head of Department to carry out inspections;

“licence” the written authority issued in terms of the National Health Act to operate a private health establishment in the Province;

“long-term care” means predominantly low-intensity nursing care of in-patients in whom significant improvement in clinical condition and a return to independent living is unlikely or for whom such improvement will occur over a period of long duration;

“MEC” means the Provincial Member of the Executive Council of KwaZulu-Natal responsible for health;

“non-acute care establishment” means any health care establishment, whether of a multidisciplinary or a specific nursing nature, providing care after or instead of acute hospitalization to an in-patient either following an acute illness, injury, or exacerbation of an existing illness or as a result of a long-standing chronic condition, and may include sub-acute care, rehabilitation care, step-down care, hospice care, convalescent care, and long-term care;

“private health establishment” means any hospital or non-acute care establishment or any other facility, building, place, or agency, including day wards, which provides in-patient or out-patient services or in-patient and out-patient services, including medical, surgical or nursing care, sub-acute care, step-down care, convalescent care, long-term care, hospice care or rehabilitation care to any individual, but excluding –

- (a) a hospital or any such facility, a building or place, or an agency conducted by an organ of state or a quasi-organ of state, excluding province-aided facilities;
- (b) any consulting room, surgery or dispensary of a medical practitioner or dentist without any bed accommodation;
- (c) a hospital or any other institution licensed for the reception and detention of mentally ill persons in terms of section 46 of the Mental Health Act, 1973 (Act 18 of 1973);
- (d) an old age home as defined in the Aged Persons Act, 1967 (Act 81 of 1967); or
- (e) an institution or a building or place licensed for the treatment and care of people with drug and alcohol dependencies as defined in the Treatment and Prevention of Drug Dependency Act, 1992 (Act 20 of 1992);

“rehabilitation care” means supervised, goal-orientated, multidisciplinary health care aimed at improving the level of functioning of a patient to the point where the patient may be discharged or moved to a different level of care and where the duration of admission is finite and is defined by the rehabilitation programme;

“step-down care” means care provided by short-stay, transitional units, being a substitute for continued hospital stay and serving patients whose illness demands significant medical involvement and skilled nursing care of more than three hours on average per day, as well as pharmacy and laboratory support;

“sub-acute care” means goal-orientated, comprehensive, coordinated and multidisciplinary health care for an in-patient immediately after or instead of acute hospitalization for an acute illness, injury or exacerbation of a disease process requiring frequent patient assessment of the clinical course and treatment plan, and the duration of which is a limited period of time determined by the time taken for a condition to stabilize or for completion of a predetermined course.

## SCHEDULE 1

# FEES ARE PAYABLE TO THE KWAZULU NATAL DEPARTMENT OF HEALTH UNDER THE REGULATIONS GOVERNING PRIVATE HEALTH ESTABLISHMENTS AND UNATTACHED THEATRES (R158) IN THE PROVINCE

The Head of the Department of Health, KwaZulu-Natal Province, in terms of the National Health Act (61 of 2003, as amended) has prescribed, **with effect from 1 April 2023**, the following fees payable. These provincial tariffs will apply.

### Application fee

R10 500.00 (all application fees, not refundable)  
R5 000.00 Termination of Pregnancy (ToP) clinic

### Commissioning Inspection fee

R120.00 per bed  
R600.00 per major theatre  
R600.00 per ICU  
R400.00 per minor theatre, endoscopy suite, cardiac cath lab, delivery room, etc.  
R400 per unit: e.g. Radio-diagnostic, Oncology, Renal.  
R2000 per CTOP clinic

### Annual Re-licensing fee and renewal of approvals

R5500 handling fee (for those in possession of approvals in principle)  
R2000 handling fee per CTOP clinic  
R100.00 per bed  
R150 ICU bed  
R600.00 per major theatre  
R600.00 per ICU  
R400.00 per minor theatre, endoscopy suite, cardiac cath lab, delivery room etc.  
R1000 per unit: e.g. Radio-diagnostic, Oncology, Renal.  
These fees are subject to an annual increase based on inflation.

All fees must be paid in advance. Licensees and prospective applicants requiring any additional information should contact the secretariat or **Private Licensing Unit** at the telephone number **(033) 940 2683/4/8**.

Copies of these guidelines are available from the internet under [http://www.kznhealth.gov.za/Licensing\\_pvt\\_health\\_care\\_facilities.htm](http://www.kznhealth.gov.za/Licensing_pvt_health_care_facilities.htm)

# PROTOCOL FOR ANNUAL REPORTING BY PRIVATE HEALTH ESTABLISHMENTS TO THE KWAZULU NATAL DEPARTMENT OF HEALTH UNDER THE REGULATIONS GOVERNING PRIVATE HEALTH ESTABLISHMENTS AND UNATTACHED THEATRES (R158) IN THE PROVINCE

The Head of Department (HoD) of Health, KwaZulu-Natal Province, in terms of the National Health Act (61 of 2003 as amended) and the regulations thereto (R158) has prescribed, **with effect from 1 March 2023**, the following protocols.

## 1. Legislative Requirements

Regulation 25 of the R158 obliges; “Every proprietor shall **without delay furnish** to the Head of Department such **returns and information** as the Head of Department may from time to time require in relation to the control and management of the private hospital concerned, the facilities, stores or staff at its disposal, the services rendered therein and the patients receiving treatment or nursing care therein”.

## 2. Provisions

The Head of Facility or any other responsible person must on or before the 31st day of October of each year or as prescribed for each particular type of care, furnish the HoD with;

- 2.1 Schedules (certified as correct by auditors or the accounting officer of the licensee) of the (a) directors and shareholders; (b) members or owners; (c) trustees and beneficiaries; or (d) partners or natural persons; as the case may be, of the private health establishment,
- 2.2 Submit demographics on all patients that have been treated by the facility during the reporting period. (In case of a Termination of Pregnancy Services, see Protocol on Operating a Termination of Pregnancy facility.)
- 2.3 Submit and report on all clinical and non-clinical staff employed by the facility during the reporting period,
- 2.4 Number of notifiable and clinical events in the period under review,
- 2.5 Submit to identify aspects of health service provision that may require examination or closer monitoring.
- 2.6 Submit all Clinical Indicator reports on Patient Safety Incidents (PSIs), Hospital Acquired Infections (HAIs), Management of Complaints, Compliments and Suggestions (as per National Guideline V2, 2021) Such clinical indicator data shall be collected by the Private Licensing Unit and **is not** intended for comparing quality of health services from one facility with another.
- 2.7 Any such other information as may be required by the HOD.

### 3. Compliance with standards, laws, and accreditation

Your facility is required to comply with the Standards, Laws, and Regulations. Accreditation may not be a substitute for compliance with the legal requirements under South African law. You are requested to provide copies of your accreditation reports **within 30 days** of receiving the report from the accreditation agency. Your report can be submitted via email to: Nonhlanhla.ndlovu2@kznhealth.gov.za

### 4. Submissions

Submit the completed statutory Annual Return, together with any other required documentation, to: Nonhlanhla.ndlovu2@kznhealth.gov.za or call (033) 940 2483/4/8

### 5. Review and updates

Updates will occur in the event of any changes to the process and/or reviewed 3 yearly.

Version	Effective from	Effective to	Amendment(s)
Version 1	1 April 2023	31 December 2026	

# PROTOCOL CONCERNING APPROVALS IN PRINCIPLES IN TERMS OF REGULATIONS GOVERNING PRIVATE HEALTH ESTABLISHMENTS AND UNATTACHED THEATRES (R158) IN THE PROVINCE

The Head of Department (HoD) of Health, KwaZulu-Natal Province, in terms of the National Health Act (61 of 2003 as amended) and the regulations thereto (R158) has prescribed, with effect from 1 April 2023, the following protocols.

## 1. Legislative Provisions and Problem Statement

- 1.1 Whereas Regulation 7(2) (i) provides; *“Any person intending to establish a private hospital or an unattached operating-theatre unit shall first obtain permission in writing from the Head of Department, who, after consultation with the Director, shall satisfy himself as to the necessity or otherwise for such a private hospital or unattached operating-theatre unit before granting or refusing permission”.*
- 1.2 There is no time limit set for such “permission” except Regulation 7 (3) which provides; “Permission and approval in terms of regulation 7 are not transferable” and conditions of approval provide as follows;  
*“It is required that a 3 monthly progress report with clear project milestones and timelines be submitted to the Head of the Kwa-Zulu Natal Department of Health.”*  
*“The cancellation of the approval for the **development of the facility** will be considered if justifiable reasons for the non-commencement of building operations and the continuance thereof within 12 (twelve months) cannot be furnished. After this period, failure to comply with the terms and criteria as listed above will result in an automatic withdrawal of the approval.”*
- 1.3 This has allowed for a large number of approvals dating back over a decade being at the hands of individuals without progress towards construction. This has the potential of creating a secondary market where the approvals are sold for cash and, also, create barriers to entry as they are considered as having been granted by the Private Licensing Committee.

## 2. Approval In Principle

- 2.1 An Approval in Principle will be granted by the Head of Department after h/she has reasonably assessed that the applicant has satisfactorily; (i) **made a case** for the establishment of a private health facility, (ii) the **purpose** (type of services) will ensure adequate provision of health services to all, (iii) proper consideration has been given to all submissions received, including from third parties and (iv) the location chosen will ensure equitable distribution of healthcare services in KwaZulu-Natal.
- 2.2 The Approval in Principle will be granted outlining conditions that must be met before the licence will be issued.



- 2.3 If an Approval in Principle is refused, written reasons for the refusal and details on how to seek a review will be provided.
- 2.4 An approval in principle of an application for a licence is valid for a period of **twelve (12) months** and is **not transferable**. The applicant may apply for an extension of the approval in principle, and this application for extension **must be** in writing, made before the twelve month period expires, and be accompanied by a detailed report and motivation.

### 3. Request for extension

- 3.1 An Approval in Principle is renewable annually as applicable by paying a prescribed handling fee.
- 3.2 Extensions may **NOT** be granted for a period exceeding **five (5) years**, after which time an applicant may submit a new application.

### 4. Review and updates

- 4.1 Updates will occur in the event of any changes to the process and/or reviewed 3 yearly.

Version	Effective from	Effective to	Amendment(s)
Version 1	1 April 2023	31 December 2026	

# PROTOCOLS FOR OPERATING A TERMINATION OF PREGNANCY CLINIC IN KWAZULU-NATAL IN TERMS OF THE CHOICE OF TERMINATION OF PREGNANCY AMENDMENT ACT (1 of 2008)

The Head of Department (HoD) of Health, KwaZulu-Natal Province, in terms of the Choice of Termination of Pregnancy Amendment Act (1 of 2008) and the regulations of the National Health Act (as amended) (R158) has prescribed, **with effect from 1 April 2023**, the following protocols.

## 1. Legislative Requirements

- 1.1 According to the National Health Act s36(1), “A person may not- (a) establish, construct, modify or acquire a health establishment or health agency”. The NHA defines a “health establishment” as to mean ‘the whole or part of a public or private institution, facility, building or place, whether for profit or not, that is operated or designed to provide inpatient or outpatient treatment, diagnostic or therapeutic interventions, nursing, rehabilitative, palliative, convalescent, preventative or other health services’.
- 1.2 The Choice of Termination of Pregnancy Act (92 of 1996) was so enacted to “To determine the circumstances in which and conditions under which the pregnancy of a woman may be terminated; and to provide for matters connected therewith.”
- 1.3 The Choice on Termination of Pregnancy Act, 1996, was amended in 2008 “to amend a definition and to insert others; to empower a Member of the Executive Council to approve facilities where a termination of pregnancy may take place”.
- 1.4 Section 9 of the amended CToP Act (1 of 2008) provide; “The Member of the Executive Council may, in consultation with the Minister, make regulations relating to any matter which he or she may consider it is necessary or expedient to prescribe for achieving the objects the proper implementation or administration of this Act.”

## 2. Protocols

- 2.1 License Requirements: Any person who operates a termination of pregnancy clinic or facility within Kwazulu Natal without possessing a valid license, issued annually by the Department, shall have committed an offence.
- 2.2 Issuance of License: A license shall be issued pursuant to the provisions of National Health Act, as amended, and these protocols shall be made public or posted in a conspicuous place in a public area within all facilities. The issuance of a license does not guarantee adequacy of individual care, treatment, personal safety, fire safety or the well-being of any occupant of a facility. A license is not assignable or transferable and is subject to revocation by the Department for failure to comply with the laws and regulations.

- 2.3 **Effective Date and Term of License:** A license shall be effective for a 12-month period following the date of issue and shall expire on the last day of December of each year; however, a facility that has not been inspected during that year **may not** continue to operate under its existing license until an inspection has occurred.
- 2.4 **Licensing Fees:** The application fee of R5000 and annual relicensing fee of R2000 shall be payable to the department for each licensed facility. Such fee shall be made payable to the Department of Health and the fees are non-refundable.
- 2.5 **Inspections:** Each facility shall be inspected prior to initial licensure and at least annually thereafter by authorized representatives of the Department.
  - 2.5.1 All licensed facilities are subject to inspection at any time.
  - 2.5.2 Department inspectors shall have access to all properties and areas, objects, records and reports, and shall have the authority to make photocopies of documents or take pictures as required in the course of inspections or investigations.
- 2.6 **Initial License:** A new facility, or one that has not been continuously licensed under these or prior standards, shall not provide care to patients until it has been issued an initial license. When it is determined that the facility is in compliance with the requirements of the set standards, and a properly completed application and licensing fee have been received by the Department; a license shall be issued.
- 2.7 **License Renewal:** Applicants for an annual license renewal shall file an application with the Department, pay a license fee, and undergo a licensing inspection.
- 2.8 **Non-compliance:** When non-compliance(s) with the licensing standards exists, the applicant or licensee shall be notified by the Department of the violation(s) and required to provide information as to how and when each violation will be corrected and how future occurrences may be prevented (Quality Improvement Plan).
- 2.9 **Change of License:** A facility shall request issuance of an amended license by application to the Head of Department prior to any of the following circumstances:
  - 2.9.1 Change of ownership by purchase or lease;
  - 2.9.2 Change of facility's name or address.
  - 2.9.3 Alterations to buildings or any other changes.
- 2.10 **Exceptions to Licensing Standards:** The Department may make exception(s) to these protocols where it is determined that the health and wellbeing of the community require the services of the facility and that the exception(s), as granted, will have no significant adverse impact on the health, safety, or wellbeing of the facility's patients.

### **3. Obligations of the Licensee**

- 3.1 The licensee of each facility has the ultimate responsibility for the overall operation of the facility. Every facility shall be organized, equipped, staffed and administered to provide quality and safe care for each person admitted.
- 3.2 Policies and procedures for operation of the facility shall be formulated and reviewed regularly by the licensee of the facility. They shall include but not be limited to:
  - 3.2.1 Purpose of the facility, to include scope and quality of services;
  - 3.2.2 Ensuring compliance with all Norms and Standards for healthcare facilities;
  - 3.2.3 Personnel policies and procedures, to include in-service training requirements;

- 3.2.4 The person to whom responsibility for operation and maintenance of the facility is delegated and methods established by the licensee for holding such individual responsible;
  - 3.2.5 Record of staff registration with professional bodies and proof of current registration;
  - 3.2.6 Provision for annual review and evaluation of the facility's policies, procedures, management and operation;
  - 3.2.7 Provision for a facility-wide quality assurance programme to evaluate patient care. The program shall be ongoing, have statistical summaries, and have a written plan of implementation.
  - 3.2.8 Patient rights, complaint mechanisms and resolution procedures;
  - 3.2.9 Functional safety and maintenance policies and procedures;
  - 3.2.10 Patient Safety Incident reporting;
  - 3.2.11 Consent must be informed, shall be obtained prior to the procedure, and shall include evidence of an explanation by a physician or allied health professional of the services offered and potential risks. Documentation of the informed consent must be filed in the patient's record.
- 3.3 Each facility shall have a staff that is adequately trained and capable of providing appropriate services and supervision to the patients;

## 4. Consent of the Patient

- 4.1 Clinical staff shall not perform a procedure without; (i) providing "non-mandatory and non-directive counselling, before and after the termination of a pregnancy", and (ii) obtaining a signed and dated consent of the pregnant woman pursuant to the provisions of Sections 4 and 5(1) the CToP Act, as amended.

## 5. Reports

- 5.1 The following shall be reported to the Private Licensing Unit of the Department:
  - 5.1.1 Any abortion performed, to be reported on the standard form for monthly (to the nearby health district) and annual returns;
  - 5.1.2 A fetal death when the fetus has completed or passed the age or weight requiring a report,
- 5.2 A record of each accident or incident occurring in the facility which involves patients, staff, or visitors, including medication errors and adverse drug reactions, shall be prepared immediately. Accidents or incidents resulting in serious injury shall be reported, in writing, to the Head of Department within 10 days of the occurrence; if a death occurs, other than a fetal death, it shall be reported to the Department not later than the next Department work day (Monday through Friday). Accidents and incidents that must be reported include, but are not limited to:
  - 5.2.1 Those leading to hospitalization;
  - 5.2.2 Those leading to death, other than a fetal death;
  - 5.2.3 Adverse drug reactions.

## 6. Prerequisites for initial licensure

Prior to admission of patients to, and issuance of a license for new facilities or additional procedure rooms, the following actions must be accomplished:

- 6.1 Plans and construction all attendant reports (as per check list available on request) must be approved by the Health Infrastructure Approval Committee (HIAC).
- 6.2 The facility shall submit a completed application for license on forms that shall be furnished by the Private Licensing Unit.
- 6.3 Once construction is complete, the Licensing Unit shall inspect the facility and require compliance with applicable regulations.

## 7. Penalties

- 7.1 Contravention of the applicable provisions of the laws, regulations, and rules shall be applicable in terms of the laws that a facility violates. The Department, upon proper notice, may deny, suspend, or revoke licenses, or assess an appropriate penalty.

## 8. General

- 8.1 Conditions arising that have not been addressed in these regulations shall be managed in accordance with the best practices as interpreted by the Department.

## 9. Review and updates

Updates will occur in the event of any changes to the process and/or reviewed 3 yearly.

Version	Effective from	Effective to	Amendment(s)
Version 1	1 April 2023	31 December 2026	

# PROCESS TO BE FOLLOWED DURING A CHANGE TO A LICENSE AND THE OWNERSHIP THERETO IN TERMS OF REGULATIONS GOVERNING PRIVATE HEALTH ESTABLISHMENTS AND UNATTACHED THEATRES (R158) IN THE PROVINCE

The Head of Department (HoD) of Health, KwaZulu-Natal Province, in terms of the National Health Act (61 of 2003 as amended) and the regulations thereto (R158) has prescribed, **with effect from 1 April 2023**, the following protocols.

## 1. General Principles

Licenses are not transferable, and approval of the Head of Department must be sought in the event of:

- Change of the currently licensed entity or shareholding
- If an existing license holder proposes to operate a private hospital in new/other premises, i.e. premises separately from the premises currently licensed/approved.

Notifications must be made in writing to the Private Licensing Unit before any change/s to the ownership or licensee registrations are finalized.

The proposed change may only occur following approval being granted by the Head of the Department after satisfying him/herself that *“business practices or perverse incentives which adversely affect the costs or quality of health services or the access of users to health services”* (NHA, s30 (2) (f)) are avoided.

## 2. Process

The license holder shall notify the Head of the Department, in writing, detailing the **change/s sought and the underlying rationale**.

### 2.1 Changes to a license

Changes to a license may not be considered immediately after approval.

Changes to a license may only occur after construction subject to the approval of the Head of Department and must include details such as changes to:

- Name of the premises and/or address
- Operating hours of opening/service
- License holder's identity, such as individual, company, body corporate, or a firm  
Control of the licensed entity
- Member/s of the Board of Directors, or partners of a firm

### 3. License Holder Notification of Change of Board Members requirements

3.1 When there is a change in board members, company directors, or partners/members of a firm or trust, the Head of the Department shall be notified and provided within **four weeks** of the change occurring.

3.2 Pursuant to the NHA s39(2)(g) which states the Head of Department “must avoid or prohibit practices, schemes or arrangements by health care 20 providers or health establishments that directly or indirectly conflict with, violate or undermine good ethical and professional practice...”; the department sets the following basic minimum standards;

#### 3.2.1 Standard 1 - Identity

A declaration that the new board member, company director, or partner of a firm or trust, as applicable, shall meet the age and identity criteria.

#### 3.2.2 Standard 2 – Character and Reputation

A character reference and a national police clearance certificate (dated within the preceding 6 months) for the new board member, company director, or partner of a firm or trust, as applicable, is forwarded to the Private Licensing Unit. About the character reference, the person providing the reference should have known the person for at least 3 years in a work-related capacity.

A declaration that the new board member, company director, or partner/member of a firm or trust, as applicable, can demonstrate they have not been convicted/are not subject to any charge for an offense which, if convicted, would render them unsuitable to hold a license.

#### 3.2.3 Standard 3 – Material and Financial Resources

A declaration that the new board member, company director, or partner of a firm or trust as applicable can demonstrate evidence of; (i) other private health interests have been accordingly declared, and (ii) they are not under any investigation for crimes such as fraud and corruption relating to the healthcare sector.

#### 3.2.4 Standard 4 – Competency

A declaration that the new board member, company director, or partner of a firm or trust, as applicable can demonstrate that operational management personnel:

- Have appropriate skills and qualifications,
- Are persons who are fit to manage and control the private licensed health facility, and
- Understand and comply with the duties and obligations of governing the private licensed health facility.

## 4. General

- 4.1 For proposed changes to the building such as refurbishment, repurposing of spaces, Renovations, alterations, extensions, or redevelopment; please contact the Private Licensing Unit for building approval requirements.
- 4.2 The Private Licensing Unit will provide the license holder with written advice on the outcome. On review of the change/s, and actions, the requirements and responses may vary such as an exchange of correspondence, a site inspection to review practices or premises, and/or may require the submission of a new license application.
- 4.3 Private Licensing Unit response times may vary depending on the type and complexity of change/s sought, and the time requirements for approval (weeks or months).

## 5. Review and updates

Updates will occur in the event of any changes to the process and/or reviewed 3 yearly.

Version	Effective from	Effective to	Amendment(s)
Version 1	1 April 2023	31 December 2026	

### CONTACT DETAILS:

THE HEAD OF DEPARTMENT  
DEPARTMENT OF HEALTH –KWAZULU-NATAL  
PRIVATE BAG X9051  
PIETERMARITZBURG  
3200

#### Or DELIVER TO

TOWNHILL OFFICE PARK  
BLOCK 2  
35 HYSLOOP ROAD  
PIETERMARITZBURG

ALL CORRESPONDENCE AND DELIVERIES MUST BE ADDRESSED  
FOR ATTENTION: PRIVATE LICENSING

**TELEPHONE:** 033 9402483/84/88

**E-mail:** Nonhlanhla.ndlovu2@kznhealth.gov.za





