

Kwai Chung Hospital 葵涌醫院
Notes for Data Access Request 查閱資料要求須知

1. Copy Data Request will not be processed unless accompanied by a processing fee of HK\$76. Payment can be made by crossed cheque (Payable to: Hospital Authority). If payment is made by cash, the applicant should settle the fee at the Accounts Office.

「資料複本要求」須連同處理費 76 元提交，否則將不予受理。付款可以劃線支票繳交(支票抬頭:醫院管理局)，如以現金繳交，申請人須到會計部繳交費用。

The processing fee is non-refundable except for unsuccessful location and retrieval cases.
除本院未能提供要求資料外，否則所繳付之處理費概不發還。

2. Please fill in the application form carefully, insufficient or inaccurate information will cause delay or rejection.
請清楚填妥申請表內每項資料，若所填資料有不足或錯誤，申請將受到延遲或拒絕。

3. The completed application form can be submitted by hand or by post:

填妥申請表後，請遞交或郵寄本院：

Address: Room 146, 1/F, Block L, Kwai Chung Hospital, 3-15 Kwai Chung Hospital Road, New Territories.

地址：新界葵涌醫院道 3-15 號 葵涌醫院 L 座 1 樓 146 室

Office Hours: Monday - Friday: 9:00 am to 1:00 pm and 2:00 pm to 5:15 pm

Saturday, Sunday, Public Holiday: Closed

辦公時間 星期一至五：上午 9 時至下午 1 時 及 下午 2 時至 5 時 15 分

星期六、日及公眾假期：休息

For any enquiry, please feel free to contact 2959 8918.

如有任何查詢，請於辦公時間致電 2959 8918。

Scale of Fees (Applicable from 18 June 2017)

收費表 (2017 年 6 月 18 日開始適用)

Copy Data Request for the Supply of Personal Data

提供個人資料的「資料複本要求」

Processing fee: 處理費:	HK\$76 per request (inclusive of reproduction charge for not more than 10 pages and postage) 每次 76 元 (已包含不多於十頁的複製費及郵費)
Reproduction charge for the 11 th page and onward: 第十一頁及以後頁數的複製費:	HK\$1 per page 每頁 1 元
Reproduction charge for ECG, EEG or X-ray Film etc: X 光片、電腦掃描片、腦電圖等複製費:	HK\$230 per modality per disc HK\$230 per film 每種造影每張光碟 230 元 每張底片 230 元

Kwai Chung Hospital 葵涌醫院

Data Access Request 查閱資料要求

(Except with the consent of the individual concerned, the personal data collected in this Form will be used for the purpose of processing this Data Access Request (DAR) and other directly related purposes only.)

(除獲有關個人的同意外，本表格收集的個人資料只可用於處理此項查閱資料要求及其他與之直接有關的目的。)

For official use only:

- | | |
|---|--|
| <input type="checkbox"/> Consent signed | <input type="checkbox"/> RP signed |
| <input type="checkbox"/> HKID No. matched PMI | <input type="checkbox"/> HKID checked |
| <input type="checkbox"/> BC checked (<18) | <input type="checkbox"/> RP HKID checked |
| <input type="checkbox"/> Paid by Cash | <input type="checkbox"/> Paid by cheque |

Checked by _____ Date _____

PDAR Ref. No.: _____

[A data user is required by the Personal Data (Privacy) Ordinance to comply with a DAR within 40 days after receiving the same. If a data user is unable to comply with the DAR within the 40-day period, it must inform the requestor by notice in writing that it is so unable and the reasons, and comply with the DAR to the extent it is able to within the same 40-day period and thereafter comply or fully comply with it as soon as practicable. When medically necessary, a patient may authorize his/her private medical practitioner to contact the Hospital Authority's responsible doctor to obtain his/her medical information.]

[資料使用者必須根據個人資料(私隱)條例的規定，在收到查閱資料要求後的40日內，依從該項要求。如資料使用者不能於40日內依從該項查閱資料要求，他必須在40日的期限內以書面通知該查閱資料要求者有關情況及原因，並在他能依從該項查閱資料要求的範圍內，依從該項查閱資料要求。他其後必須在切實可行的範圍內盡快依從或盡快完全依從該項查閱資料要求。因應私家醫生診症需要，病人可授權其私家醫生聯絡醫管局的負責醫生以取得病人的病歷資料。]

(Please tick the appropriate box. 請在適當方格加上✓號)

Section I 第一部分

(This section must be completed 此部分必須填寫)

1. Data User 資料使用者:

Name of Hospital Authority (HA) Institution from which Personal Data is requested:

需因應本要求而提供個人資料的醫管局機構名稱:

Kwai Chung Hospital

葵涌醫院

2. Details of the Data Subject who must be a living individual 資料當事人(必須為在生人士)詳情:

(a) Name: _____ ()
姓名 _____ English 英文姓名 _____ Chinese 中文姓名 _____

(b) Sex: Male Female (c) Age: under 18 years of age 18 years of age or over
性別 男 女 年齡 未滿十八歲 十八歲或以上

(d) HKID Card No. Passport No.
香港身份證號碼: _____ 護照號碼: _____

(e) Address: _____
地址 _____

(f) Daytime Telephone No.: _____ (g) Any other contact number(s):
日間聯絡電話號碼 _____ 其他聯絡電話號碼 _____

If the HKID Card No. is provided, no copy or physical production of the HKID Card is required in case the number provided is accurate and corresponds to the number recorded on HA's database. If not, a true copy of the HKID Card will be required for verification. Alternatively, the HKID Card may be physically produced for verification at our hospital.

若提交香港身份證號碼，而提交的號碼正確及與醫管局資料庫所記錄的號碼相符，無須親身出示香港身份證正本或提交真確副本。否則，須提交香港身份證的真確副本，或親身向本院出示香港身份證正本，以供查核。

If the Passport No. is provided, please produce in person the original or provide a true copy of the Passport of the Data Subject when submitting this Data Access Request to our hospital.

若提交護照號碼，請在向本院提交本「查閱資料要求」表格時，親身出示資料當事人的護照正本或提交真確副本。

3. Details of Personal Data of the Data Subject under request ("Requested Data") are:

資料當事人所要求查閱的個人資料(「要求資料」)詳情:

[Further information may be required to enable us to identify and/or locate the Requested Data. Please specify clearly and in detail the Requested Data. Too general a description of the Requested Data such as "all of my personal data" may render the request being refused if we are not supplied with such information as we may reasonably require to locate the Requested Data.]

[你可能需要提供更多資料以便本局識別和/或查找你的要求資料。請清楚和詳細指明你的要求資料，如要求資料的描述太籠統，例如：「本人的所有個人資料」，本局可拒絕你的要求，因為本局不獲提供為找出要求資料而合理地要求的資訊。]

(a) Type of Data and Requested Period 資料類別及要求期間:

Duplicate of Medical Record 醫療紀錄複本	Duplicate of X-ray Film X 光片複本
<input type="checkbox"/> Hospitalization Record (Date) 住院紀錄 (日期) _____	<input type="checkbox"/> Plain X-ray (Date) 普通 X 光照射 (日期) _____
<input type="checkbox"/> Out-patient Record (Date) 門診紀錄 (日期) _____	<input type="checkbox"/> C. T. Scan (Date) 電腦掃描 (日期) _____
<input type="checkbox"/> Discharge Summary (Date) 出院撮要 (日期) _____	<input type="checkbox"/> M.R.I. (Date) 磁力共振 (日期) _____
<input type="checkbox"/> Laboratory Result (Date) 化驗報告 (日期) _____	<input type="checkbox"/> Others, please specify 其他(請註明): _____ _____
<input type="checkbox"/> Others, please specify 其他(請註明): _____ _____	

Others, please specify 其他(請註明)
_____ _____

Please provide information on separate sheets, if the space provided is insufficient.
如以上空位不夠書寫，請在另頁提供詳情。

(b) Is this the first time that the Requested Data is requested?

是否第一次要求查閱所要求資料？

- Yes No ⇨ Please state the number of times where such a request has previously been made.
是 否 請註明以往曾提出此要求的次數。 _____

4. Nature of Request 要求的性質:

Data Enquiry Request 查詢資料要求

The Institution will inform the Data Subject (or where appropriate, the Relevant Person) whether it holds or does not hold the Requested Data.

前述機構需通知資料當事人(或有關人士)其持有或並不持有資料當事人的要求資料。

Copy Data Request 資料複本要求

The Institution will inform the Data Subject (or where appropriate, the Relevant Person) whether it holds or does not hold the Requested Data.

前述機構需通知資料當事人(或有關人士)其持有或並不持有資料當事人的要求資料。

The Institution will provide a copy of the Requested Data to the Data Subject (or where appropriate, the Relevant Person). If only [Copy Data Request] is ticked, the request will be deemed to be both [Data Enquiry Request] and [Copy Data Request]. The fee applicable for a Copy Data Request is listed in the Data Access Request Scale of Fees ("Scale of Fees").

前述機構需提供要求資料的真確副本予資料當事人(或有關人士)。如只選擇提出「資料複本要求」，將被視作同時提出「查詢資料要求」及「資料複本要求」，適用於「資料複本要求」的收費，列於查閱資料要求收費表(收費表)內。

5. If a medical report is required, please specify 如果所要求的是一份醫療報告，請註明:

- this has previously been prepared / supplied, or 本局以前曾經備妥/提供此醫療報告或
 this has not previously been prepared / supplied. 本局從未備妥/提供此醫療報告

(# If a report has not previously been prepared / supplied, this will be excluded from the Requested Data and NOT be dealt with as a request under the Personal Data (Privacy) Ordinance. A separate application for a medical report may be submitted to our hospital. Please refer to the applicable scale of charges.

如果本局以前從未備妥/提供此醫療報告，本局將會於要求資料項目中刪除此項要求及不會根據《個人資料(私隱)條例》處理此項要求。申請醫療報告可另行向本院提出。請參考所需收費。)

Section II 第二部分

(To be completed if a relevant person applies for access on behalf of the data subject referred to in Section I)
(如果本申請乃由有關人士代表第一部分所註明的資料當事人提出，則須填寫此部分)

1. Details of the Relevant Person 有關人士詳情:

- (a) Name: _____ (_____)
姓名 _____ English 英文姓名 _____ Chinese 中文姓名
- (b) Sex: Male Female
性別 男 女
- (c) HKID Card No. _____ Passport No. _____
香港身份證號碼: _____ 護照號碼: _____
- (d) Address: _____
地址 _____
- (e) Daytime Telephone No.: _____ (f) Any other contact number(s): _____
日間聯絡電話號碼 _____ 其他聯絡電話號碼 _____

Please produce in person the original or provide a true copy of the HKID Card / Passport of the Relevant Person when submitting this DAR.
在向本院提交本「查閱資料要求」表格時，請親身出示有關人士的香港身份證 / 護照正本或提交真確副本。

2. Relationship between the Relevant Person and the Data Subject, which can be:

有關人士與資料當事人的關係必須是下列其中一項:

- EITHER (a) The Relevant Person has parental responsibility for the Data Subject who is under age 18;
請選擇 資料當事人年齡未滿十八歲，而有關人士對資料當事人有父母責任;
- OR (b) The Relevant Person has been duly authorised by the Data Subject to submit this DAR and
或 to collect all Requested Data on behalf of the Data Subject;
有關人士獲資料當事人授權提交本「查閱資料要求」，以及代其領取要求資料;
- OR (c) The Data Subject is incapable of managing his own affairs and the Relevant Person has been
或 appointed by a court to manage the affairs of the Data Subject;
資料當事人無能力管理本身事務，有關人士獲法院任命管理資料當事人的事務;
- OR (d) The Data Subject is mentally incapacitated within the meaning of the Mental Health
或 Ordinance and the Relevant Person is:
資料當事人屬《精神健康條例》所指的精神上無行為能力的人，以及有關人士為:
- appointed as a guardian of the Data Subject by a court, magistrate or the Guardianship Board under section 44A, 59O or 59Q of the Mental Health Ordinance;
經由法院、裁判官或監護委員會就《精神健康條例》第 44A、59O 或 59Q 條委任為資料當事人的監護人;
 - the Director of Social Welfare who, pursuant to section 44B(2A) or 59T(1) of the Mental Health Ordinance, is vested the guardianship of the Data Subject;
社會福利署署長就《精神健康條例》第 44B(2A)或 59T(1)條獲轉歸資料當事人的監護;
 - the Director of Social Welfare or a person approved by the Guardianship Board who, pursuant to section 44B(2B) or 59T(2) of the Mental Health Ordinance is authorised to perform the functions of a guardian for the Data Subject.
社會福利署署長或監護委員會認可的人士，根據《精神健康條例》第 44B(2B)或 59T(2)條獲授權執行資料當事人的監護人的職能。

If the box in 2(d) is ticked, state the date when the Relevant Person was appointed a guardian / was vested the guardianship / was authorised to perform the functions of a guardian: ____/____/____ (dd/mm/yyyy)
如選擇 2(d)項，請提供有關人士被委任監護人/獲轉歸監護/獲授權執行監護人職能的日期：
____/____/____ (日/月/年)

Is the appointment / vesting / authority to perform under 2(d) still subsisting? Yes No
上述 2(d)項的委任/轉歸/授權執行是否仍然有效： 是 否

Please also provide a true copy of the documentary evidence to support the relationship between the Relevant Person and the Data Subject.
請一併提供能證明有關人士與資料當事人之間關係的證明文件真確副本。

Examples of documentary evidence to support the relationship between the Relevant Person and the Data Subject are:
證明資料當事人與有關人士的關係的證明文件例子為：

- (a) a birth certificate / legal custody paper if the Relevant Person claims parental responsibility over the Data Subject; or
出生證明書/法定管養權證明書(若有關人士聲稱對資料當事人有父母責任)；或
- (b) an original authorization form signed by the Data Subject where the Relevant Person claims to have been duly authorised by the Data Subject; or
資料當事人簽署的授權書正本(若有關人士聲稱已獲資料當事人的授權)；或
- (c) a court document issued by a court appointing the Relevant Person to manage the affairs of the Data Subject who is incapable of managing his own affairs; or
法院簽發任命有關人士管理資料當事人事務法院文件(若資料當事人無能力管理本身事務)；或
- (d) a guardianship order issued by the Guardianship Board / court / magistrate which can show that the Relevant Person is currently appointed as the guardian of the mentally incapacitated Data Subject; or
監護委員會/法庭/裁判官作出的監護令，顯示有關人士現正委任為精神上無行為能力的資料當事人的監護人；
或
- (e) documentary evidence to show that the Relevant Person has been vested the guardianship or that he is authorised to perform the functions of a guardian under the relevant section of the Mental Health Ordinance.
證明文件顯示有關人士就《精神健康條例》的相關條文獲轉歸監護或獲授權執行監護人的職能。

Section III 第三部分

1. A Copy Data Request will not be processed unless accompanied by a processing fee.

「資料複本要求」須連同處理費提交，否則將不予受理。

The Data Subject and (where appropriate) the Relevant Person have read and understood the Scale of Fees.
資料當事人及有關人士(如適用者)已細閱並明瞭收費表所訂的費用。

Copy Data Request is accompanied by a processing fee of HK\$76 「資料複本要求」連同處理費 76 元提交：

Payment by Crossed Cheque (Payable to: Hospital Authority) Cheque No.
劃線支票付款 (支票抬頭: 醫院管理局) 支票號碼: _____

Payment by Cash 現金付款

Note: The appropriate receipt should be collected from the Account Office and attached to this Form.
注意: 請將會計部發出的適當收據附於本申請表。

2. Declaration and Signatures 聲明及簽署:

WHERE applicable, the Data Subject has irrevocably authorised the Relevant Person to deal with this DAR and to collect the Requested Data on behalf of the Data Subject. The Data Subject and (where appropriate) the Relevant Person understand and agree that all applicable fees listed in the Scale of Fees have to be paid prior to collection of the Requested Data.

在適用情況下，資料當事人已向有關人士發出不可撤銷授權，准許其代表資料當事人處理本「查閱資料要求」及領取要求資料。資料當事人及有關人士(如適用者)明瞭及同意需先繳交所有列於收費表內適用的收費後，才可領取要求資料。

The Data Subject and (where appropriate) the Relevant Person declare that the information given in this DAR Form is accurate. 資料當事人及有關人士(如適用者)謹此聲明在本「查閱資料要求」表格內提供的資料準確無訛。

Signature of Data Subject
資料當事人簽署

Date
日期

If application by Relevant Person 若由有關人士提交申請:

Signature of Relevant Person (if applicable)
有關人士簽署 (如適用者)

Date
日期

3. Collection of Requested Data 領取要求資料:

Under normal circumstances, the requested personal data will be sent to the applicant by Registered Mail according to the "Address" written on the application. For Duplicate X-ray Film, applicant is required to collect the personal data in person.

一般情況下，所有申請的個人資料完成後，會以掛號郵件方式郵寄往申請人填寫的地址。如果申請的個人資料是 X 光片複本，申請者需要親身到本院領取。

Collect in person 親身領取 By registered mail 掛號郵件