

FORM 1

DATA ACCESS REQUEST (DAR)

(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 and other directly related purposes only.)

[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.]

SECTION I

*(This Section Must Be Completed)*

1. Data User:

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

\_\_\_\_\_

2. Details of the Data Subject who must be a living individual:

(a) Name: \_\_\_\_\_ ( \_\_\_\_\_ )  
Surname Forename Chinese

(b) Sex: \*Male/Female

(c) Age:  under 18 years of age  18 years of age or over

(d) \*HKID Card No.: \_\_\_\_\_ / Passport No.: \_\_\_\_\_

(e) Address: \_\_\_\_\_

\_\_\_\_\_

please tick the appropriate

\* delete whichever is inappropriate

(f) Daytime Telephone No: \_\_\_\_\_

(g) Any other contact number(s): \_\_\_\_\_

*# 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.*

*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.*

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

*# [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.]*

(a) For the period: \_\_\_\_\_

(b) For the following at the Institution:

\_\_\_\_\_  
\_\_\_\_\_

*# Please provide information on separate sheets, if the space provided is insufficient.*

(c) Name(s) of Person(s) at the Institution who may be involved are (if available):

\_\_\_\_\_  
\_\_\_\_\_

*# Please provide information on separate sheets, if the space provided is insufficient.*

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

Yes

No

If no, please state the number of times where such a request has previously been made?

2nd

3rd

\_\_\_\_\_

please tick the appropriate

\* delete whichever is inappropriate

4. Nature of Request:

(a) Data Enquiry Request -

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

(b) Copy Data Request -

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

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

5. If a medical report is required, please specify:

this has previously been prepared/supplied, or

this has not previously been prepared/supplied.

*(# 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.)*

**SECTION II**

***(To Be Completed if a Relevant Person Applies for Access on behalf of the Data Subject Referred to in Section I)***

1. Details of the Relevant Person:

(a) Name: \_\_\_\_\_ ( \_\_\_\_\_ )  
Surname Forename Chinese

(b) Sex: \*Male/Female

(c) \*HKID Card No.: \_\_\_\_\_ / Passport No.: \_\_\_\_\_

please tick the appropriate

\* delete whichever is inappropriate

(d) Address: \_\_\_\_\_

\_\_\_\_\_

(e) Daytime Telephone No: \_\_\_\_\_

(f) Any other contact number(s): \_\_\_\_\_

*# Please produce in person the original or provide a true copy of the HKID Card/Passport of the Relevant Person when submitting this DAR.*

2. Relationship between the Relevant Person and the Data Subject, which can be (tick as appropriate):

EITHER  (a) The Relevant Person has parental responsibility for the Data Subject who is under age 18;

OR  (b) The Relevant Person has been duly authorised by the Data Subject to submit this DAR and to collect the Requested Data on behalf of the Data Subject;

OR  (c) The Data Subject is incapable of managing his own affairs and the Relevant Person has been appointed by a court to manage the affairs of the Data Subject;

OR  (d) The Data Subject is mentally incapacitated within the meaning of the Mental Health Ordinance and the Relevant Person is:

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;

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;

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.

please tick the appropriate

\* delete whichever is inappropriate

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:

\_\_\_\_\_

Is the appointment / vesting / authority to perform under 2(d) still subsisting?

Yes  No

# Please also provide a true copy of the documentary evidence to support the relationship between the Relevant Person and the Data Subject. Please refer to Note for examples of the documentary supporting evidence.

### **SECTION III**

***(A Copy Data Request Will Not Be Processed Unless Accompanied by a Processing Fee)***

1. The Data Subject and (where appropriate) the Relevant Person have read and understood the Scale of Fees.
2. Copy Data Request is accompanied by a Processing Fee of:

HK\$ \_\_\_\_\_

\* Payment by Cash / Payment by Crossed Cheque No. \_\_\_\_\_ issued by

\_\_\_\_\_

Note: The appropriate receipt should be collected from the shroff and attached to this Form.

3. Please select the mode of collection:

I wish to receive the Personal Data by registered mail.

I wish to collect the Personal Data in person. Please inform me when data is ready for collection. I understand and agree that the Personal Data will be sent to me by registered mail if I do not collect it within 3 months after I am informed for collection.

### **DECLARATION AND SIGNATURES:**

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.

please tick the appropriate

\* delete whichever is inappropriate

The Data Subject and (where appropriate) the Relevant Person declare that the information given in this DAR Form is accurate.

Signature of

Data Subject: \_\_\_\_\_

Date: \_\_\_\_\_

If application by Relevant Person:

Signature of Relevant

Person (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_

Note:

*Examples of documentary evidence to support the relationship between the Relevant Person and the Data Subject are:*

- (a) a birth certificate/legal custody paper if the Relevant Person claims parental responsibility over the Data Subject; or*
- (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*
- (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*
- (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*
- (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.*

**FOR OFFICIAL USE ONLY**

- The Relevant Person' s \*HKID Card/Passport Number(s) \*has/have been checked against the original by [ name of staff ].
- The Relevant Person' s \*HKID Card/Passport Number(s) \*has/have been checked against the copy (original not seen) by [ name of staff ].

(Rev 18/6/2017)

please tick the appropriate

\* delete whichever is inappropriate

**Data Access Request**  
**Scale of Fees Applicable from 18 June 2017**

Copy Data Request for the Supply of Personal Data

Processing Fee :	HK\$76 per request (inclusive of reproduction charge for not more than 10 pages and postage)
Reproduction charge for the 11 <sup>th</sup> page and onward :	HK\$1 per page
Reproduction charge for ECG, EEG or X-ray Film etc. :	HK\$230 per modality per disc HK\$230 per film