大 埔 醫 院
TAI PO HOSPITAL

HOSPITAL AUTHORITY
醫 院 管 理 局

Tai Po Hospital
大 埔 醫 院

DATA ACCESS REQUEST (FOR MEDICAL RECORDS)

Personal Information Collection Statement 收集個人資料聲明

Please read the following **BEFORE** you provide any personal data to us:
在向本院提供任何個人資料**之前**，請先閱讀以下內容：

1. Purpose of Collection 收集資料的目的

   The personal data collected from this form will be used by the Hospital Authority ("HA"), including public hospitals / institutions managed by HA, for the purposes of processing and responding to this application.
   醫院管理局 (下稱「醫管局」)，包括由醫管局管理的公立醫院 / 醫療機構，會把表格所收集的個人資料，作為處理及回覆本申請之用。

   When you provide the personal data to us, please make sure that the data is accurate and complete. If you fail to provide us with the information required or if the information provided is inaccurate or incomplete, our ability to process your application may be affected and your application may therefore be declined.
   當你提供個人資料給我們時，請確保資料準確和完整。如你未能提供所需的資料，或資料不準確或不完整，我們處理是次申請的能力或會受影響，而是次申請或因此被拒絕。

2. Disclosure of Personal Data 透露個人資料

   Please also note that your personal data collected may be made available to:
   - appropriate persons in the HA, for the purposes of processing and responding to your application; and
   - third parties where such disclosure is permitted or required by law or is in the public interest.

   請留意你的個人資料可能會提供予：
   - 醫管局內的適當人士，以處理及回覆本申請之目的；及
   - 在法律容許或要求的情況下或出於公共利益的情況下的第三方

   We will obtain your consent before using your personal data for any other purposes.
   我們將會在得到你的同意後，才使用你的個人資料作為其他目的。

3. Data Access / Correction Requests 查閱 / 改正資料要求

   If you wish to access / correct your personal data held by HA, you may do so under Personal Data (Privacy) Ordinance. Please submit your request to relevant data controller during office hours at:
   In-person : Enquiry, G/F, Main Block, Tai Po Hospital, 9 Chuen On Road, Tai Po, N.T.
   By Mail : Health Information & Record, Alice Ho Miu Ling Nethersole Hospital, 11 Chuen On Road, Tai Po, N.T.

   如果你希望根據《個人資料（私隱）條例》要求查閱 / 改正醫管局持有的你的個人資料，請在辦公時間內向有關的資料控制員遞交申請：
   親臨遞交: 新界大埔全安路 9號大埔醫院正座地下詢問處
   郵寄遞交: 新界大埔全安路11號雅麗氏何妙齡那打素醫院醫療資訊及紀錄部

4. Enquiries 查詢

   For enquiries concerning this application, please contact Medical Report Team of our Health Information & Records Office at 2689 3352.

   有關本申請的查詢，應致電 2689 3352 聯絡本院醫療資訊及紀錄部醫療報告組。

Data Access Request: Notes for Application

Please read **BEFORE** you complete and submit the application form:

Important Notes

- This application is processed under the Personal Data (Privacy) Ordinance. An individual or a relevant person on behalf of an individual is entitled to make a Data Access Request (DAR) to ascertain whether our hospital holds the personal data of the Data Subject or if our hospital holds such data, to be supplied with a copy of such data.
- The Data Subject, in relation to personal data, must be a living individual.
- This form is only applicable to request for medical records. Please complete "Data Access Request (Form 1)" for other personal data.

Application Procedures

- Applications can be submitted via the following means:

In person	Location:	Enquiry (G/F, Main Block, Tai Po Hospital)	
	Office Hours:	Monday to Friday	: 9:00 a.m. to 1:00 p.m. & 2:00 p.m. to 5:00 p.m.
		Saturday, Sunday & Public Holiday	: Closed
By Mail	Address:	Health Information & Records, Alice Ho Miu Ling Nethersole Hospital, 11 Cheun On Road, Tai Po. New Territories	

Documents Required

- The applicant **MUST** present in person the original / provide the true copy of his/her identity document.
- For application made by Relevant Person, when submitting the Data Access Request, the Relevant Person must:
  - (i) Produce in person the original or provide a true copy of his/her HKID Card / Passport
  - (ii) Provide the true copy of the documentary evidence to support the relationship between the Relevant Person and the Data Subject, for examples:
    - A birth certificate/legal custody paper if the Relevant Person claims parental responsibility over the Data Subject
    - An original authorization form signed by the Data Subject where the Relevant Person claims to have been duly authorised by the Data Subject
    - 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
    - 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
    - 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
  - (iii) Provide a true copy of Data Subject's identity document upon request.
- Please specify clearly and in detail the period, specialty and type of medical record required. Our hospital may require further information to enable us to identify and/or locate 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.
- The Data Subject is required to sign next to any amendment made on the documents / application form.

Fees & Charges

- **Effect from 1 January 2026**

	Paper-based records only	**Non-paper-based records only**	**Both paper-based and non-paper-based records**
Processing Fee	**HK$100 per request** (inclusive of reproduction charge for not more than 10 pages and postage)	**HK$100 per request** (inclusive of postage)	**HK$100 per request** (inclusive of reproduction charge for not more than 10 pages and postage)
Reproduction Charge	**The 11th page & onwards:** HK$1.5 per page	**X-ray, CT & MRI Scan, etc.:** HK$300 per modality per disc	**The 11th page & onwards:** HK$1.5 per page **X-ray, CT & MRI Scan, etc.:** HK$300 per modality per disc

- Please pay by cheque if applicant is submitted by mail. Cheque should be crossed and made payable to "Hospital Authority". ***Please DO NOT send cash by mail***.
- 'Copy Data Request' will be processed only after the processing fee is paid.

Time for Completion

- Our hospital will reply to the Relevant Person **within 40 days** after receiving the request. For any further reproduction charges payable on top of the Processing Fee, our hospital will notify the Relevant Person to settle the further payment and the Requested Data will be released after the residual cost is cleared. Under no circumstance will the Requested Data be released without receiving consent from the Data Subject and Data Subject's authorized person, checking original and copy of relevant documents.

Others

- Please specify the means of collecting copy of requested data in the application form. If unspecified, we will send out copy of requested data by registered mail.

Caller ID Display

- Calls from our Hospital will show as 1828 551 or 1828 552 on your Caller ID. Kindly answer for our call.

Enquiry

- Telephone No.: (+852) 2689 3352

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DATA ACCESS REQUEST (FOR MEDICAL RECORDS)

IMPORTANT NOTES

- Please read "Data Access Request: Notes for Application" before completing the form and submitting the request.
- Except with the consent of the individual concerned, the personal data collected in this Form will be used for the purpose of processing this DAR 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 authorise his/her private medical practitioner to contact the Hospital Authority's responsible doctor to obtain his/her medical information.

1. DATA USER

Name of Hospital Authority (HA) Institution from which Medical Records are required:

❑ Tai Po Hospital ❑ Other HA Institution: please complete "Data Access Request (Additional Information)"

2. DETAILS OF DATA SUBJECT WHO MUST BE A LIVING INDIVIDUAL

Name (English) : _____ Name (Chinese) : _____

HKID Card No. : _____ / Passport No. : _____

Gender : ❑ Male ❑ Female Age : ❑ Under 18 y/o ❑18 y/o or over

Tel No. (Daytime) : _____ Tel No. (Other) : _____

Address : _____

 # 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 DAR to our hospital.

3. DETAILS OF MEDICAL RECORDS UNDER REQUEST ("THE REQUESTED DATA")

(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 reasonable require to locate the Requested Data.)

Period

From _____ To _____

Specialty

❑ Medicine & Geriatrics ❑ Orthopaedics Rehabilitation ❑ Psychiatry
❑ Other: _____

Type of Medical Records

Medical Records	
❑ Hospitalisation Records	❑ Endoscopy Records
❑ Discharge Summary	❑ ECG
❑ Consultation Notes	❑ EEG
❑ Lab Results	

Diagnostic Images		
X-ray	❑ Image (Disc)	❑ Report
CT Scan	❑ Image (Disc)	❑ Report
MRI Scan	❑ Image (Disc)	❑ Report
Ultrasound Scan	❑ Image (Disc)	❑ Report

Others (please specify): *#Please provide information on separate sheets if the provided space is insufficient*

This is my ❑ 1st ❑ 2nd ❑ 3rd ❑_____ (please specify) time to apply for the Requested Records.

❑ Please tick and complete where appropriate

4. NATURE OF REQUEST

❑ **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.

❑ **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 "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 – Notes for Applicants".

5. DETAILS OF RELEVANT PERSON

(To be completed if a Relevant Person applies on behalf of the Data Subject Referred to in Section 2)

Name (English) : _____ Name (Chinese) : _____

HKID Card No. : _____ / Passport No. : _____

Gender : ❑ Male ❑ Female Age : ❑ Under 18 y/o ❑ 18 y/o or above

Tel No. (Daytime) : _____ Tel No. (Other) : _____

Address : _____

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

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.

If the box in 5(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 5(d) still subsisting? ❑ Yes ❑ No

In proof of my above capacity, I hereby enclose the true copy of the following:

❑ Birth certificate ❑ Court order ❑ Written authorisation

❑ Other: _____

6. PREFERRED MANNER OF COMPLIANCE

I would prefer to: ❑ have the copy of the requested data sent by registered mail to my correspondence address.

❑ collect the copy of the requested data in person.

7. DECLARATION & SIGNATURE

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 "Data Access Request – Notes for Applicants" have to be paid prior to collection of the Requested Data.

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 is made by Relevant Person

Signature of Relevant Person: _____ Date: _____

❑ Please tick and complete where appropriate