

Hospital Authority Bradbury Hospice Data Access Request (DAR)

- * Please read the "Note of Application Data Access 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 authorize 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 Personal Data is required			
□ Bradbury Hospice □	Others:		
2. Details of Data Subject who Must be a Living Individual			
Name (English):	(Chinese):		
HKID Card No.:	or Passport No.:		
Sex: 🗖 Male 🗖 Female	Age: 🛛 Unde	er 18 years of age	
Daytime Telephone No.:	Other Contact No	D.:	
Address:			
3. Details of Data Under Request			
(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	То		
Specialty:			
Data Requested:-			
Medical Record: Hospitalisation Record	X-Ray Report	Discharge Summary	
Out-patient Record	C.T. Scan Report	Laboratory Results (e.g. Blood test,	
□ A&E Record	□ M.R.I. Report	pathology report etc.)	
Radiological Investigation Images:	C.T. Scan	□ M.R.I.	
Others (<i>please specify</i>) (<i>Please provide information on separate sheets if the provided space is insufficient.</i>)			
This is my \Box first \Box second \Box third \Box (<i>please specify</i>) time to apply the Requested Data.			

4. <u>Nature of Request</u>			
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 [DAR] and [Copy Data Request]. The fee applicable for a Copy Data Request is listed in the "Note of Application – DAR".			
5 Particulars of Polovant Parson (To be completed if a Polovant Parson amilies for Access on behalf of the Data S	which Poformad to in Section 2)		
5. <u>Particulars of Relevant Person</u> (<i>To be completed if a Relevant Person applies for Access on behalf of the Data Subject Referred to in Section 2</i>) # Please produce in person the original or provide a true copy of the HKID Card/ Passport of the Relevant Person when submitting this DAR.			
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Daytime Telephone No.: Other Contact No.:			
Address:			
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 Requested Data on behalf of the Data Subject;			
OR (c) The Data Subject is incapable of managing his own affairs and the Relevant Person ha court to manage the affairs of the Data Subject;	as been appointed by a		
OR (d) The Data Subject is mentally incapacitated within the meaning of the Mental Health O Person is:	Ordinance and the Relevant		
appointed as a guardian of the Data Subject by a court, magistrate or the Guardians 44A, 59O or 59Q of the Mental Health Ordinance;	ship Board under section		
the Director of Social Welfare who, pursuant to section 44B(2A) or 59T(1) of the lis vested the guardianship of the Data Subject;	Mental Health Ordinance,		
the Director of Social Welfare or a person approved by the Guardianship Board wh 44B(2B) or 59T(2) of the Mental Health Ordinance is authorised to perform the fu 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? \Box YES \Box 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 Point 4 of "Note of Application – Data Access Request". 			
6. <u>Declaration and Signature</u>			
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 "Note of Application – DAR" 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 by Relevant Person			
Signature of Relevant Person (where applicable): Date:			