

## 查閱資料要求 — 申請須知

### 收費表 [二零一七年六月十八日開始適用]

#### 提供個人資料的「資料複本要求」

處理費	: 每次76元 (已包含不多於十頁的複製費及郵費)
第十一頁及以後頁數的複製費	: 每頁1元
X光片、電腦掃瞄片、腦電圖等複製費	: 每種造影每張光碟230元
	: 每張底片230元

#### 附註:

1. 如在本院即時申請，請將填妥之申請表格交到本院信望愛樓望翼一樓「醫療資訊及病歷檔案處」。經核對資料後，申請人須到信望愛樓愛翼一樓會計部繳費處繳交費用。
2. 如以郵遞申請，請將填妥之表格連同處理費(港幣\$76)的劃線支票(抬頭「靈實醫院」或「醫院管理局」)，寄回九龍將軍澳靈實路八號靈實醫院信望愛樓信翼四樓「醫療資訊及病歷檔案部」收。
3. 請正確填寫資料當事人身份證號碼及所需資料，以便翻查記錄。
4. 申請人若非資料當事人，是必須取得資料當事人的書面同意及出示申請人之身份證明文件或提交真確副本。
5. 如申請人是資料當事人之父母或監護人，請出示能證明申請人與資料當事人之間的關係證明文件正本或真確副本。
6. 除非本院未能提供資料，否則所繳付之處理費概不會發還。
7. 本院會在收到申請後的四十日內向申請人作出回覆。如所需費用超出處理費(港幣\$76)，本院會先以書面通知申請人繳交所需費用。
8. 一般情況下，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回郵地址。
9. 醫療記錄是以英文書寫，本院並無翻譯服務。
10. 本院一般只保留病人六年的住院及專科門診記錄。
11. 如有任何查詢請致電本院「醫療資訊及病歷檔案部」  
電話: 2703 8257 傳真: 2703 8059

## **Data Access Request (DAR) – Points to Note**

### 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-r: Film etc.	: HK\$230 per modality per disc
	HK\$230 per film

#### **Note :**

1. For requests made in-person, please submit your completed request form to Health Information and Records Service Counter on 1/F, Hope Wing, Trinity Block. After verification, applicant should settle the fee at the Accounting Department Cashier on 1/F, Love Wing, Trinity Block.
2. For application by post, please send the duly completed application form together with a crossed cheque made payable to “Haven of Hope Hospital” or “Hospital Authority” in the amount of HK\$76 as the initial processing fee to Health Information and Records Department, 4/F, Faith Wing, Trinity Block, Haven of Hope Hospital, 8 Haven of Hope Road, Tseung Kwan O, Kowloon.
3. For easy retrieval of the relevant record, please clearly state the Data Subject’s identity card number and the required information.
4. If the applicant is not the Data Subject, a written consent of the Data Subject is required and the applicant must also produce in person the original or true copy of his/her identity document.
5. If the applicant is the Data Subject’s parent or guardian, please provide the original or a true copy of the documentary evidence to support the relationship.
6. The processing fee is non-refundable except for unsuccessful location and retrieval cases.
7. Hospital will reply to the applicant within 40 days upon receipt of the request. If the total cost payable exceeds the processing fee of HK\$76, our hospital will notify the applicant to settle the cost.
8. Under normal circumstances, the requested personal data will be sent to the applicant by Registered Mail according to the “Mailing Address” written on the application.
9. Medical records are written in English. This hospital does not provide translation service.
10. The hospital will normally keep in-patient and specialist out-patient records for 6 years.
11. For further enquiry please contact the “Health Information and Records Department” at Tel: 2703 8257 Fax: 2703 8059.

**FORM 1 表格一**  
**DATA ACCESS REQUEST (DAR)**  
**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 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。)

[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 ✓ the appropriate box(es)  請在適當方格加上✓號 \*Delete whichever is inappropriate 請刪去不適用者)**

**SECTION I (This Section Must Be Completed)**

**第一部份 (此部份必須填寫)**

**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：

---

**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 (English): \_\_\_\_\_ (Chinese): \_\_\_\_\_  
姓名(英文): \_\_\_\_\_ (中文): \_\_\_\_\_
- (b) Sex:  Male  Female  
性別 男 女
- (c) Age:  under 18 years of age  18 years of age or over  
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 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) For the period:  
所需查閱資料的期間： \_\_\_\_\_
- (b) Requested Data:  
資料類別：
- |   |   |
|---|---|
| <input type="checkbox"/> Duplicated All Medical Records<br>所有醫療記錄複本   | <input type="checkbox"/> Duplicated X-ray Film / CD<br>X光片 / 光碟複本 |
| <input type="checkbox"/> Discharge Summary<br>出院撮要  | <input type="checkbox"/> Laboratory Report<br>化驗報告                |
| <input type="checkbox"/> # KEC Staff Psychological Services Clinic/ CIPS Centre records<br>九龍東職員心理服務診所 / 職員緊急事故心理服務中心記錄<br># The service is provided to HA staff only. Applicants are requested to check the box or specify in the application letter if medical records and/or client data related to the service are required.<br>此乃職員服務，如欲申請有關醫療記錄及/或病人資料，必須在適當空格加上「✓」號或在信中列明。 |   |
| <input type="checkbox"/> Others (please specify):<br>其他(請列明): _____   |   |

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。

- (c) Name(s) of Person(s) at the Institution who may be involved are (if available):  
該機構內可能涉及上述資料的人士姓名(如有者)： \_\_\_\_\_

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。

- (d) Is this the first time that the Requested Data is requested?  Yes  No  
是否第一次要求查閱所要求資料? 是 否
- If no, please state the number of times where such a request has previously been made?  
若否，請註明以往曾提出此要求的次數  2nd  3rd   
兩次 三次 \_\_\_\_\_

4. **Nature of Request:**

本要求的性質：

- (a) **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。
- (b) **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 (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”).  
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(b)「資料複本要求」，將被視作同時提出(a)「查詢資料要求」及(b)「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**

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

**第二部份**

*(如果本申請乃由有關人士代表第一部份所註明的資料當事人提出，則須填寫此部份)*

**1. Details of the Relevant Person:**

有關人士詳情：

- (a) Name (English): \_\_\_\_\_ (Chinese): \_\_\_\_\_  
姓名(英文): \_\_\_\_\_ (中文): \_\_\_\_\_
- (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: \_\_\_\_\_
- (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 (tick as appropriate):**

有關人士與資料當事人的關係必須是下列其中一項。請在適當方格內加✓號：

EITHER  
請選擇

- (a) The Relevant Person has parental responsibility for the Data Subject who is under age 18;  
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；
- (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;  
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；
- (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;  
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；
- (d) The Data Subject is mentally incapacitated within the meaning of the Mental Health 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: (Date)

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：(日期)\_\_\_\_\_

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. Please refer to Note for examples of the documentary supporting evidence.  
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。證明文件的例子可參閱附註。

### **SECTION III** **第三部份**

(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。)

1. 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。

2. Copy Data Request is accompanied by a Processing Fee of:  
「資料複本要求」連同處理費提交：

HK\$

港幣\_\_\_\_\_

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

\*以現金／劃線支票付款，支票號碼為\_\_\_\_\_，

issued by

簽發支票銀行為\_\_\_\_\_

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

*注意：請將出納處發出的適當收據附於本申請表。*

#### **PLEASE SELECT COLLECTION METHOD** 請選擇資料領取方法

By mail 郵寄

Self-collect during #Office hour

Health Information and Records Service Counter

1/F, Hope Wing, Trinity Block, HHH

#Office Hour: Monday to Friday 8:30am - 5:00pm

Saturday 9:00am - 12:00pm

Sunday and Public Holiday closed

自行在 #辦公時間內到本院索取

靈實醫院信望愛樓望翼一樓

「醫療資訊及病歷檔案處」

#辦公時間：星期一至五早上八時半至下午五時

星期六早上九時至正午十二時

星期日及公眾假期休息

#### **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.

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

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。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:

\_\_\_\_\_

Note:  
附註

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。

**FOR OFFICIAL USE ONLY 此欄只供本院填寫**

Checked by: \_\_\_\_\_

- The Data Subject's \*HKID Card / Passport Number(s) has been checked against the \*original / copy (original not seen)
- The Relevant Person's \*HKID Card / Passport Number(s) has been checked against the \*original / copy (original not seen)
- The Data Subject's and Relevant Person's document of relationship \* (a)/ (b)/ (c)/ (d)/ (e) has been checked against the \*original / copy (original not seen)