Tung Wah Hospital
Medical Records Office
LG/F, Centenary Building, Tung Wah Hospital
12 Po Yan Street, Sheung Wan, Hong Kong
Tel.: 2589 8277   Fax: 2546 7963
Opening hours: Monday-Friday: 9 a.m. to 1 p.m. and 2:00 p.m.
to 5:30 p.m. ; Saturday: 9 a.m. to 1 p.m.;
Sunday & Public Holidays: Closed

東華醫院
醫療檔案部

香港　上環　普仁街12號　東華醫院
百週年紀念樓　地下低層
電話：2589 8277　　傳真：2546 7963
辦公時間：星期一至五：上午九時至下午一時及下
午二時至下午五時三十分，星期六：上午九時至下
午一時，星期日及公眾假期：休息

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 data access request and other directly related purposes only.

A data user is required by the Personal Data (Privacy) Ordinance to comply with a Data Access Request (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.

Scale of Fees (Applicable from 18 June 2017)
Data Access Request consists of (i) Data Enquiry Request and (ii) Copy of Personal Medical Records

(i)   Charges for Data Enquiry Request
This request is _only_ for ascertaining whether this hospital holds the Data Subject's Personal Data or Medical Records. The enquiry is not to be charged.

(ii)   Charges for Copy Data Request for the Supply of Personal Data
The Copy of Data Request must be preceded by, or coupled with, the Data Enquiry Request for a Processing Fee of HK$76 has to be paid. The Processing Fee in inclusive of reproduction charge for not more than 10 pages of paper based records and postage. After initial processing, we will inform requester the amount of photocopying or duplicating charge payable and the copy data can be collected after payment of such charge. The processing fee is subject to refund for unsuccessful location or retrieval of the medical records.

For paper based records whether in the form of hard copy or electronic copy, the reproduction charge for the 11th page and onward is HK$1 per page.

For duplicate copies of ECG, EEG or radiological images (e.g. plain X-ray /C.T. Scan/M.R.I.) there will be a reproduction charge of HK$230 per modality per disc/film in addition to the processing fee.

查閱資料要求

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。

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。

收費表[二零一七年六月十八日開始適用]

查閱資料要求可分為(i)查詢資料要求及(ii)資料複本要求。

(i)   查詢資料要求的收費
查詢資料要求旨在確定本院是否持有資料當事人的個人資料或醫療記錄，有關查詢免收費。

(ii)   資料複本要求的收費
在申請「資料複本要求」時，必須預先或同時提交「查詢資料要求」以及繳付處理費港幣七十六元。上述處理費已包括不多於十頁紙張類記錄的複製費及郵費。申請經初步處理後，本部門會通知申請人所需繳付的影印／複製費用，才能領取資料複本。若有關查詢資料要求未能跟進，上述處理費將予以退還。

紙張類記錄第十一頁及以後頁數每頁複製費為港幣一元。　X光片、電腦掃描片、心電圖、腦電圖、磁力共振等複製費每張造影每張光碟／每張底片港幣二百三十元，另加上述處理費港幣七十六元。

SECTION I 第一部份

(This Section Must Be Completed 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 in English 英文姓名: (Surname first 姓氏先行) _____

   　　 Name in 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/Passport/Other No. *香港身份證/護照/其他號碼 ： _____

   (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. 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。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 Personal Data.* 你可能需要提供更多資料以便本局識別和／或查找你所需的個人資料。*]*

   (a) For the period:
   　　 所需查閱資料的期間: _____

   (b) For the following at the Institution:
   　　 需要查閱前述機構的下列資料:

   ☐ Duplicated Medical Record *醫療記錄複本*　　　☐ Duplicated X-ray Film X光片複本

   　　☐ Inpatient record 住院記錄　　　　　　　　☐ Plain X-ray *Film / CD 普通 X光片*菲林/光碟

   　　☐ Out-patient record 門診覆診記錄　　　　　☐ C. T. Scan *Film / CD 電腦掃描*菲林/光碟

   　　☐ Discharge Summary 出院撮要　　　　　　　☐ M.R.I. *Film / CD 磁力共振*菲林/光碟

   　　☐ Investigation Reports 檢驗報告,　　　　　☐ others please specify 其他(請列明):
   　　　　 please specify 請列明:　　　　　　　　　_____
   　　　　 _____

☐ please tick the appropriate box 請在適當空格上加√ 號　　　 * delete whichever is inappropriate 請刪去不適用者

☐ Others please specify:
　　　其他(請列明)　　　_____

* Hospital would provide copy of document filed in existing patient record. 本院會複印現存於醫療記錄內的文件。

(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)　Reason(s) for requiring the Personal Data:
　　　要求查閱3(b)項所述個人資料的原因：
　　　☐ for future medical purposes 日後醫療用途
　　　☐ for personal reference 個人記錄
　　　☐ for legal proceedings 法律申訴程序
　　　☐ others please specify 其他(請列明)：

　　　_____

(e)　Is this the first time that the Personal Data in question is requested?
　　　是否第一次要求查閱所涉個人資料?
　　　☐ Yes 是　　　　　　☐ No 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 兩次　　　　☐ 3ʳᵈ 三次　　　☐ _____ th 次

4.　Nature of Request 本要求的性質：

☐　Data Enquiry Request 查詢資料要求 -
The Institution will only inform the Data Subject (or where appropriate, the Relevant Person) whether it holds the Requested Data.
前述機構只需通知資料當事人(或有關人士)其是否持有資料當事人的要求資料。

☐　Copy of Personal Medical Records 資料複本要求 -
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。

If a copy of 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. 本局以前曾經備妥/提供此醫療報告
(# Please refer to the applicable scale of charges. 請參閱收費表所列的費用。)

☐　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。)*

☐ please tick the appropriate box 請在適當空格上加√ 號　　　* delete whichever is inappropriate 請刪去不適用者

5. Mode of Collection 領取個人資料的方式:

The requested items would be sent to you by registered mail unless you check the following box:

除非你選擇以下領取個人資料的方式，否則你所要求的個人資料將會以掛號郵件寄出。

I wish to 本人希望:

☐ Collection the Personal Data in person. Please inform the applicant / me when the data is ready for collection. 親自領取所要求的個人資料，請在可以領取資料時通知本人/申請者。

SECTION II 第二部份

(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 in English 英文姓名: (Surname first 姓氏先行）

Name in Chinese 中文姓名

(b) Sex : *Male / Female   (c) * HKID Card/Passport/Other No.
性別   *男 / 女   *香港身份證/護照/其他號碼 :

(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 (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 ☐ 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；

OR
或   ☐ (b) The Relevant Person has been duly authorised by the Data Subject to submit this DAR and to collect all Personal Data the subject of this request 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」，以及代其領取本要求內所述的所有個人資料；

OR
或   ☐ (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。

OR
或   ☐ (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。

☐ please tick the appropriate box 請在適當空格上加√ 號   * delete whichever is inappropriate 請刪去不適用者

If the box in 2(d) is ticked, state the date when the Relevant Person was appointed a guardian/was vested the guardianship/was authorized to perform the functions of a guardian: 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：_____

Is the appointment / vesting / authority to perform under 2(d) still subsisting? 上述2(d) 項的委任/轉歸/授權執行是否仍然有效？

☐ Yes是　　☐ No否

Please also provide a true copy of the documentary evidence to support the relationship between the Relevant Person and the Data Subject. The documentary evidence can be:
　EITHER　*a birth certificate/legal custody paper if the Relevant Person claims parental responsibility over the Data Subject;*
　OR　*an original authorization form signed by the Data Subject where the Relevant Person claims to have been duly authorised by the Data Subject;*
　OR　*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　*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　*Documentary evidence to show that the Relevant Person has been vested the guardianship or that he is authorized to perform the functions of a guardian under the relevant section of the Mental Health Ordinance.*

請一併提供能證明有關人士與資料當事人之間關係的證件真確副本。該證件：
可以是　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　　　資料當事人簽署的授權正本(若有關人士聲稱已獲資料當事人的授權)；
或　　　法院簽發任命有關人士管理資料當事人事務的法院文件(若資料當事人無能力管理本身事務)；
或　　　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　　　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$ 76.00   元

* Payment by Cash/Payment by Crossed Cheque (Payable to: Hospital Authority) Cheque No.

* 以現金/以劃線支票(抬頭：醫院管理局)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：請將收費處發出的適當收據附於本申請表。

3. The Data Subject and (where appropriate) the Relevant Person agree to pay such fees as specified in the scale of fees prior to the collection of the Personal Data under Copy Data Request.
資料當事人及有關人士(如適用者)同意在領取所要求的個人資料之前，先繳付收費表所列的其他未付費用。

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 Personal Data under request on behalf of the Data Subject. The Data Subject and (where applicable) the Relevant Person understand that the initial processing fee for Data Enquiry Request in non-refundable and the fees for the copy of Personal Data under the Copy Data Request have to be paid prior to the collection of the data. The Data Subject and (where applicable) 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」及領取所要求的個人資料。資料當事人及有關人士(如適用者)明瞭初步處理費是不予退還的，而有關的餘款亦須付清才可領取要求的資料。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: Date :
資料當事人簽署: 日期：

_____   _____

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

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

_____   _____

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* delete whichever is inappropriate 請刪去不適用者

FOR OFFICAL USE ONLY 此欄只供醫管局填寫

- The Data Subject's [*and Relevant Person's] *HKID Card/Passport Number(s) *has/have been checked against the original by [name of staff] _____

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