

**KWONG WAH HOSPITAL**  
**Data Access Request**

For Office Use Only	
DAR Check List	
<input type="checkbox"/> ID	<input type="checkbox"/> BC
<input type="checkbox"/> RP's ID	<input type="checkbox"/> Cheque
<input type="checkbox"/> Fee	<input type="checkbox"/> Consent
Others	
By _____	Date _____

(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.]

please tick the appropriate \* delete whichever is inappropriate

**SECTION 1**

*(This Section Must Be Completed)*

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

**KWONG WAH HOSPITAL** \_\_\_\_\_

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

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

(b) Sex: \*Male/Female

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

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

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

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

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

*# Please produce in person the original or provide a true copy of the HKID Card/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) Types of Data :  Duplicate Medical Record  Duplicate X-ray Film  
 Others (please specify) \_\_\_\_\_

(b) Specialty : \_\_\_\_\_

(c) Period : From \_\_\_\_\_ To \_\_\_\_\_

(d) Types of X-ray Film(s) :

(1)  Plain X-ray

(2)  C.T. Scan

(3)  M.R.I.

(4)  Others (please specify) \_\_\_\_\_

4. 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?

- 2<sup>nd</sup>  3<sup>rd</sup>  (please specify) \_\_\_\_\_

5. 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 Scale of Fees ("Scale of Fees").

## **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.: \_\_\_\_\_

(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 both the Relevant Person and the Data Subject when submitting this Data Access Request.*

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 Data Access Request 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 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. The documentary evidence can be:*

- (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.

**SECTION III**  
**DECLARATION AND SIGNATURES:**

WHERE applicable, the Data Subject has irrevocably authorised the Relevant Person to deal with this Data Access Request 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 Data Access Request Form is accurate.

Signature of  
Data Subject: \_\_\_\_\_

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

If application by Relevant Person:

Signature of Relevant  
Person (if applicable): \_\_\_\_\_

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

Office hours of Medical Report Office

Monday – Friday            8:45am to 1:00pm  
   2:00pm to 5:30pm

Saturday, Sunday  
and Public Holidays        Closed

**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 11th 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

# Our hospital will reply to the applicant within 40 days after receiving the 「Data Access Request」. The reply letter will be sent to applicant upon completion. Applicant could collect the medical record at Medical Report Office (12/F Central Stack, Kwong Wah Hospital) in person. Please specify on the application form should an applicant would like to receive the information by post. For enquiry, please contact 3517 5216 during office hours.

## **Other Records Notice**

*Please read this notice before you provide any Personal Data to us.*

The Hospital Authority (HA) is a statutory body which manages public hospitals. Our staff members may ask you to provide your Personal Data for purposes stated below or generally for your provisions of services to us.

When you provide 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 consideration of the purposes stated below or generally in respect of your provisions of services to us will be affected.

Please also note that your Personal Data may be made available to:

- appropriate persons in HA;
- any other relevant parties who require it for matters related to the purposes stated below or generally in respect of your provisions of services to us; or
- any relevant government departments/appropriate authorities when the HA is required to provide it under the relevant legislation for use for the purposes of that legislation.

In addition to the above, we will only use, disclose or transfer the Personal Data you provide to us:

- for those purposes relating to the purposes stated below or generally in respect of your provisions of services to us or directly related purposes; or
- where permitted by law.

We will obtain your consent before using your Personal Data for any other purposes.

Where relevant, the purposes for which the data is required (including their incidental or ancillary purposes) are:

1. Application for Data Access Request
2. Application for Medical Report/Medical Certificate
3. Application for Search of Birth Time

If you wish to require access to and/or correction of your Personal Data, you may do so under the Personal Data (Privacy) Ordinance. For request(s) relating to Kwong Wah Hospital, please contact the relevant Data Controller during office hours at:

Address : Medical Report Office, Kwong Wah Hospital, 25 Waterloo Road, Yau Ma Tei, Kowloon