北區醫院 NORTH DISTRICT HOSPITAL

HOSPITAL AUTHORITY

North District Hospital Notes of Application - Data Access Request

- 1. 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 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.
- 2. The Data Subject, in relation to personal data, must be a living individual.
- 3. When a relevant person (the applicant) applies on behalf of the Data Subject, a written consent from the Data Subject must be obtained. The applicant must present his/her original / certify true copy of the identity document. The applicant should also present the Data Subject's original / certify true copy of the identity document upon request.
- 4. All relevant supporting documents of the applicant, Data Subject and Data Subject's next of kin should be presented for verification of identity upon request. Copy of the documents may be required. Examples of supporting documents are:
 - Hong Kong Identity Card
 - Marriage Certificate
 - 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
- 5. The Data Subject is required to sign next to any amendment made on the documents / application form.
- 6. Please specify clearly and in detail the request period (e.g. 3/2004-5/2004) and type of data required (e.g. hospitalization records, laboratory results, X-ray films etc). 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 reasonable require to locate the Requested Data.
- 7. Charges:

Copy Data Request

- Processing Fee: HK\$76 per request (inclusive of reproduction charge

for not more than 10 pages and postage)

- Reproduction Charge for the 11th page & 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

- 8. 'Copy Data Request' will be processed only after the processing fee of HK\$76 is paid. Payment by cheque should be crossed and made payable to the "Hospital Authority"
- 9. Our hospital will reply to the applicant within 40 days after receiving the request. For any further reproduction charges payable on top of the Processing Fee, our hospital will notify the applicant 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.
- 10. All copies of the personal data released (except X-ray films) will be sent to the applicant by "Registered Post".

11. Mail/In-person Application & Enquiry

Address: Health Information & Records Department, LG/F, North District Hospital,

9 Po Kin Road, Sheung Shui, N.T.

Office hour: Monday – Friday: 9:00am to 12:45pm & 2:00pm to 5:30pm

Saturday / Sunday / Public Holiday: closed

Enquiry Phone Number: (852) 2683 7042 Facsimile Number: (852) 2683 7047