Pok Oi Hospital
Request for Medical Record Copy / Data Access Request (DAR)

Please read the "Data Access Request – Note of Application" first.

(☐ Please √ the appropriate)

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.

1. **Name of Hospital Authority Institution from which Personal Data is requested**: Pok Oi Hospital

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

   Name: _____ (_____)
   Surname   Given Name   Chinese (if any)

   Gender: ☐ Male ☐ Female   Age: ☐ Under 18 years of age ☐ 18 years of age or over

   HKID Card No: _____ / Passport No.: _____

   Address: _____

   Tel. No. : _____   Other Contact No. : _____

   # 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.

3. **Nature of Request:**

   ☐ **Data Enquiry Request –** The Hospital 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 Hospital will inform the Data Subject (or where appropriate, the Relevant Person) whether it holds or does not hold the Requested Data.
   The Hospital 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").

4. **Purpose of Application:**

   ☐ Patient Care   ☐ Insurance Claim   ☐ Personal Record

   ☐ Legal Proceeding: (please state detail) _____

   ☐ Others: _____

5. **Details of Personal Data of the Data Subject under request ("Requested Data") are:**

Date of data: _____ / _____ / _____ to _____ / _____ / _____
         Y   M   D   Y   M   D

5.1. Type of data

Medical Notes: ☐ A&E medical notes　　☐ In-patient medical notes

☐ Specialist out-patient medical notes (Specialty name:_____)

☐ Allied health medical notes (Department name:_____)

☐ General out-patient notes (Clinic name:_____)

☐ Discharge summary　　☐ Laboratory reports　　☐ Clinical photo

X-ray: ☐ Disc / Film *　　☐ Report

CT Scan: ☐ Disc / Film *　　☐ Report

MRI: ☐ Disc / Film *　　☐ Report

Ultrasound: ☐ Disc　　☐ Report

Others: _____

 # [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.]
* Please delete whichever is inappropriate.

5.2. Exclusions *(please tick and complete where appropriate)*

I **DO NOT** require any personal data which is:

☐ contained in documents which had previously been provided to the Data User by the Data Subject (e.g. letters to the Data User and/or the Relevant Person (as mentioned under Point 6 below) from the Data Subject) (please describe as fully as possible): _____
_____

☐ contained in documents which had previously been provided to the Data Subject by the Data User (e.g. letters to the Data Subject and/or the Relevant Person from the Data User or documents the Data User had provided to the Data Subject and/or the Relevant Person pursuant to a previous request) (please describe as fully as possible): _____
_____

☐ in the public domain (e.g. newspaper clippings or entries in public registers concerning the Data Subject)

☐ set out below (please describe as fully as possible) : _____
_____

6. **Details of the Relevant Person:** *(please fill this section if a Relevant Person applies on behalf of Data Subject)*

Name: _____　　(_____)
       Surname　　Given Name　　　　　　Chinese (if any)

Gender: ☐ Male ☐ Female　　Relationship with Patient: _____ (if applicable)

HKID Card No: _____ / Passport No.: _____

Address: _____

Tel. No. : _____　　Other Contact No. : _____

 # Please produce in person the original or provide a true copy of the HKID Card/Passport of the Relevant Person when submitting this Data Access Request.

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 all 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 the 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 6 (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 6 (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. Please refer to point 6 of "Data Access Request - Note of Application" for examples.

7. Declaration and Signature *(only be filled by person over 18 years of age)*

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.

Signature of Data Subject: _____   Date: _____

If application by Relevant Person:

Signature of Relevant Person: _____   Date: _____

8. Method of Collection   **Please refer to the point 7 of explanatory notes**

☐ Registered Post to the address below   ☐ Collect in Person (I understand and agree that if I do not collect my Personal Data within three months of being notified, it will be sent to me by registered mail)

To : Mr / Ms _____
Address: _____
_____
_____
_____

Pok Oi Hospital
Data Access Request – Note of Application

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 hospital holds the personal data of the Data Subject and to be supplied with a copy of such data.

2   The Data Subject pertaining to the Data Access Request must be a living individual.

3   Application form and supporting documents may be submitted in person or by post. For application submitted by post, please send payment in a crossed cheque made payable to the Hospital Authority. (**Please do not send cash by mail)**

4   Hospital will reply to the applicant **within 40 days** upon receipt of the request. If the total charge payable exceeds the processing fee of HK $76, our hospital will notify the applicant to settle the charge/estimated charge and the data copy will be released after the residual cost is settled.

5   DAR Scale of Fees (Applicable from 18 June 2017):

Processing Fee[1]:	HK$76 per request (includes reproduction charge of the first 10 pages and postage)
Reproduction charge for the 11th page and onward:	HK$1 per page
Reproduction charge for ECG, EEG, X-ray Film/disc or photo etc.:	HK$230 modality per disc HK$230 per film

[1] The Processing Fee is non-refundable unless the hospital is unable to provide the Requested Data.

6   If needed, the Relevant Person/the Data Subject is required to submit a true copy of the following document for verification:
- Hong Kong ID Card / Passport;
- Marriage Certificate;
- 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;
- Court document(s) issued by a court appointing the Relevant Person to manage the affairs of the Data Subject who is incapable of managing his own affairs;
- Guardianship order(s) 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.

7   If fail to indicate the mode of collection, the Personal Data will be sent by registered mail. The Personal Data will be sent by registered mail if applicant does not collect it within 3 months after being informed that the data is ready for collection. The Personal Data sent by registered mail is undelivered and returned by the Post Office, it will be disposed 3 months after it is returned by the Post Office without any further or prior notice.

8   For enquiry, please contact our hospital at:

Address:	Release of Information Services Health Information & Records Office M/F, Pok Oi Hospital, Au Tau, Yuen Long	
Office Hour:	Monday - Friday:	9am – 5pm (Lunch time: 1pm – 2pm)
	Saturday:	9am – 12:30pm
	Sunday & Public Holiday:	Closed
Tel. no.:	2486 8367	
Fax. no.:	2486 8531	