Cheshire Home, Shatin

Hospital Authority

Data Access Request (DAR)

* Please read the "Note of Application – 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 DAR 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. Data User:

Name of Hospital Authority (HA) Institution from which Personal Data is required

❑ Cheshire Home, Shatin Others: _____

2. Details of Data Subject who Must be a Living Individual

Name (English): _____ (Chinese): _____

HKID Card No.: _____ or Passport No.: _____

Sex: ❑ Male ❑ Female Age: ❑ Under 18 years of age ❑ 18 years of age or over

Daytime Telephone No.: _____ Other Contact No.: _____

Address: _____

_____

3. Details of Data Under Request

(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.)

Period: From _____ To _____

Specialty: _____

Data Requested:-

Medical Record:
- ❑ Hospitalisation Record
- ❑ Out-patient Record
- ❑ A&E Record
- ❑ X-Ray Report
- ❑ C.T. Scan Report
- ❑ M.R.I. Report
- ❑ Discharge Summary
- ❑ Laboratory Results (e.g. Blood test, pathology report etc.)

Radiological Investigation Images: ❑ Plain X-Ray ❑ C.T. Scan ❑ M.R.I.

❑ Others (*please specify*) (*Please provide information on separate sheets if the provided space is insufficient.)*

_____

_____

_____

_____

_____

This is my ❑ first ❑ second ❑ third ❑ _____(*please specify*) time to apply the Requested Data.

❑ Please ✓ in the appropriate box.

4. 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 [DAR] and [Copy Data Request]. The fee applicable for a Copy Data Request is listed in the "Note of Application – DAR".

5. Particulars of Relevant Person ***(To be completed if a Relevant Person applies for Access on behalf of the Data Subject Referred to in Section 2)***

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

Name (English): _____ (Chinese): _____

Sex: ❑ Male ❑ Female HKID Card No: _____ Or Passport No.: _____

Daytime Telephone No.: _____ Other Contact No.: _____

Address: _____

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 DAR 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 5(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 5(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 4 of "Note of Application – Data Access Request".

6. Declaration and Signature

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 "Note of Application – DAR" 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 (where applicable): _____ Date: _____

❑ Please ✓ in the appropriate box.

Cheshire Home, Shatin

Hospital Authority

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 applies on behalf of the Data Subject, a written consent from the Data Subject must be obtained. The Relevant Person must present his/her original / certified true copy of the identity document. The Relevant Person should also present the Data Subject's original / certified true copy of the identity document upon request.
4. All relevant supporting documents of the Relevant Person and Data Subject 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 reasonably require to locate the Requested Data.
7. Charges:

   Copy Data Request

- Processing Fee:	HK$100 per request *(inclusive of reproduction charge for not more than 10 pages and postage)*
- Reproduction Charge for the 11th page & onward:	HK$1.5 per page
- Reproduction Charge for ECG, EEG or X-ray Film etc.:	HK$300 per modality per disc HK$300 per film

8. 'Copy Data Request' will be processed only after the processing fee of HK$100 is paid. Payment by cheque should be crossed and made payable to the "Hospital Authority"
9. Our hospital will reply to the Relevant Person **within 40 days** after receiving the request. For any further reproduction charges payable on top of the Processing Fee, our hospital will notify the Relevant Person 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 Relevant Person by "Registered Post".
11. If you have any queries, please contact us at

Enquiry Number	:	(852) 2636 7288 / 2636 7208
Facsimile Number	:	(852) 2635 1492
Address	:	General Office, G/F, Cheshire Home, Shatin 30 A Kung Kok Shan Road, Shatin, N.T.
Office Hour		Monday – Friday: 8:45am to 1:00pm & 2:00pm to 5:30pm Saturday, Sunday and Public Holiday: Closed

12. All calls from our hospital will show 1828 556 in the caller display of your phone. Please pick up the call when you see this phone number.