醫院管理局
沙田醫院
查閱資料要求

* **請先參閱 “查閱資料要求 - 申請須知” 。**

* **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。**

1. 資料使用者：
需因應本要求而提供個人資料的醫管局機構名稱

❑ 沙田醫院　　❑ 其他: _____

2. 病人資料（必須為在生人士）詳情

姓名（英文）: _____　　（中文）: _____

香港身份證號碼: _____　或　護照號碼: _____

性別: ❑ 男　❑ 女　　年齡: ❑ 未滿十八歲　❑ 十八歲或以上

電話號碼(日間): _____　　其他聯絡電話號碼: _____

地址: _____

_____

3. 查閱的資料詳情

(你可能需要提供更多資料以便本院識別和 / 或查找你的要求資料。請清楚和詳細指明你的要求資料，如要求資料的描述太籠統，例如：「本人的所有個人資料」，本院可拒絕你的要求，因為本院不獲提供為找出要求資料而合理地要求的資訊。)

期間: 由_____至 _____

專科: _____

所需查閱/ 索取的資料:-

醫療紀錄:
❑ 住院紀錄　❑ X 光報告　❑ 出院總結
❑ 覆診紀錄　❑ 電腦掃描報告　❑ 化驗紀錄（如: 驗血報告、病理報告等）
❑ 磁力共振掃描報告

放射診斷造影影像:
❑ X 光片　❑ 電腦掃描　❑ 磁力共振掃描

❑ 其他資料（請註明）　#如不夠書寫，請在另頁提供詳情

_____
_____
_____
_____
_____

這是本人第 ❑ 一次　❑ 二次　❑ 三次　❑ _____次（請註明）要求查閱所涉的要求資料。

❑ 請於適當方格加上✓ 號

4. 本要求的性質

❑ **查詢資料要求**

前述機構需通知資料當事人（或有關人士）其持有或並不持有資料當事人的要求資料。

❑ **資料複本要求**

前述機構需通知資料當事人（或有關人士）其持有或並不持有資料當事人的要求資料。

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－申請須知】 內。

5. 有關人士資料 （如果本申請乃由有關人士代表第 *2* 部份所註明的資料當事人提出，則須填寫此部分）

在向本院提交本「查詢資料要求」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。

姓名（英文）:_____ （中文）:_____

性別: ❑ 男 ❑ 女 香港身份證號碼:_____或 護照號碼: _____

電話號碼(日間):_____ 其他聯絡電話號碼:_____

地址: _____

有關人士與資料當事人的關係必須是下列其中一項。請在適當方格內加✓ 號：

請選擇 ❑ (a) 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；

或 ❑ (b) 有關人士獲資料當事人授權提交本「查閱資料要求」，以及代其領取要求資料；

或 ❑ (c) 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；

或 ❑ (d) 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：

- ❑ 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；
- ❑ 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；
- ❑ 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。

如選擇5(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：_____

上述 5(d)項的委任 / 轉歸 / 授權執行是否仍然有效： ☐ 是 ☐ 否

請一併提供能證明有關人士與資料當事人之間關係的證明文件真確副本。證明文件的例子可參閱【查閱資料要求 - 申請須知】之第四項。

6. 聲明及簽署

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」及領取要求資料。資料當事人及有關人士（如適用者）明瞭及同意需先繳交所有列於【查閱資料要求－申請須知】內適用的收費後，才可領取要求資料。

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。

資料當事人簽署: _____ 日期: _____

若由有關人士提交申請：

有關人士簽署（如適用者）: _____ 日期: _____

Hospital Authority
Shatin Hospital
Data Access Request (DAR)

* **Please read the "Notes 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

❑ Shatin Hospital ❑ 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 reasonable require to locate the Requested Data.)

Period: From _____ To _____

Specialty: _____

Data Requested:-

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

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 "Notes 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 "Notes 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 "Notes 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.