# 醫 院 管 理 局
# 沙田醫院
# 資料查閱要求 - 申請須知

1. 本申請是根據個人資料(私隱)條例而進行。 任何個人或代表一名個人的有關人士有權提出查閱資料及資料複本要求。

2. 資料當事人必須為在世人士，方可申請查閱有關資料。

3. 有關人士若非資料當事人本人，必須取得資料當事人簽署的同意書。 申請人必須出示其身份証明文件或真確副本。如有需要，本院亦會要求有關人士提交資料當事人之身份証明文件或其真確副本。

4. 如有需要，有關人士及資料當事人及有關人士須出示有關証明文件及呈交文件副本，以核實身份，例如：
   - 香港身份證
   - 結婚証明書
   - 出生證明書／法定管養權證明書(若有關人士聲稱對資料當事人有父母責任)
   - 資料當事人簽署的授權書正本(若有關人士聲稱已獲資料當事人的授權)
   - 法院簽發任命有關人士管理資料當事人事務法院文件(若資料當事人無能力管理本身事務)
   - 監護委員會／法庭／裁判官作出的監護令，顯示有關人士現正委任為精神上無行為能力的資料當事人的監護人
   - 證明文件顯示有關人士就《精神健康條例》的相關條文獲轉歸監護或獲授權執行監護人的職能

5. 所有文件 / 申請表格一經修改，資料當事人須在修改部份加簽。

6. 請清楚和詳細指明你要求資料的時段（例如：2003年3月至2004年5月）及類別（例如：住院紀錄複本、化驗紀錄、X光片等）。 本院可能要求你提供更多資料以便識別和/或查找你的要求資料。 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。

7. 收費:
   「資料複本要求」
   - 處理費: 每次港幣100元(已包含不多於十頁的複製費及郵費)
   - 第十一頁及以後頁數的複製費: 每頁港幣1.5元
   - X光片、電腦掃描片、腦電圖等複製費: 每種造影每張光碟港幣300元<br>每張底片港幣300元

8. 「資料複本要求」申請須連同處理費（港幣100元）提交，否則將不予受理。 支票付款者，請用劃線形式， 抬頭請寫明支付「醫院管理局」。

9. 本院會在收到申請後的四十日內向有關人士作出回覆。 如需額外收取複製費，本院會以書面通知有關人士繳交有關複製費，並於餘款繳清後發放要求資料。 在任何情況下，本院必須在收到有關人士提交的足夠資料、收費及有關文件後，才會將要求資料發放予有關人士。

10. 本院發出之資料複本（附有X光片除外），將會以掛號形式郵寄予有關人士。

11. **郵寄申請及查詢**

    地址: 新界 沙田 馬鞍山 亞公角街三十三號 醫療紀錄處
    辦公時間: 星期一至星期五： 上午八時三十分至下午一時及下午二時至五時十八分
    星期六、日及公眾假期休息
    查詢電話: (852) 3919 7696
    傳真號碼: (852) 3919 7713

    **親臨辦理**

    地址: 新界 沙田 馬鞍山 亞公角街三十三號 正座 地下 入院登記處
    辦公時間: 星期一至星期五： 上午八時三十分至下午一時及下午二時至五時十八分
    星期六、日及公眾假期休息

12. 所有由本院撥出的電話，其來電顯示號碼為 3919 7400，請留意接聽。

# HOSPITAL AUTHORITY
## Shatin 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 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 / certify true copy of the identity document. The Relevant Person should also present the Data Subject's original / certify 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 reasonable 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<br>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. **Mail Application & Enquiry**

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| Address: | Medical Records Office, Shatin Hospital<br>33 A Kung Kok Street, Ma On Shan, Shatin, NT |
| Office hour: | Monday – Friday: 8:30am to 1pm & 2pm to 5:18pm<br>Saturday / Sunday / Public Holiday: closed |
| Enquiry Phone Number: | (852) 3919 7696 |
| Facsimile Number: | (852) 3919 7713 |

**In-person Application**

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|---|---|
| Address: | Admission Office, G/F, Shatin Hospital<br>33 A Kung Kok Street, Ma On Shan, Shatin, NT |
| Office hour: | Monday – Friday: 8:30am to 1pm & 2pm to 5:18pm<br>Saturday / Sunday / Public Holiday: closed |

12. All calls from our hospital will show 3919 7400 in the caller display. Please note and pick up the call.