

**Personal Data (Privacy) Ordinance**

Copy Data Request Processing fee  
is **HK\$76** (non-refundable)

**Tin Shui Wai Hospital**  
**Request for Medical Record Copy / Data Access Request**

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 which Personal Data is requested from: Tin Shui Wai Hospital

2. Patient (Data Subject) Details (Patient must be a living individual)

Name: \_\_\_\_\_ ( \_\_\_\_\_ )  
Surname Give 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. : \_\_\_\_\_

# No copy or physical production of the HKID Card is required if the card number provided corresponds to the number recorded on HA's database. If not, the HKID Card, or a true copy of the HKID Card is to be physically produced for our verification purposes.

# 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. Data Request Details

Date of data: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Y M D Y M D

Type of data:

Medical Notes:  In-patient medical notes  Discharge summary  Laboratory report  
 Out-patient medical notes  A&E medical notes  
 Attendance record  Hospitalization record  
 General Out-patient Clinic: (clinic name) \_\_\_\_\_

X-ray:  film  CD  report

MRI:  film  CD  report

CT Scan:  film  CD  report

Others: \_\_\_\_\_

# Should you require data of other institutions, please approach the relevant institutions directly

# Please provide sufficient information for us to identify and/or locate the Requested Data. Kindly note that description that is too general such as "all of my personal data" may render your request being refused.

4. Nature of Request

**Copy Data Request** – The hospital will provide a copy of the Requested Data if the hospital holds the data. (This application charges a Processing Fee of \$76 HKD and a Reproduction Charge, please refer to point 5 of "Note of Application" for details)

**Data Enquiry Request** – The hospital will reply whether or not the hospital holds the Requested Data

**5. Purpose of Application**

- Patient Care       Insurance Claim       Legal Proceeding: (please state detail) \_\_\_\_\_
- Personal Record       Others: \_\_\_\_\_

**6. Applicant (Relevant Person) Details** (please fill this section if the application is submitted on behalf patient)

Name: \_\_\_\_\_ ( \_\_\_\_\_ )  
Surname                                      Give 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 Applicant (Relevant Person) and the Patient (Data Subject)** (must be one of the below)

- 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 "Note of Application" for example.

**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 Data Access Request and to collect the Requested Data on behalf of the Data Subject. The Data subject and (where appropriate) the Relevant Person understand that the processing fee for the Data Access Request is non-refundable 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 applicable) the Relevant Person declare that the information given in this Data Access Request Form is accurate.

Signature of Patient (Data Subject): \_\_\_\_\_                      Date: \_\_\_\_\_

Signature of Applicant (Relevant Person): \_\_\_\_\_                      Date: \_\_\_\_\_

**8. Method of Collection**     By Registered Post     Collect in Person

To : Mr / Ms _____
Address: _____
_____
_____

<b>Official use only</b> Application Received By: _____
Patient ID: <input type="checkbox"/> Original verified <input type="checkbox"/> Copy collected <input type="checkbox"/> Match with PMI
Applicant ID: <input type="checkbox"/> Original verified <input type="checkbox"/> Copy collected
Doc collected: <input type="checkbox"/> Birth certificate <input type="checkbox"/> Marriage certificate
Remarks: _____

**Tin Shui Wai 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, in relation to personal data, 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 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 cost payable exceeds the processing fee of HK \$76, our hospital will notify the applicant to settle the cost/estimated cost and the data copy will be released after the residual cost is cleared.

5 Charges of Copy Data Request:

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

- 6 If needed, the applicant is required to submit a true copy of the following document for verification:
  - Hong Kong ID Card
  - Marriage Certificate
  - Birth Certificate / legal custody paper (if the Relevant Person claims parental responsibility over the Data Subject)
  - Court document appointing the Relevant Person to manage the affairs of the Data Subject (if Data Subject is incapable of managing his/her affairs)
  - Guardianship Order issued by Guardianship Board / Court/ Magistrate (if the Data Subject is mentally incapacitated within the meaning of the Mental Health Ordinance)
- 7 If the applicant does not collect the requested data within 3 months after being notified it is ready for collection, the requested data shall be destroyed.
- 8 For enquiry, please contact our hospital at:

Address: Release of Information Services, Health Information & Records Office,  
3/F, Tin Shui Wai Hospital, 11 Tin Tan Street,  
Tin Shui Wai, New Territories

Office Hour: Monday - Friday: 9am – 5pm (Lunch time: 1pm – 2pm)  
Saturday: 9am – 1pm  
Sunday & Public Holiday Closed

Tel. no.: 3513 5433

Fax. no.: 3513 5434