

3. Details of Personal Data of the Data Subject under request (“Requested Data”) are:

[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.]

(a) For the period: _____

(b) For the following at the Institution:

Please provide information on separate sheets, if the space provided is insufficient.

(c) Name(s) of Person(s) at the Institution who may be involved are (if available):

Please provide information on separate sheets, if the space provided is insufficient.

(d) Is this the first time that the Requested Data is requested?

Yes No

If no, please state the number of times where such a request has previously been made?

2nd 3rd _____

(e) Exclusions

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 Section II below) from the Data Subject)

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)

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):

(Please tick and complete where appropriate)

4. Nature of Request:

(a) Data Enquiry Request -

please tick the appropriate

* delete whichever is inappropriate

The Institution will inform the Data Subject (or where appropriate, the Relevant Person) whether it holds or does not hold the Requested Data.

(b) 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 (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").

5. If a medical report is required, please specify:

this has previously been prepared/supplied, or

this has not previously been prepared/supplied.

(# If a report has not previously been prepared/supplied, this will be excluded from the Requested Data and NOT be dealt with as a request under the Personal Data (Privacy) Ordinance. A separate application for a medical report may be submitted to our hospital. Please refer to the applicable scale of charges.)

SECTION II

(To Be Completed if a Relevant Person Applies for Access on behalf of the Data Subject Referred to in Section I)

1. Details of the Relevant Person: _

(a) Name: _____ (_____)
Surname Forename Chinese

(b) Sex: *Male/Female

(c) *HKID Card No.: _____ / Passport No.: _____

(d) Address: _____

(e) Daytime Telephone No: _____

(f) Any other contact number(s): _____

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

2. 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

please tick the appropriate

* delete whichever is inappropriate

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 2(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 2(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 Note for examples of the documentary supporting evidence.

SECTION III

(A Copy Data Request Will Not Be Processed Unless Accompanied by a Processing Fee)

1. The Data Subject and (where appropriate) the Relevant Person have read and understood the Scale of Fees.
2. Copy Data Request is accompanied by a Processing Fee of:

HK\$ _____

* Payment by Cash / Payment by Crossed Cheque No. _____ issued by _____

Note: The appropriate receipt should be collected from the shroff and attached to this Form.

DECLARATION AND SIGNATURES:

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

please tick the appropriate

* delete whichever is inappropriate

Form is accurate.

Signature of
Data Subject: _____

Date: _____

If application by Relevant Person:

Signature of Relevant
Person (if applicable): _____

Date: _____

Note:

Examples of documentary evidence to support the relationship between the Relevant Person and the Data Subject are:

- (a) *a birth certificate/legal custody paper if the Relevant Person claims parental responsibility over the Data Subject; or*
- (b) *an original authorization form signed by the Data Subject where the Relevant Person claims to have been duly authorised by the Data Subject; or*
- (c) *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; or*
- (d) *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; or*
- (e) *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.*

FOR OFFICIAL USE ONLY

- The Relevant Person's *HKID Card/Passport Number(s) *has/have been checked against the original by [name of staff].
- The Relevant Person's *HKID Card/Passport Number(s) *has/have been checked against the copy (original not seen) by [name of staff].

(Rev 10/2024)

- please tick the appropriate
- * delete whichever is inappropriate