

Hospital Authority – Princess Margaret Hospital

醫院管理局 – 瑪嘉烈醫院

DATA ACCESS REQUEST (DAR)

查閱資料要求

(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.)

(除獲得有關個人的同意外，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。)

[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.]

[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。]

(☐ Please ✓ the appropriate 請在適當方格加上✓號

*Delete whichever is inappropriate *請刪去不適用者)

SECTION I (This Section Must Be Completed)

第一部分 (此部分必須填寫)

1. Data User:

資料使用者：

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

需因應本要求而提供個人資料的醫管局機構名稱：

Princess Margaret Hospital

瑪嘉烈醫院

2. Details of the Data Subject who must be a living individual:

資料當事人 (必須為在生人士) 詳情：

(a) Name (English) 姓名 (英文)	_____	(Chinese) (中文)	_____
(b) Sex <input type="checkbox"/> Male <input type="checkbox"/> Female 性別 男 女	(c) Age <input type="checkbox"/> Under 18 years of age <input type="checkbox"/> 18 years of age or over 年齡 未滿十八歲 十八歲或以上		
(d) * HKID Card No. 香港身份證號碼	/	Passport No. 護照號碼	_____
(e) Address 地址	_____		
(f) Telephone No. 聯絡電話號碼	(g) Email Address 電郵地址	_____	

** If the HKID Card No. is provided, no copy or physical production of the HKID Card is required in case the number provided is accurate and corresponds to the number recorded on HA's database. If not, a true copy of the HKID Card will be required for verification. Alternatively, the HKID Card may be physically produced for verification at our hospital.*

若提交香港身份證號碼，而提交的號碼正確及與醫管局資料庫所記錄的號碼相符，無須親身出示香港身份證正本或提交真確副本。否則，須提交香港身份證的真確副本，或親身向本院出示香港身份證正本，以供查核。

** 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.*

若提交護照號碼，請在向本院提交本「查閱資料要求」表格時，親身出示資料當事人的護照正本或提交真確副本。

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

資料當事人所要求查閱的個人資料 (「要求資料」) 詳情：

**[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.]*

[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」，本局可拒絕你的要求，因為本局不獲提供為找出要求資料而合理地要求的資訊。]

(a) Requested Data:

要求資料：

Duplicate of Medical Record

醫療紀錄副本

Records for the period: from
所需查閱紀錄期間 由

to
至

☐ All Records
所有紀錄

☐ Discharge Summary
出院摘要

☐ Laboratory Report
化驗報告

☐ X-Ray Report
X光報告

☐ Computed Tomography (C.T.) Examination Report
電腦掃描檢驗報告

☐ Magnetic Resonance Imaging (M.R.I.) Report
磁力共振掃描造影報告

☐ Others (please specify)
其他 (請註明)

Duplicate of Disc / Film

光碟 / 底片副本

☐ Plain X-Ray (Examination Date)
普通 X 光 (檢查日期)

☐ C.T. Examination (Examination Date)
電腦掃描檢驗(檢查日期)

☐ M.R.I. (Examination Date)
磁力共振掃描造影 (檢查日期)

☐ Others (please specify)
其他(請註明)

Duplicate format:
複製形式

☐ Disc
光碟

☐ Film
底片

(☐ please inform applicant the total no. of films before duplication)
請於複製前通知申請人底片數量

Others (please specify)

其他 (請註明)

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

如以上空位不夠書寫，請在另頁提供詳情。

(b) Specialty:
所屬病科

☐ All
所有

☐ Accident & Emergency
急症科

☐ Intensive Care Unit
深切治療部

☐ Medicine & Geriatrics
內科及老人科

☐ Neurosurgery
神經外科

☐ Obstetrics & Gynaecology
婦產科

☐ Oncology
腫瘤科

☐ Orthopaedics & Traumatology
骨科

☐ Paediatrics & Adolescent Medicine
兒童及青少年科

☐ Surgery
外科

☐ Other (please specify)
其他 (請註明)

☐ Family Medicine Clinic (please specify)
家庭醫學診所 (請註明)

(c) Is this the first time that the Requested Data is requested?
是否第一次要求查閱所要求資料?

☐ Yes
是

☐ No
否

If no, please state the number of times where such a request has previously been made.
若否，請註明以往曾提出此要求的次數。

☐ 2nd
兩次

☐ 3rd
三次

(d) Exclusions:
無關資料：

I do not require any personal data which is:

本人不需要下述個人資料：

☐ 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)
載於資料當事人以前曾向資料使用者提供的文件內的個人資料 (例如：資料當事人向資料使用者及/或有關人士 (如第二部分所述) 發出的信件)

☐ 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)
載於資料使用者以前曾向資料當事人提供的文件內的個人資料 (例如：資料使用者向資料當事人及/或有關人士發出的信件或資料使用者應過往的要求向資料當事人及/或有關人士所提供的文件)

☐ in the public domain (e.g. newspaper clippings or entries in public registers concerning the Data Subject)
屬於大眾可閱覽的資料 (例如：新聞剪報上或公共登記冊內關於資料當事人的資料)

☐ set out below (please describe as fully as possible):
以下所述 (請盡量詳細描述)：

(Please tick and complete where appropriate)

(請於適當方格內加上「✓」號，並於適當地方填上資料)

4. Nature of Request:

本要求的性質：

☐ (a) Data Enquiry Request 查詢資料要求

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

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。

☐ (b) Copy Data Request 資料複本要求

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

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。

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").

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 (b) 「資料複本要求」，將被視作同時提出 (a) 「查詢資料要求」及 (b) 「資料複本要求」，適用於「資料複本要求」的收費，列於查閱資料要求收費表 (收費表) 內。

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

如果所要求的是一份醫療報告，請註明：

☐ this has previously been prepared/supplied, or

本局以前曾經備妥 / 提供此醫療報告或

☐ this has not previously been prepared/supplied.

本局從未備妥 / 提供此醫療報告

(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.)

(如果本局以前從未備妥 / 提供此醫療報告，本局將會於要求資料項目中刪除此項要求及不會根據《個人資料 (私隱) 條例》處理此項要求。申請醫療報告可另行向本院提出。請參考所需收費。)

SECTION II (To Be Completed if a Relevant Person Applies for Access on behalf of the Data Subject Referred to in Section I) 第二部分 (如果本申請乃由有關人士代表第一部分所註明的資料當事人提出，則須填寫此部分)

1. Details of the Relevant Person:

有關人士詳情：

(a) Name (English)

姓名 (英文)

(Chinese)

(中文)

(b) Sex

☐ Male

☐ Female

性別

男

女

(c) *HKID Card No.

香港身份證號碼

Passport No.

護照號碼

(d) Address

地址

(e) Telephone No.

聯絡電話號碼

(f) Email Address

電郵地址

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

在向本院提交本「查閱資料要求」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。

2. Relationship between the Relevant Person and the Data Subject, which can be (✓ as appropriate):

有關人士與資料當事人的關係必須是下列其中一項 (請於適當方格內加上「✓」號)：

EITHER
請選擇

☐ (a) The Relevant Person has parental responsibility for the Data Subject who is under age 18;

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；

OR
或

☐ (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;

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；

OR
或

☐ (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;

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；

OR
或

☐ (d) The Data Subject is mentally incapacitated within the meaning of the Mental Health Ordinance and the Relevant Person is:

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：

☐ 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;

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；

- ☐ 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;
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；
- ☐ 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.
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。

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: (Date).

如選擇2(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：(日期).

Is the appointment / vesting / authority to perform under 2(d) still subsisting?

上述2(d)項的委任 / 轉歸 / 授權執行是否仍然有效?

☐ Yes
是

☐ No
否

**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.*

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附註。

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

第三部分 (「資料複本要求」須連同處理費提交，否則將不予受理。)

1. The Data Subject and (where appropriate) the Relevant Person have read and understood the Scale of Fees.
資料當事人及有關人士(如適用者)已細閱並明瞭收費表所訂的費用。

2. Copy Data Request is accompanied by a Processing Fee of **HK\$76**

「資料複本要求」連同處理費提交：**港幣76元**

- ☐ Payment by Cash / ePayment at Account Office

在會計部以現金 / 電子方式付款

- ☐ Payment by Crossed Cheque:

以劃線支票付款：

Cheque No.

支票號碼

issued by

簽發銀行

DECLARATION AND SIGNATURES

聲明及簽署

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.

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收費表內適用的收費後，才可領取要求資料。

The Data Subject and (where appropriate) the Relevant Person declare that the information given in this DAR Form is accurate.

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。

Signature of the Data Subject

資料當事人簽署

Date

日期

If application by Relevant Person:

若由有關人士提交申請：

Signature of Relevant Person (if applicable)

有關人士簽署(如適用者)

Date

日期

For Official Use Only

此欄只供本院填寫

Amount Payable

應付款項

\$76.00

Receipt No.

收據編號

- ☐ The particulars of the Data Subject has been checked against HA's database by _____ [name of staff].

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

**delete whichever is inappropriate*

Hospital Authority – Princess Margaret Hospital

醫院管理局 – 瑪嘉烈醫院

DATA ACCESS REQUEST (DAR)

查閱資料要求

Data Access Request (DAR) – Scale of Fees Applicable from 18 June 2017

查閱資料要求 – 收費表 [二零一七年六月十八日開始適用]

Copy Data Request for the Supply of Personal Data

提供個人資料的資料複本要求

Processing Fee 處理費	:	HK\$76	per request (inclusive of reproduction charge for not more than 10 pages and postage) 每次 76 元 (已包含不多於十頁的複製費及郵費)
Reproduction charge for the 11th page and onward 第十一頁及以後頁數的複製費	:	HK\$1	per page 每頁 1 元
Reproduction charge for X-ray Film, CT Film, ECG or EEG etc. X 光片、電腦掃描片、心電圖、腦電圖等複製費	:	HK\$230	per modality per disc 每種造影每張光碟 230 元
	:	HK\$230	per film 每張底片 230 元

Enquiries

查詢

Enquiries concerning this application should be addressed to:
有關本申請的查詢，應送交：

Address: Medical Records Office, 3rd Floor, Block G, Princess Margaret Hospital, 2-10 Princess Margaret Hospital Road, Kwai Chung, New Territories

地址：新界葵涌瑪嘉烈醫院路 2-10 號瑪嘉烈醫院 G 座 3 樓醫療紀錄部

Office Hours: Monday to Friday – 8:45am – 1:00 pm & 2:00 pm – 5:30 pm Saturday, Sunday & Public Holiday – Closed
辦公時間：星期一至五 – 上午 8 時 45 分至下午 1 時及下午 2 時至 5 時 30 分 星期六、日及公眾假期 – 休息

Tel No. 電話: 2990 1724 Fax No. 傳真: 2990 1744 Email 電郵: pmhmro@ha.org.hk

Note

附註：

- Examples of documentary evidence to support the relationship between the Relevant Person and the Data Subject are:
證明資料當事人與有關人士的關係的證明文件例子為：
 - a birth certificate/legal custody paper if the Relevant Person claims parental responsibility over the Data Subject; or
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)；或
 - an original authorization form signed by the Data Subject where the Relevant Person claims to have been duly authorised by the Data Subject; or
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)；或
 - 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
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)；或
 - 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
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；或
 - 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.
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。
- A copy data request will **NOT** be processed unless accompanied by a processing fee.
「資料複本要求」須連同處理費提交，否則將不予受理。
- For application by post, send the duly completed application form together with a crossed cheque of the processing fee made payable to “Hospital Authority” to the Medical Records Office at 3/F, Block G, Princess Margaret Hospital. Please do not send cash by post.
如以郵遞方式申請，請將填妥表格連同處理費的劃線支票，抬頭請寫「醫院管理局」，寄回瑪嘉烈醫院 G 座 3 樓醫療紀錄部收。切勿郵寄現金。
- Please provide ALL relevant Data Subject’s information.
請提供所有有關資料當事人接受本院治療的資料。
- Please fill in the application form carefully, insufficient or inaccurate information will cause delay or rejection.
請清楚填妥申請表內的每一項資料，若所填資料有不足或錯誤，申請將受到延遲或拒絕。