



FORM 1 表格一

DATA ACCESS REQUEST FORM (DAR) 查閱資料要求表格

The personal data collected from this form will be used by the Hospital Authority ("HA"), including public hospitals / institutions managed by HA, for the purposes of processing and responding to this application. When you provide the personal data to us, please make sure that the data is accurate and complete. If you fail to provide us with the information required or if the information provided is inaccurate or incomplete, our ability to process your application may be affected and your application may therefore be delayed or declined.

醫院管理局 (下稱「醫管局」), 包括由醫管局管理的公立醫院 / 醫療機構, 會把表格所收集的個人資料, 作為處理及回覆本申請之用。當你提供個人資料給我們時, 請確保資料準確和完整。如你未能提供所需的資料, 或資料不準確或不完整, 我們處理是次申請的能力或會受影響, 而是次申請或因此延誤或被拒絕。

Please also note that your personal data collected may be made available to: (i) appropriate persons in the HA, for the purposes of processing and responding to your application; and (ii) third parties where such disclosure is permitted or required by law or is in the public interest. We will obtain your consent before using your personal data for any other purposes.

請留意你的個人資料可能會提供予: (i) 醫管局內的適當人士, 以處理及回覆本申請之目的 及 (ii) 在法律容許或要求的情況下或出於公共利益的情況下之第三方。我們將會在得到你的同意後, 才使用你的個人資料作為其他目的。

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 read the "Data Access Request Scale of Fees" before complete this application form.

請先閱讀『「查閱資料要求」收費表』才填寫申請表。

SECTION 1 第一部份 (This Section Must be Completed 此部份必須填寫)

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:

Our Lady of Maryknoll Hospital 聖母醫院

2. Details of the Data Subject who must be a living individual 資料當事人詳情 (必須為在生人士):

(a) Name 姓名	(English 英文)	(Chinese 中文)
	Surname 姓氏	Forename 名字
(b) Sex 性別	<input type="checkbox"/> Male 男性 <input type="checkbox"/> Female 女性	(c) Age 年齡 <input type="checkbox"/> Under 18 years of age 未滿十八歲 <input type="checkbox"/> 18 years of age or over 十八歲或以上
(d) # * HKID Card No. / Passport No. 香港身份證號碼 / 護照號碼		
(e) Address 地址		
(f) Daytime Telephone No. 日間聯絡電話號碼	(g) Any Other Contact No. 其他聯絡電話號碼	

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局識別和 / 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) Purpose(s) of Request 申請之原因

- | | |
|--|--|
| <input type="checkbox"/> Future medical purpose 日後醫療用途 | <input type="checkbox"/> Insurance claim 申索保險賠償 |
| <input type="checkbox"/> Health Care 健康護理 | <input type="checkbox"/> Legal proceedings 法律申訴程序 |
| <input type="checkbox"/> Personal reference 個人記錄 | <input type="checkbox"/> Others please specify 其他 (請列明): |

(b) For the Period 所需查閱資料的期間:

From 由:

To 至:

(c) For the following Medical Records at the Institution 需要查閱前述機構下列資料的醫療紀錄:

- ☐ Discharge Summary 出院摘要
☐ In-patient Record 住院紀錄
☐ Specialist Out-patient Record 專科門診紀錄
☐ Laboratory Report 化驗報告
(Blood Test Report **Only** 只需 驗血報告 ☐)

	Report 報告	Disc 光碟
Plain X-ray 普通 X 光	<input type="checkbox"/>	<input type="checkbox"/>
C.T. Scan 電腦掃描	<input type="checkbox"/>	<input type="checkbox"/>
M.R.I. 磁力共振	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound 超聲波	<input type="checkbox"/>	<input type="checkbox"/>

Others please specify 其他 (請列明):

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。

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

該機構內可能涉及上述資料人士姓名 (如有者):

(e) 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。

☐ Twice 兩次

☐ Thrice 三次

☐ Others 其他: _____

(f) Exclusions 無關資料 (If not applicable, please leave it blank 如不適用，則無須填寫此部份)

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)
Please specify 請註明: _____
- ☐ 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)
Please specify 請註明: _____
- ☐ 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)
Please specify 請註明: _____
- ☐ # 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：

☐ Data **Enquiry** Request **查詢** 資料要求(1)

☐ **Copy** Data Request 資料**複本**要求(1)(2)

- (1) 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。
- (2) 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 [Data Enquiry Request] and [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「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：

(If not applicable, please leave it blank 如不適用，則無須填寫此部份)

☐ This has previously been prepared/supplied 本局**以前**曾經備妥 / 提供此醫療報告

☐ 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。)

6. Mode of Collection 領取個人資料的方式：

Please select one of the following choices for collecting of requested data 請選擇以下一項領取資料的方式：

☐ Receive the Personal Data **by registered mail**.

以掛號郵件收取所要求的個人資料。

☐ Collect the Personal Data **in person**. Please inform me when the data is ready for collection.

親自領取所要求的個人資料，請在可以領取資料時通知本人。

- (1) The institution will not send the Data Subject (or where appropriate, the Relevant Person) the Personal Data under request unless the institution has received the appropriate payment.
前述機構必須待資料當事人(或有關人士)繳付有關費用後，前述機構才會提供資料當事人(或有關人士)所需的個人資料。
- (2) If the Data Subject (or where appropriate, the Relevant Person) fails to indicate the mode of collection, the Personal Data will be sent to the Data Subject (or where appropriate, the Relevant Person) by registered mail.
如果資料當事人(或有關人士)沒有指示領取個人資料的方式，資料會以掛號郵件寄遞給資料當事人(或有關人士)。
- (3) If the Data Subject (or where appropriate, the Relevant Person) receive his Personal Data by registered post, no extra charge would be levied. Otherwise, a corresponding charge for the requested mode of delivery may be levied.
如果資料當事人(或有關人士)以掛號郵件接收所需的個人資料，則不會產生額外費用。否則，前述機構或會根據所指示的領取個人資料的方式收取相應費用。
- (4) The Personal Data will be sent to the Data Subject (or where appropriate, the Relevant Person) by registered mail if the Data Subject (or where appropriate, the Relevant Person) does not collect it within 3 months after the Data Subject (or where appropriate, the Relevant Person) is informed that the data is ready for collection.
若資料當事人(或有關人士)於被通知可以領取資料後的三個月內，沒有領取資料，有關資料會以掛號郵件送遞資料當事人(或有關人士)。
- (5) If the Personal Data sent is undelivered and returned, the institution will dispose of it 3 months after it is returned without any further or prior notice to the Data Subject (or where appropriate, the Relevant Person).
已寄遞的個人資料因未能寄遞而被退回，前述機構會於退回郵件的三個月後，銷毀有關資料，無須事前另行通知資料當事人(或有關人士)。
- (6) The institution will not assume responsibility for any unexpected circumstance arise during or after the delivery process. If due to unexpected circumstance the Personal Data is not delivered to Data Subject (or where appropriate, the Relevant Person) but Data Subject (or where appropriate, the Relevant Person) still wish to obtain the Personal Data, he / she may be required to submit a fresh request and any appropriate payment should be paid.
前述機構對運送過程中或後發生的任何意外不承擔責任。若因意外導致未能寄遞至資料當事人(或有關人士)而其仍希望獲取所需的個人資料，或需要重新申請並繳付有關費用。

1. Details of the Relevant Person 有關人士詳情:

(a) Name 姓名 (English 英文)

(Chinese 中文)

		Surname 姓氏	Forename 名字		
(b) Sex 性別	<input type="checkbox"/> Male 男性 <input type="checkbox"/> Female 女性	(c) Relationship with Patient 與病人關係	(if applicable 如適用)		
(d) #*HKID Card No./ Passport No. 香港身份證號碼 / 護照號碼					
(e) Address 地址					
(f) Daytime Telephone No. 日間聯絡電話號碼			(g) Any Other Contact No. 其他聯絡電話號碼		

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:

有關人士與資料當事人的關係必須是下列其中一項:

- EITHER ☐ (a) The Relevant Person has parental responsibility for the Data Subject who is under age 18; 請選擇 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 ☐ (b) The Relevant Person has been duly authorized by the Data Subject to submit this DAR and to collect the Requested Data on behalf of the Data Subject; 或 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 ☐ (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; 或 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 ☐ (d) The Data Subject is mentally incapacitated within the meaning of the Mental Health Ordinance and the Relevant Person is: 或 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, please 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: _____

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

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。該證明文件可以是：

- (a) 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
- (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
資料當事人簽署的授權書正本(若有關人士聲已獲資料當事人的授權)；或
- (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
法院簽發任命有關人士管理資料當事人事務的法院文件(若資料當事人無能力管理本身事務)；或
- (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
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
- (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.
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。

SECTION 3 第三部份

(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

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. This Copy Data Request is accompanied by a Processing Fee of:
此「資料複本要求」連同處理費提交：

HK 港幣\$ _____ 元

*Payment by Cross Cheque (Payable to Hospital Authority) Cheque No. _____
issued by _____

以劃線支票(抬頭：醫院管理局)付款，支票號碼為 _____，
簽發支票銀行為 _____

Note: Do not attach cash for application by mail.

注意：請勿於申請內夾附現金。

Declaration and Signatures 聲明及簽署：

WHERE applicable, the Data Subject has irrevocably authorized 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 completely understand the contents of this form and hereby declare that the information given in this form is true, correct and complete to the best of my knowledge, information and belief.

資料當事人及有關人士(如適用者)確認完全明白此表格的內容及現聲明據本人所知、所悉及所信，本表格內所填報的一切資料，均屬真實、正確及並無遺漏。

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 此欄只供醫管局填寫

[Name of Staff] _____ has checked the following(s) on _____:

- ☐ The Data Subject's ☐ HKID Card / ☐ Passport Number(s) against the ☐ original / ☐ copy (original not seen)
☐ The Relevant Person's ☐ HKID Card / ☐ Passport Number(s) against the ☐ original / ☐ copy (original not seen)



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

「查閱資料要求」收費表 (2017 年 6 月 18 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) 每次港幣 76 元 (已包含不多於 10 頁的複製費及*郵費)
Reproduction charge for the 11 th page and onward: 第十一頁及以後頁數的複製費 :	HK\$1 per page 每頁港幣 1 元
Reproduction charge for Radiological Image(s) etc.: 放射影像複製費 :	HK\$230 per modality per disc HK\$230 per film 每種造影每張光碟港幣 230 元 每張底片港幣 230 元

This Copy Data Request will not be processed unless accompanied by a processing fee. No refund will be made even if the application is withdrawn before the copy of medical records is issued.

「資料複本要求」須連同處理費提交，否則將不予受理。申請人即使在醫療紀錄複本發出前撤銷申請，已繳費用，概不發還。

* If the Personal Data is delivered by registered mail, no extra charge would be levied. Otherwise, a corresponding charge for the requested mode of delivery may be levied.

若所需的個人資料以掛號郵件接收，則不會產生額外費用。否則，前述機構或會根據所指示的領取個人資料方式收取相應費用。

The completed application form and supporting document(s) may be submitted in person or by post. For application submitted by post, please send payment of Processing Fee in a crossed cheque made payable to the Hospital Authority. "Attention to Medical Records Office" should clearly marked on the envelope.

填妥之申請表格以及有關證明文件可經郵遞或親自呈交。如選擇郵寄申請，請以劃線支票遞交處理費，並在支票抬頭寫明「醫院管理局」收。請於信封上註明「醫療紀錄部」收。

The institution is required by the Personal Data (Privacy) Ordinance to comply with a DAR within 40 days after receiving the same. If the institution 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.

前述機構必須根據個人資料(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。如前述機構不能於 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 send your application or apply in person at the address below 請將申請寄往 / 親自交到以下地址 :

By Post 郵寄	
Our Lady of Maryknoll Hospital – Medical Records Office 聖母醫院 — 醫療紀錄部	
Our Lady of Maryknoll Hospital, No. 118 Shatin Pass Road, Wong Tai Sin, Kowloon 九龍黃大仙沙田坳道 118 號 聖母醫院	
By Hand 親身遞交	
Our Lady of Maryknoll Hospital – Enquiry Counter 聖母醫院 — 詢問處	
G/F, Out-patient Block, Our Lady of Maryknoll Hospital, No. 118 Shatin Pass Road, Wong Tai Sin, Kowloon 九龍黃大仙沙田坳道 118 號 聖母醫院 門診大樓地下	

Opening Hours 辦公時間 :

Monday to Friday 星期一至星期五	8:30am to 12:00pm, and 2:00pm to 4:30pm 上午八時三十分至下午十二時 及 下午二時至四時三十分
Saturday, Sunday & Public Holiday 星期六，日及公眾假期	Closed 休息
Telephone No. 電話	2354 2440