香港兒童醫院
Hong Kong Children's Hospital

Notes of Data Access Request (DAR)

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.

Scale of Fees (Applicable from 1 January 2026)

Data Access Request consists of (a) Data Enquiry Request and (b) Copy Data Request.

a) Charges for Data Enquiry Request

This request is *only* for ascertaining whether this hospital holds the Data Subject's Personal Data or Medical Records. The enquiry is not to be charged.

b) Charges for Copy Data Request for Supply of Personal Data

For Copy Data Request, Processing Fee and Reproduction Charge are payable. The Copy Data Request must be preceded by, or coupled with, the Data Enquiry Request for a Processing Fee of HK$100 has to be paid. The Processing Fee inclusive of Reproduction Charge for not more than 10 pages of paper based records and postage. After initial processing, we will advise the requester any further Reproduction Charge payable on top of the Processing Fee. For paper based records whether in the form of hard copy or electronic copy, the Reproduction Charge for the 11th page and onward is HK$1.5 per page. For duplicate copies of ECG, EEG or radiological images (e.g plain X-ray/ C.T Scan/ M.R.I), there will be a Reproduction Charge of HK$300 per modality per disc/film payable. The release of the copy medical records will await after receipt of the further fees payable (if any).

The Processing Fee will be refunded if the hospital cannot ascertain whether it holds or does not hold the Data Subject's Personal Data.

The completed request form can be submitted by hand or by post to the address below. For enquiries, please call 3513 6258.

Address:	Patient Information Release Office, Health Information & Records Management Department, 5/F, Tower A, Hong Kong Children's Hospital, 1 Shing Cheong Road, Kowloon Bay, Kowloon, Hong Kong	**Office hour:**	Monday to Friday: 9am-1pm; 2pm-5pm Saturday Sunday & Public Holiday: closed
		Enquiry no.:	3513 6258

Please note that submission of insufficient or inaccurate information might lead to longer processing time of the request.

查閱資料要求須知

除獲有關個人的同意外，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。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。

收費表 (二零二六年一月一日開始適用)

查閱資料要求可分為 (a) 查詢資料要求及 (b) 資料複本要求。

a) 查詢資料要求的收費

查詢資料要求旨在確定本院是否持有資料當事人的個人資料或醫療記錄，有關查詢免收費。

b) 資料複本要求的收費

要求資料複本，需繳付處理費及複製費。在要求資料複本時，必須預先或同時提交「查詢資料要求」以及繳付處理費港幣$100。上述處理費已包含不多於十頁紙張類記錄的複製費及郵費。申請經初步處理後，本部門會通知資料當事人/有關人士繳付處理費之外所需的影印/複製費用。紙張類記錄第十一頁及以後頁數，每頁費用為港幣$1.5。X光片、電腦掃瞄片、腦電圖等複製費每張造影每張光碟/每張底片港幣$300。本部門會於資料當事人/有關人士繳付有關費用後，提供該資料的真確副本。

若經查核本院的紀錄，而不能確定是否持有資料當事人所要求的個人資料，本部門將退回所繳交的處理費。

填妥申請表格後，請遞交或郵寄至本院，如有查詢，請致電：3513 6258。

地址：	香港九龍九龍灣承昌道一號香港兒童醫院 A座五樓醫療信息及病案管理部病人資料發放部	**辦公時間：**	星期一至五 上午九時至下午一時， 下午二時至五時 星期六、日及公眾假期休息
		查詢電話：	3513 6258

請注意，若提交的資料有不足或錯誤，要求將需要較長時間處理。

FORM 1 表格一

Data Access Request (DAR) 查閱資料要求

Please √ the appropriate box 請在適當方格加上「√」號 *Delete whichever is inappropriate *請刪去不適用者

SECTION I 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 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

Hong Kong Children's Hospital 香港兒童醫院
Other Hospitals 其他醫院 (if applicable 如適用)

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 in English 英文姓名: (Surname first 姓氏先行) _____

Name in Chinese 中文姓名 _____

(b) Sex 性別: *Male 男/ Female 女 (c) Age 年齡: _____

(d) * HKID Card/Passport/Other No. *香港身份證/ 護照/ 其他號碼 : _____

(e) Address 地址 : _____

_____

(f) Daytime Telephone No. : (g) Any other contact number(s) :

日間聯絡電話號碼 _____ 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. 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.

 # 若提交香港身份證號碼，而提交的號碼正確及與醫管局資料庫所紀錄的號碼相符，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。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 ("Request 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 Personal 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/或查找你所需的個人資料。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) For the period:
所需查閱資料的期間: From 由 _____ to 至 _____

(b) 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的人士姓名(如有者)^:

_____

(c) For the following specialty at the Institution:
需要查閱前述機構的所屬專科:

- ☐ Cardiology 心臟科
- ☐ Dermatology 皮膚科
- ☐ Endocrinology 內分泌科
- ☐ Gastro-Intestinal 腸胃科
- ☐ Metabolic Medicine 代謝病科
- ☐ Nephrology 腎科
- ☐ Neurology 腦神經科
- ☐ Neonatal ICU 新生兒深切治療部
- ☐ Paediatric ICU 兒童深切治療部
- ☐ Palliative Care 紓緩治療科
- ☐ Respiratory 呼吸科
- ☐ Allied Health 專職醫療 _____
- ☐ Haematology & Oncology 血液及腫瘤科
- ☐ Rheumatology & Immunology 風濕及免疫科
- ☐ Dentistry & Maxillofacial Surgery 牙科及口腔頜面外科
- ☐ Neurosurgery 神經外科
- ☐ Orthopaedics & Traumatology 矯形及創傷外科
- ☐ Paediatric Cardiothoracic Surgery 兒童心胸外科
- ☐ Surgery 外科
- ☐ Gynaecology 婦科
- ☐ Clinical Genetics Service Unit 醫學遺傳科
- ☐ Ophthalmology 眼科
- ☐ Otorhinolaryngology 耳鼻喉科

Others (please specify)^:
其他(請列明)^: _____

(d) For the following data at the Institution:
需要查閱前述機構的下列資料:

- ☐ Discharge Summary 出院撮要
- ☐ Consultation Summary 覆診撮要
- ☐ Laboratory Report 化驗報告
- ☐ Operation Report 手術報告

X-Ray X 光	☐ Report 報告	☐ Film 底片	☐ Disc 光碟
C.T. Scan 電腦掃描檢驗	☐ Report 報告	☐ Film 底片	☐ Disc 光碟
M.R.I 磁力共振掃描造影	☐ Report 報告	☐ Film 底片	☐ Disc 光碟
Ultrasound 超聲波檢查	☐ Report 報告		☐ Disc 光碟
Echocardiogram 心臟超音波檢查	☐ Report 報告		☐ Disc 光碟

Others (please specify)^:
其他(請列明)^: _____

(e) Purpose(s) of request:
申請之原因:

- ☐ For legal proceedings 法律申訴程序
- ☐ For insurances related 保險有關目的
- ☐ For personal reference 個人記錄
- ☐ For medical purposes 醫療用途

Others (please specify)^:
其他(請列明)^: _____

(f) Is this the first time that the Personal Data in question is requested?
是否第一次要求查閱所涉個人資料?

☐ 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 ☐ _____ th 次

(g) 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 provide information on separate sheets, if the space provided is insufficient.*
如以上空間不夠書寫，請在另頁提供詳情。

4. Nature of Request 本要求的性質

☐ Data Enquiry Request 查詢資料要求 -
The Institution will only inform the Data Subject (or where appropriate, the Relevant Person) whether it holds the Requested Data.
前述機構只需通知資料當事人(或有關人士)其是否持有資料當事人的要求資料。

☐ Copy of Personal Medical Records 資料複本要求 -
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 copy of 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. 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:

The requested items would be sent to you by **registered mail** unless you check the following box:
除非你選擇以下領取個人資料的方式，否則你所要求的個人資料將會以**掛號郵件**寄出。

☐ I wish to collect the Personal Data in person. Please inform me when the data is ready for collection.
I understand and agree that the Personal Data will be sent to me by registered mail if I do not collect it within 3 months after I am informed that the data is ready for collection.
本人希望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。本人明白及同意，若本人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本人。

I understand and agree that you do not have to send me the Personal Data under request unless you have received the appropriate payment. If I fail to indicate the mode of collection, the Personal Data will be sent to me by registered mail. If the Personal Data sent by registered mail is undelivered and returned by the Post Office, you will dispose of it 3 months after it is returned by the Post Office without any further or prior notice to me.

本人明瞭及同意必須待本人繳付有關費用後，閣下方會提供本人所需的個人資料。如果本人沒有指示領取個人資料的方式，資料會以掛號郵件寄遞給本人。以掛號郵件寄遞的個人資料，因未能寄遞而被郵局退回，閣下會於郵局退回郵件的三個月後，銷毀有關資料，無須事前另行通知本人。

SECTION II 第二部份

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

1. Details of Relevant Person 有關人士詳情:

(a) Name in English 英文姓名: (Surname first 姓氏先行)
Name in Chinese 中文姓名: _____

(b) Sex 性別 : *Male 男/ Female 女

(c) * HKID Card/Passport/Other No. *香港身份證/護照/其他號碼: _____

(d) Address 地址 : _____

_____

(e) Daytime Telephone No. : 日間聯絡電話號碼 _____

(f) Any other contact number(s) : 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「查詢資料要求」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 (tick as appropriate)**:**

有關人士與資料當事人的關係必須是下列其中一項。請在適當 ☐ 內加 √ 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 or Data Subject's Parents/ to submit this DAR and to collect all Personal Data the subject of this request 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 authorized to perform the functions of a guardian:
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:

Date 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. The documentary evidence can be:

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 authorized 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 authorized to perform the functions of a guardian under the relevant section of the Mental Health Ordinance.

 # 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。該證件可以是：

a) 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) 資料當事人簽署的授權正本(若有關人士聲稱已獲資料當事人的授權)；或
c) 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) 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) 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 III 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. Copy Data Request is accompanied by a processing fee of:
「資料複本要求」連同處理費提交:
HK 港幣$ **100.00** 元
* Payment by **Cash**/Payment by **Crossed Cheque (Payable to: Hospital Authority)** Cheque No.
*以**現金**/以**劃線支票(抬頭：醫院管理局)**付款，支票號碼為 _____
issued by 簽發支票銀行為 _____

Note: The appropriate receipt should be collected from the shroff and attached to this Form.
注意：請將收費處發出的適當收據附於本申請表.

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 Scales of Fees have to be paid prior to the collection of the Requested Data. The Data Subject and (where appropriate) the Relevant Person declare that the information given in this DAR Form is accurate.
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。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 Data Subject: Date:
資料當事人簽署: _____ 日期： _____

If application by Relevant Person: 若由有關人士提交申請:
Signature of Relevant Person (if applicable): Date:
有關人士簽署(如適用者) _____ 日期： _____

FOR OFFICAL USE ONLY 此欄只供本院職員填寫

經由［職員姓名］_____

資料當事人的 *香港身份證／護照／出生證明書 *正本／副本(但未經核對正本) 號碼已核對。

有關人士的 *香港身份證／護照／結婚證明書 *正本／副本(但未經核對正本) 號碼已核對。

Recipient acknowledge receipt 接收人簽署

	1st Release	**2nd Release**	**3rd Release**
Name 姓名			
*HKID / Passport / other no. *香港身份證/護照/其他號碼			
Signature 簽署			
Date 日期			