



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 requester 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 authorise his/ her private medical/ dental practitioner to contact The Prince Philip Dental Hospital (PPDH) to obtain his/her dental information.

Scale of Fees

(Applicable from 1 January 2019)

Item	Price Level
(a) Duplicate copies of X-ray film/ disc (i) Processing fee; plus (ii) Charge for duplicate copies of X-ray film/ disc	\$76 per application \$230 per modality per disc/ film
(b) Photocopying service (for black and white copy) (i) A4 size paper (ii) A3 size paper	\$1.3 per copy \$1.5 per copy

Note: Photocopying made on both sides of a sheet is counted as two copies.

查閱資料要求

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其直接有關之目的。

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/ 牙醫診症需要，病人可授權其私家醫生/ 牙醫聯絡菲臘牙科醫院以取得病人的病歷資料。

收費表

[2019 年 1 月 1 日開始適用]

項目	收費
(a) X 光片/光碟複製本 (i) 處理費，及 (ii) X 光片/光碟複製費	每宗申請\$76 每張 X 光片/光碟\$230
(b) 影印費 (黑白本) (i) A4 紙 (ii) A3 紙	每張\$1.3 每張\$1.5

注：一紙雙面影印會以兩張計

DATA ACCESS REQUEST (DAR) FORM

查閱資料要求表格

For Official Use

Record No.

in person/ by post

Rec'd on

SECTION I 第一部份

(This Section Must Be Completed 此部份必須填寫)

1. 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: Under 18 years of age 未滿十八歲
 18 years of age or over 十八歲或以上

(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. 日間聯絡電話號碼: _____

(g) Any other contact number(s) 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 the PPDH'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 DAR to our Hospital. 若提交香港身份證號碼，而提交的號碼正確及與本院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。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。

2. Nature of Request 本要求的性質:

Data Enquiry Request 查詢資料要求

PPDH will only inform the Data Subject (or where appropriate, the Relevant Person) whether it holds the Requested Data. 本院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 Data Request 資料複本要求

PPDH 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").

本院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」的收費已列於查閱資料要求收費表 (收費表) 內。

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 Personal Data. 你可能需要提供更多資料以便本院識別和 / 或查找你所需的個人資料。]

(a) For the period: 所需查閱資料的期間: _____

please tick the appropriate box 請在適當空格上加✓號

* Delete whichever is inappropriate 請刪去不適用者

(b) For the following at the PPDH:

需要查閱本院的下列資料：

Duplicated Medical Record# 醫療記錄複本#

Duplicated X-ray Film/ CD* X 光片菲林/ 光碟複本*

Duplicated C.T. Scan CD 電腦掃描光碟複本

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

Hospital would provide copy of document filed in existing patient record

本院會複印現存於醫療記錄內的文件

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

本院內可能涉及上述資料的人士姓名 (如有者) :

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) Reason(s) for requiring the Personal Data:

要求查閱 3(b) 項所述個人資料的原因：

for future medical purposes 日後醫療用途

for personal reference 個人記錄

for legal proceedings 法律申訴程序

others (please specify) 其他 (請列明) : _____

(e) 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

4. Mode of Collection 領取個人資料的方式：

The Personal Data will be collected **in person**, unless you check the following box:

除非你選擇以下領取個人資料的方式，否則你需親自領取所要求的個人資料。

I wish to 本人希望：

receive the Personal Data by registered mail, and will **pay the full postage fee** in advance.
以掛號郵件收取所要求的個人資料，並會預先繳付全數郵費。

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 the 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: * Male / Female

性別 * 男 / 女

please tick the appropriate box 請在適當空格上加✓號

* Delete whichever is inappropriate 請刪去不適用者

(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:

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; 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；
請選擇
- OR (b) The Relevant Person has been duly authorised by the Data Subject 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」，以及代其領取本要求內所述的所有個人資料；
或
- 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. 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；
或
- OR (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：
或
- 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: 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. The documentary evidence can be:

EITHER a birth certificate/legal custody paper if the Relevant Person claims parental responsibility over the Data Subject;

OR an original authorisation form signed by the Data Subject where the Relevant Person claims to have been duly authorised by the Data Subject;

OR 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 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 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.

please tick the appropriate box 請在適當空格上加 ✓ 號 * Delete whichever is inappropriate 請刪去不適用者

請一併提供能證明有關人士與資料當事人之間關係的證件真確副本。該證件：
可以是 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 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 法院簽發任命有關人士管理資料當事人事務的法院文件 (若資當事人無能力管理本身事務)；
或 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 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 charge.]

[「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 Fee of:

「資料複本要求」連同有關收費提交：

HK 港幣\$ _____ 元

* Payment by Cash/ Payment by Crossed Cheque (Payable to: **The Prince Philip Dental Hospital**) Cheque No.

* 以現金 / 劃線支票 (抬頭：**菲臘牙科醫院**) 付款，支票號碼為 _____

issued by 簽發支票銀行為 _____

For Official Use	
No. of additional pages:	_____
No. of x-rays/ CT scans:	_____
Additional charges: \$	_____

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

注意：請將繳費處發出的適當收據附於本申請表。

3. The Data Subject and (where appropriate) the Relevant Person agree to pay such fees as specified in the Scale of Fees prior to the collection of the Personal Data under Copy Data Request.

資料當事人及有關人士 (如適用者) 同意在領取所要求的個人資料之前，先繳付收費表所列的費用。

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 Personal Data under request on behalf of the Data Subject. The Data Subject and (where applicable) the Relevant Person have read and understood the Scale of Fees and agreed that the fees for the copy of Personal Data under the Copy Data Request have to be paid prior to the collection of the data. The Data Subject and (where applicable) the Relevant Person declare that the information given in this DAR Form is accurate.

在適當情況下，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」及領取所要求的個人資料。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，並同意在領取所要求的個人資料之前，先繳付收費表所列的所需費用。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:

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

Photocopying Charge 文件影印費

Number of Pages 頁數: (A4)_____

Charge 費用: \$ _____

(A3)_____

Charge 費用: \$ _____

Duplication Charge for X-ray film X-光片複本費

Number of film 菲林複本數量: _____

Charge 費用: \$ _____

Number of disc 光碟複本數量: _____

Charge 費用: \$ _____

Processing Fee 處理費

Charge 費用: \$ _____

Total 總共: \$ _____

- The Data Subject's [*and Relevant Person's] *HKID Card/ Passport Number(s) *has/ have been checked against the original by _____.

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