

**FAMILY HEALTH SERVICE
DEPARTMENT OF HEALTH**

Updating Personal Particulars

Type of Record : * Child Health / Antenatal / Postnatal / Family Planning / CCSP / Woman Health

Record No. : _____ Centre Name : _____

Data shown on Record : Name : _____ Date of Birth : _____

* No. of HKID / Birth Cert. / Other identity document (pl. specify _____) : _____

| <i>Item</i> | | <i>Updated Data</i> |
|-------------|-------------------------------------|---------------------|
| 1. | Identity Document (pl. specify) No. | |
| 2. | Name | |
| 3. | Date/Place of Birth | |
| 4. | Address | |
| 5. | Tel. No. | |
| 6. | Others | |

Transfer of Health Record : No need to transfer health record

Please transfer health record to _____ * MCHC/WHC

Name of Applicant : *Mr / Ms _____

Relationship with the data subject :

(PLEASE ALSO COMPLETE DECLARATION OVERLEAF IF DATA SUBJECT IS A CHILD)

* Data subject / parent / lawful guardian / others (pl. specify) _____

Telephone No. (Daytime) : _____

Correspondence Address : _____

Applicant's Signature : _____

Date : _____

* Please delete where inappropriate

Please read the overleaf for the remarks, notes and submission of application form.

| | |
|---|-------------------------------------|
| <u>For Staff Use</u> | |
| Original check <input type="checkbox"/> | Copy check <input type="checkbox"/> |
| checked by _____ | rank _____ |

Remarks :

1. You may be asked to provide additional information to help us meet your request. We may not be able to process your application if you do not provide sufficient information.
2. You are advised to inform our centre as soon as possible whenever you change your personal particulars.
3. The personal data you provide are mainly used for process your application and record management within the Department of Health. They may also be disclosed to other government departments or related agencies for the same purpose.

Notes for Transfer Health Record (if applicable)

1. It takes about 2 weeks to process an application (from the day the application form is received). When an application is processed, staff of the MCHC/WHC will either call or send a notice to inform applicant of the transfer of his/her health record to the designated MCHC/WHC.
2. Clients should bring with them the following documentation for the purpose of re-registration when they visit the new MCHC/WHC for the first time:

| | |
|-----------------------|--|
| Child health services | 1. Original or copy of the child's birth certificate |
| | 2. Original or copy of the parents' HKID card |
| | 3. Immunization Record (DH6) |
| | 4. Child Health Record (DH2423 / 2424) |
| Other services | 1. Client's HKID card / valid identity document |
| | 2. Follow-up card for relevant service |

Submission of application form:

1. Applicant can choose to submit the application form by mail or by fax, or in person to the MCHC/WHC. Supporting document(s) required for processing the application must be attached.
2. If the data subject is a child, the applicant must be the child's parent or lawful guardian. The applicant must produce his/her original or photocopy of HKID card and the child's original or photocopy of birth certificate, or other related document(s).

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Data access under the Personal Data Privacy Ordinance

All requestors who make a data access request on behalf of a minor are requested to make the following declaration (except those who have provided documentary proof of his/her custody of the minor) :

Declaration

I declare that I have the custody
of

_____.
(Name of Child)

Signature : _____
 Name : _____
 ID No. : _____
 Date : _____