



FAMILY HEALTH SERVICE
DEPARTMENT OF HEALTH
衛生署家庭健康服務

Application for Copy of Health Record / Investigation Report (Adult)

申請索取健康記錄 / 化驗報告副本 (成人)

Particulars of Applicant 申請人資料:

Name of Applicant:

姓名

English 英文

Chinese 中文

Hong Kong ID/

Travel Document no.:

身份證/旅遊證件號碼

Name of Centre:

健康院/婦女健康中心名稱

Copy of Health Record (Adult) 健康記錄 副本(成人)

I would like to apply for a copy of health record (Adult)
本人現申請索取健康記錄副本 (成人)

Please indicate the record of specific type of service and the period of consultation from which you would like to obtain a copy (you may tick more than one category).

請註明索取健康記錄副本之服務類別及所需的日期 / 時段 (可「✓」多過一項)。

Important Notice: The application may not be processed if the type of service(s) required for the copy of health record is not indicated.

請注意：如未能清楚註明所需健康記錄副本之服務類別，申請將不會受理。

Antenatal Service No.: _____ Period: From _____ to _____
產前檢查服務 編號 _____ 期間：由 _____ 至 _____

Postnatal Service No.: _____ Period: From _____ to _____
產後檢查服務 編號 _____ 期間：由 _____ 至 _____

Family Planning Service No.: _____ Period: From _____ to _____
家庭計劃服務 編號 _____ 期間：由 _____ 至 _____

Woman Health Service No.: _____ Period: From _____ to _____
婦女健康服務 編號 _____ 期間：由 _____ 至 _____

Cervical Screening Record No.: _____ Period: From _____ to _____
子宮頸普查服務 編號 _____ 期間：由 _____ 至 _____

Psychosocial Assessment
Record ^{Note 1}

心理社會評估記錄^{註解 1}

No.:

編號 _____

Period: From

to

期間：由 _____ 至 _____

Others, please specify:
其他，請註明: _____

Copy of Investigation Report (Adult) 化驗報告副本 (成人)

I would like to apply for a copy of investigation report (Adult), please specify:
本人現申請索取化驗報告副本 (成人) (請註明): _____

^{note 1} Psychosocial assessment refers to the assessment of the woman's mental health condition (e.g. mood problem) and social service needs conducted when the woman attends any of the above service or when she attends Child Health Service with her child in Maternal and Child Health Centre.

^{註解 1} 心理社會評估包括為婦女評估她的精神健康狀況(例如情緒問題)及社會服務的需要。此評估可於婦女本人到母嬰健康院接受上列各項服務或當她與子女接受兒童健康服務時進行。

N.B.: If you have received service from the visiting specialist team from the Hospital Authority in Maternal and Child Health Centre, and want to obtain a **copy of their record, please approach the relevant hospital record office for the application.** A separate charge will be levied by the Hospital Authority.

請注意：如你曾於母嬰健康院接受醫院管理局專科到訪服務，並需要索取他們所撰寫的記錄副本，請向所屬醫院病歷檔案部索取有關申請表格。醫院管理局將另收取行政費用。

Purpose(s) of Application:

申請記錄之用途

For future medical purposes
日後醫療用途

For insurance application
保險申請

For insurance claim
保險索償

For legal proceedings
法律申訴程序

Others, please specify:
其他(請註明) _____

Please read the following notes before you sign the application form:

簽署申請表格前，請閱讀以下須知事項:

1. All health records / investigation reports are written in English. Our department does not provide translation service.
健康記錄 / 化驗報告副本以英文簽發，本署並沒有翻譯服務。
2. The applicant needs to produce her HKID card (either original or photocopy) when applying for a copy of the health record / investigation report.
如申請健康記錄 / 化驗報告副本，申請人須提供身份證明文件（正本或副本）。

3. A charge reflecting the cost of photocopying the record will be levied. **The applicant will be advised in advance the cost of photocopying the record and the method of payment.**

本署會按照影印記錄所需的成本收取費用。申請人會被預先通知所需繳付的影印記錄費用及付款方法。

4. The applicant may be requested to provide additional information in connection with the application. Our department may not be able to process the application if insufficient information is provided.

申請人或需提供更多資料，以便本署處理有關申請。如申請人未能提供足夠資料，本署可能無法作出跟進。

5. The personal data provided by the applicant are mainly used for processing the application and record management within the Department of Health. They may also be disclosed to other government departments or agencies for the same purpose.

申請人所提供的個人資料，本署將用作處理相關的申請及管理記錄用途，亦可能於有需要時轉交其他政府部門或有關機構作同樣用途。

6. If the applicant requests disclosure of personal data to a third party (e.g. insurance company, legal adviser, etc.), please fill in the Client Consent Form (Disclosure of Personal Data to 3rd Party) (FHS 122).

如申請人須向第三者(例如保險公司、法律顧問等)披露個人資料，請填妥顧客同意書(向第三者披露個人資料)(FHS 122)。

7. The duly completed application form, and the relevant documents can be returned by mail or in person to the Maternal and Child Health Centre, Woman Health Centre that you are attending or the Family Health Service (General Registry, Head Office, Room 1308, 13/F, Guardian House, 32 Oi Kwan Road, Wanchai, Hong Kong). Please state "Application for copy of Health Record" on the envelope. For the addresses of Maternal and Child Health Centres / Woman Health Centres, please visit our website at www.fhs.gov.hk.

請填妥申請表格，並連同有關文件正本或副本，以郵寄或親身遞交方式，交回所屬的母嬰健康院、婦女健康中心或香港灣仔愛群道 32 號愛群商業大廈 13 樓 1308 室家庭健康服務總部辦理，信封面註明「申請健康記錄副本」。有關母嬰健康院 / 婦女健康中心的地址，請瀏覽本署網頁 www.fhs.gov.hk。

8. The applicant will be notified when the document is ready for collection. He/she may collect the document in person or authorise a representative to collect it on his/her behalf (on production of Authorisation for collection of copy of health record / medical report (FHS 123) and proof of the individual's identity e.g. Hong Kong identity card). If the document is not collected **within 3 months** after the notification, it will be destroyed without further notice and no refund would be made.

收到本署通知後，申請人必須於**三個月內**親自或授權他人(代取人須出示領取健康記錄(副本) / 健康報告授權書 (FHS 123)及其身份證明文件，例如香港身份證)領取所申請的文件，否則文件將被銷毀而所收款項亦不會退回。

9. Please make a copy of this application form for personal retention if necessary.

如有需要，請自行影印此申請表格，以作保存。

I have read and understood the above notes (Please tick the box on the left).
我已閱讀並明白以上須知事項(請於方格內劃上「√」號)。

Signature of applicant:

申請人簽署

Name of applicant:

申請人姓名

HKID / Travel Document no.:

香港身份證 / 旅遊證件號碼

Contact telephone number:

聯絡電話

Email:

電郵

Address:

地址

Date:

日期

To be completed by staff

職員填寫：

Date of application received:	Name & Signature:
Date of notification:	Name & Signature:
Date of *completion / withdrawal:	Name & Signature:

用途聲明

收集資料的目的

1. 當衛生署向病人及顧客提供服務及進行其他有關活動時，由病人或顧客所提供的個人資料，會由衛生署作以下用途：
 - 一. 資格證明；
 - 二. 提供服務包括但不限於臨床診症、診症預約安排及通知約期和顧客關係事宜；
 - 三. 測試結果／化驗／檢驗／治療的紀錄，以繼續提供護理，或供其他醫療專業人員參考；
 - 四. 同意進行特定治療／測試；
 - 五. 開支會計；
 - 六. 流行病學監測及調查傳染病爆發；
 - 七. 為公共衛生目的，就結核病或其他須予報告／呈報的疾病，作出呈報；
 - 八. 追蹤不依期覆診者、以便跟進／治療；
 - 九. 評估是否需要社會援助；
 - 十. 在法律程序中作為參考；
 - 十一. 登記／管理的紀錄
 - 十二. 製備統計數字、進行研究或教學用；
 - 十三. 服務／人力發展與策劃；
 - 十四. 利便組織有關健康教育及社區聯絡的活動；及
 - 十五. 到訪／查詢／投訴的記錄。

個人資料的提供，出於自願。如果你不提供充份的資料、我們可能無法證明你是否符合資格獲得某項服務或活動，因而不能為你提供服務／協助；又或我們即使仍然提供該項服務或協助，你亦須按不符合資格人士須繳的收費率（通常較高）繳費。

接受轉介人的類別

2. 你所提供的個人資料，主要由本署內部使用，但亦可能於有所需時因以上所列目的向其他政府部門或有關人士披露。此外，資料只可於你同意作出該種披露或作出該種披露是《個人資料(私隱)條例》所允許的情況下，才向有關方面披露。

查閱個人資料

3. 根據《個人資料(私隱)條例》第 18 條及 22 條以及附表 1 第 6 原則所述，你有權查閱及修正個人資料，包括有權取得你於以上第 1 段所述的情況下所提供的個人資料。應查閱資料要求而提供資料時，可能要徵收費用。

查詢

4. 有關所提供個人資料（包括查閱及修正資料）的查詢，請向下列人士／單位提出：
 - 一. 所屬健康院的顧客關係主任；或
 - 二. 衛生署家庭健康服務
地址：香港灣仔愛群道 32 號愛群商業大廈 13 樓 1308 室

STATEMENT OF PURPOSES

Purpose of Collection

1. The personal data are provided by patients and clients with whom the Department of Health (DH) interacts in the delivery of services, and other related activities. The personal data provided will be used by DH for the following purposes:-
 - a) Proof of eligibility;
 - b) Providing services including but not limited to clinical service, appointment arrangement and notification and client relation matters;
 - c) Record of test results / examination / investigation / treatment for continuation of care or reference by other medical professionals;
 - d) Consent for particular treatments / tests;
 - e) Accounting of expenses;
 - f) Epidemiological surveillance and suspected outbreak investigation;
 - g) For notification of tuberculosis or other diseases reportable / notifiable for public health purposes;
 - h) Tracing defaulters for follow up / treatment;
 - i) Assessment for social assistance;
 - j) For reference in legal proceedings;
 - k) Record of enrolment / management;
 - l) For preparing statistics, carrying out research or teaching purpose;
 - m) For services / manpower development and planning;
 - n) To facilitate organisation of activities related to health education and community liaison; and
 - o) Record of visits / enquiries / complaints.

The provision of personal data is voluntary. If you do not provide sufficient information, we may not be able to prove your eligibility for specific service / activities and cannot provide service / assistance to you or even the service / assistance may still be provided, you will be charged at the non-entitled person (usually higher) rate.

Classes of Transferees

2. The personal data you provide are mainly for use within DH but they may also be disclosed to other Government bureaux / departments or relevant parties for the purposes mentioned above, if required. Apart from this, the data may only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

Access to Personal Data

3. You have a right of access and correction with respect to personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data. A fee may be imposed for complying with a data access request.

Enquiries

4. Enquiries concerning the personal data provided, including the making of access and corrections, should be addressed to:
 - a) The Client Relations Officer of respective centre; or
 - b) Family Health Service, Department of Health
Rm 1308, 13th Floor, Guardian House, 32 Oi Kwan Road, Wan Chai, Hong Kong