



# FAMILY HEALTH SERVICE - DEPARTMENT OF HEALTH

## 衛生署家庭健康服務

### Update of Personal Particulars / Transfer of Health Record

### 更改個人資料 / 轉送健康記錄

Please read through the **Points to Note** before you complete the application form.

填寫本申請表格前，請先閱讀須知事項。

**Part A** (Please tick in the appropriate box, and you may select more than one item)

**甲部** (請在適當欄位加「✓」，並可選多過一項)

Types of Health Record to be updated / transferred

申請更改個人資料 / 轉送的健康記錄類別

Health Record <sup>(Note 1)</sup> 健康記錄 (附註 1)	Record No. 記錄號碼	Service requested 所需服務	
<b>Child Health</b> (including Parents' information in the record) <b>兒童健康</b> (包括於記錄內的父母資料)		<input type="checkbox"/>	Updating data (Please fill in <b>Part C "Record(s) to be updated"</b> ) 更改資料 (請繼續填寫丙部「更新資料」)
		<input type="checkbox"/>	Transferring record to _____ 轉送記錄至 _____ MCHC 母嬰健康院
<b>Antenatal</b> <b>產前檢查</b>		<input type="checkbox"/>	Updating data (Please fill in <b>Part C "Record(s) to be updated"</b> ) 更改資料 (請繼續填寫丙部「更新資料」)
		<input type="checkbox"/>	Transferring record to _____ 轉送記錄至 _____ MCHC 母嬰健康院
<b>Postnatal, Family Planning, Woman Health and Cervical Screening<sup>(Note 2)</sup></b> 產後檢查，家庭計劃，婦女健康及子宮頸檢查 (附註 2)		<input type="checkbox"/>	Updating data (Please fill in <b>Part C "Record(s) to be updated"</b> ) 更改資料 (請繼續填寫丙部「更新資料」)
		<input type="checkbox"/>	Transferring record to _____ 轉送記錄至 _____ MCHC 母嬰健康院

Note 1 : This includes health record provided by visiting specialist teams from Hospital Authority in Maternal and Child Health Centre. If you would like to have other arrangement, please contact medical or nursing staff of our centres.

附註 1 : 包括在母嬰健康院接受醫院管理局專科服務的相關記錄。如你想作其他安排，請聯絡母嬰健康院的醫護人員。

Note 2 : If you would like to update or transfer the health record for Cervical Screening Service, please also fill in the Cervical Screening Information System (CSIS) Information Update Form and mail it to the address printed therein. The form can be downloaded at the following website:

[https://www.cervicalscreening.gov.hk/files/Information\\_Update\\_Form-bilingual.pdf](https://www.cervicalscreening.gov.hk/files/Information_Update_Form-bilingual.pdf)

附註 2 : 如申請更改子宮頸檢查服務的個人資料，或轉送子宮頸檢查服務的健康記錄，你亦須填寫子宮頸普查資訊系統資料更新表格並寄往表格上所示的地址。表格可於以下網址下載：

[https://www.cervicalscreening.gov.hk/files/Information\\_Update\\_Form-bilingual.pdf](https://www.cervicalscreening.gov.hk/files/Information_Update_Form-bilingual.pdf)

**Part B****乙部****Personal Data shown on Health Record****健康記錄上的個人資料**

Name:

姓名： \_\_\_\_\_ (English) \_\_\_\_\_ (中文)

Birth Cert. / HKID / Travel Document no.:

Date of Birth:

出世紙 / 香港身分證 / 旅遊證件號碼： \_\_\_\_\_

出生日期： \_\_\_\_\_

Name of Centre:

母嬰健康院 / 婦女健康中心名稱： \_\_\_\_\_

**Part C****丙部****Record(s) to be updated****更新資料**

1. Identity Document No. :

身分證明文件號碼 \_\_\_\_\_

2. Name :

姓名 \_\_\_\_\_

3. Date / Place of Birth :

出生日期 / 地點 \_\_\_\_\_

【Please provide valid documents (original or copy) for updating items 1-3】

【如更改 1-3 項資料，必須提供有效證明文件（正本或副本）】

4. Correspondence Address in HK:

香港通訊地址 \_\_\_\_\_

5. Residential Address:

住址 \_\_\_\_\_

*(Please leave blank if it is the same as correspondence address)**(如與通訊地址相同，不用填寫)*

6. Telephone No. :

*Mobile**Residential*

電話號碼

*流動電話**家居電話*

If the mobile phone registered for receiving Child Health Service's SMS Reminder service is also updated as above, please tick.

如使用兒童健康服務約期提醒短訊服務的流動電話號碼也更新如上，請加上「✓」。

7. Others :

其他 \_\_\_\_\_

**Part D (Complete this part if the record holder is a child)****丁部 (如記錄持有人為兒童，請填寫本部)**

Relationship with the child

申請人與記錄持有人的關係

Parent

父母

Legal Guardian

法定監護人

## Data access under the Personal Data Privacy Ordinance

### 根據個人資料私隱條例要求查閱或更改資料

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):

以有關人士身份代表未成年人士提出查閱或更改資料的要求，需簽署以下聲明（已提供有關管養權文件的人士除外）：

### **Declaration 聲明**

I declare that I have the custody of the child named below:

本人聲明對以下名稱的兒童擁有管養權：

\_\_\_\_\_  
(Name of Child 兒童姓名)

Name 姓名：\_\_\_\_\_

Signature 簽署：\_\_\_\_\_

ID No. 身分證號碼：\_\_\_\_\_

Date 日期：\_\_\_\_\_

### **Points to Note**

#### **須知事項**

1. You are advised to inform our centre as soon as possible whenever there is a change of personal particulars.  
如個人資料有變更，請盡快通知所屬母嬰健康院 / 婦女健康中心。
2. Applicant who owns more than one health record in the same MCHC should submit one application form only.  
如申請人於同一母嬰健康院內擁有多個健康記錄，只須遞交一份申請表格。
3. If the data subject is a child, the applicant must be the child's parent or legal guardian. Please also fill in Part D.  
如記錄持有人為兒童，申請人必須為兒童的父母或法定監護人，並請填妥丁部。
4. The applicant needs to produce the following documents:  
申請人須提供以下之文件：
  - Your HKID card (either original or photocopy)  
申請人的身分證（正本或副本）
  - If the health record belongs to a child, the child's birth certificate (either original or photocopy)  
如記錄持有人為兒童，有關兒童之出世紙（正本或副本）
  - If the applicant is the legal guardian, please provide documentary evidence to support the relationship.  
若申請人是兒童的法定監護人，請出示能證明申請人與兒童關係的證明文件。
  - Immunisation record / relevant follow-up cards (either original or photocopy)  
針卡 / 有關服務的覆診卡（正本或副本）
  - Valid documents for updating data in Part C items 1-3 (either original or photocopy)  
如更改丙部 1-3 項的資料，必須提供有效證明文件（正本或副本）
5. 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.  
你或需提供更多資料，以協助我們處理你的申請。如你未能提供足夠資料，我們或許不能辦理你的申請。
6. The personal data you provided are mainly used for processing 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.  
你所提供的個人資料，本署將會用作處理你的申請及管理記錄的用途，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。
7. Apart from online application, applicant can submit the completed application form by mail or by fax, or in person to relevant MCHC / WHC. For the address, fax and enquiry telephone number of MCHC / WHC, you may visit our website at [www.fhs.gov.hk/english/](http://www.fhs.gov.hk/english/).  
除網上申請外，申請人可將申請表格郵寄、傳真或親身交回有關的母嬰健康院 / 婦女健康中心。有關母嬰健康院 / 婦女健康中心的地址、傳真和查詢電話，你可瀏覽本署的網頁 [www.fhs.gov.hk/tc\\_chi/](http://www.fhs.gov.hk/tc_chi/)。

8. It takes about 2 weeks to process an application for transfer of Health Record (from the day the application form is received). Appointments fall within the processing period may be affected. Applicant can rearrange the appointments with the concerned MCHC/WHC if needed. Upon successful transfer of Health Record, staff of the new MCHC/WHC will inform the applicant either by call or in writing. If you have not received any notification of successful transfer within 1 month after your application, please contact your original centre.

處理申請轉送健康記錄約需時兩個星期（以收到申請表日期起計算）。在這時段內的約期可能會受影響。如有需要，申請人可聯絡有關母嬰健康院/婦女健康中心再作安排。完成處理申請程序後，新的母嬰健康院/婦女健康中心職員將以電話或書面通知申請人健康記錄已經成功轉送。若申請人於遞交申請表格一個月後仍未收到職員通知，請與所屬母嬰健康院/婦女健康中心職員聯絡。

9. Upon successful transfer of Health Record, you should bring the following documents for the purpose of re-registration when you visit the new MCHC / WHC for the **first time**:

成功轉送健康記錄後，首次接受服務時，必須帶備下列文件，以便辦理重新登記手續：-

Child health services 兒童健康服務	1. Original or copy of the child's birth certificate 兒童出世紙（正本或副本）
	2. Original or copy of the parents' HKID card 父母親的身分證（正本或副本）
	3. Immunisation Record (DH6) 兒童的免疫接種記錄（DH6）
	4. Child Health Record (DH2423 / DH2424 / DH2690) 兒童健康記錄（DH2423 / DH2424 / DH2690）
Other services 其他服務	1. Client's HKID card / valid identity document 顧客本人的香港身分證 / 有效身分證明文件
	2. Follow-up card for relevant service 該項服務的覆診卡

- I have read, understood and agreed to the above points to note (please tick the box on the left).  
我已閱讀、明白並同意以上須知事項（請於方格內劃上「✓」號）。

Name of Applicant:

申請人姓名

Telephone No. (Daytime):

日間聯絡電話

Identity Document No.:

身分證明文件號碼

Date:

日期

Correspondence Address in HK:

香港通訊地址

Applicant's Signature:

申請人簽署

For Staff Use 由職員填寫

Original check

Copy check

核對正本

核對副本

Check by 核對人員：

Post 職級：

Date 日期：