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

Application for Copy of Child Health Record
申請索取兒童健康記錄副本

Particulars of Child 兒童資料:

Name of Child:
姓名

English 英文 _____ Chinese 中文 _____

Birth certificate / Other Document no.:
出世紙/其他證件編號 _____

Date of Birth:
出生日期 _____

MCHC Record no.:
母嬰健康院記錄編號 _____

Name of Centre:
健康院名稱 _____

I would like to apply for a copy of child health record
本人現申請索取兒童健康記錄副本

☐ All (Including Immunisation Record)
全部 (包括免疫接種記錄)

☐ Part (Period: From _____ to _____)
部分 (期間： 由 _____ 至 _____)

N.B.: If you are requesting a copy of the record written by the visiting paediatrician from the Hospital Authority (if applicable), please approach the relevant hospital record office for application. A separate charge will be levied by the Hospital Authority.

請注意：如同時申請由醫院管理局到訪健康院的兒科醫生所撰寫的健康記錄副本（如適用），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) _____

Method for Collection (Choose one only):

領取方法 (只可選一項)：

☐ Collect at Family Health Service Head Office, Room 1308, 13/F, Guardian House, 32 Oi Kwan Road, Wanchai, Hong Kong or Maternal and Child Health Centre concerned
親身到香港灣仔愛群道 32 號愛群商業大廈 13 樓 1308 室家庭健康服務總部或所屬的母嬰健康院領取

☐ Receive by registered post (Please provide Hong Kong postage address and email address to receive the Copy of Child Health Record and the General Demand Note respectively)
以掛號郵寄方式收取 (請提供香港郵寄地址以收取兒童健康記錄副本，及電郵地址以收取一般繳款單)

Hong Kong Postage Address
香港郵寄地址

_____

Email Address
電郵地址

_____

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 are written in English. Our department does not provide translation service.

   健康記錄副本以英文簽發，本署並無翻譯服務。

Eligibility Criteria:
申請資格：

2. If the child is under 18 years old, the applicant must either be the parent or the legal guardian of the child. When the child has reached 18 years old or above, the application can be filed by himself/herself.

   當兒童未滿十八歲，申請人必須是兒童的父親、母親或法定監護人。到十八歲及以後，該人士可自行提出申請。

Application Method:
申請方法：

3. (a) Submit the online application form by using MyGovHK (Digital Signature by iAM Smart or e-Cert (personal) is required for online submission); or
   透過政府一站通提交有關申請 (網上申請需使用「智方便」或電子證書(個人)作數碼簽署) ；或

   (b) Submit the completed application form and the required documents by mail or in person to the Maternal and Child Health Centre concerned 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 child health record" on the envelope. For the addresses of Maternal and Child Health Centres, please visit our website at www.fhs.gov.hk.

以郵寄或親身遞交方式，把已填妥的申請表及所需文件交回所屬的母嬰健康院或香港灣仔愛群道 32 號愛群商業大廈 13 樓 1308 室家庭健康服務總部辦理，信封面請註明「申請兒童健康記錄副本」。有關母嬰健康院的地址，請瀏覽本署網頁www.fhs.gov.hk。

Required Documents:
所需文件：

4. The applicant needs to produce the following documents when applying for access to personal data:
   - the HKID card of the applicant (either original or photocopy)
   - the child's birth certificate (either original or photocopy) if the child is under 18 years old
   - documentary evidence showing the applicant's relationship with the child if he/she is the legal guardian or a parent of the child whose name is not shown on the child's birth certificate

   申請人須提供以下之文件：
   - 申請人的身份證（正本或副本）
   - 有關兒童之出世紙（正本或副本）（適用於 18 歲以下兒童）
   - 若申請人是兒童的法定監護人或父親／母親而其姓名並沒有顯示於兒童的出生證明書上，請出示能證明申請人與兒童關係的證明文件

Fee and Payment Method:
費用及付款方法：

5. 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**. A General Demand Note will be emailed to applicants who choose to receive the health record by registered post. For the payment methods available for settlement of General Demand Notes, please visit this website:

   https://www.try.gov.hk/internet/ehcoll_gendenenquiry.html

   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**。如選擇以掛號郵寄方式收取記錄，一般繳款單會以電郵形式發送至選擇以掛號郵寄方式收取健康記錄副本的申請人。有關一般繳款單的付款方法，請瀏覽以下網頁:
   https://www.try.gov.hk/cinternet/chcoll_gendenenquiry.html

Other Points to Note:
其他注意事項：

6. 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。

7. 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。

8. If the applicant requests disclosure of personal data to a third party (e.g. insurance company, legal adviser, etc.), please provide the appropriate consent forms. For a child under 18 years old, please complete the Parent / Legal

Guardian Consent Form (Disclosure of Personal Data to 3rd Party) (FHS 121).

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，請填妥及提交適當的同意書。如兒童未滿 18 歲，請填寫家長／監護人同意書（向第三者披露個人資料）(FHS 121)。

9. The applicant will be notified when the document is ready for collection. He/she may collect the document by either of the following ways:

(1) 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; or

(2) For receipt by registered post, the document will be posted to the provided Hong Kong postage address.

收到本署通知後，申請人必須於**三個月內**透過以下方式領取：

(1) 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；或

(2) 如選擇以掛號郵寄方式收取，健康記錄副本將會郵寄至以上所提供之香港郵寄地址。

10. 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 _____

Relationship to child:
與兒童關係 _____

Email:
電郵 _____

Address:
地址 _____

Contact telephone number:
聯絡電話 _____

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:

目的聲明

家庭健康服務

收集資料的目的

1. 衞生署向病人及服務使用者提供服務和進行其他有關活動時，病人或服務使用者會提供個人資料。衞生署會使用這些個人資料作以下用途：

a) 資格證明；
b) 提供服務，包括但不限於臨牀診症、診症預約及通知約期，以及顧客關係事宜；
c) 測試結果／化驗／檢驗／治療的記錄，以繼續提供護理，或供其他醫療專業人員參考；
d) 同意進行特定治療／測試；
e) 開支會計；
f) 進行流行病學監測及調查疑似傳染病爆發個案；
g) 為公共衞生目的，就結核病或其他須予報告／呈報的疾病，作出呈報；
h) 追踪不依期覆診者，以便跟進／治療；
i) 評估是否需要社會援助；
j) 在法律程序中作為參考；
k) 登記／管理的記錄；
l) 供製備統計數字、進行研究或教學用途；
m) 服務／人力發展與策劃；
n) 利便籌辦與健康教育及社區聯絡有關的活動；以及
o) 到訪／查詢／投訴的記錄。

提供個人資料，純屬自願。如你未能提供足夠資料，我們可能無法證明你符合資格享用某項服務或參加某些活動，因而不能為你提供服務／協助；又或即使仍可提供服務或協助，你也須按非符合資格人士的收費率(通常較高)繳費。

資料承轉人類別

2. 你所提供的個人資料，主要供本署內部使用，但如有需要，也可能為上文第 1 段所述目的，向其他政府決策局／部門、醫院管理局或有關各方披露。此外，只有在你同意作出該項披露或該項披露是《個

人資料(私隱)條例》所允許的情況下，本署才會向有關方面披露有關資料。

查閱個人資料

3. 根據《個人資料(私隱)條例》第 18 及第 22 條，以及附表 1 第 6 原則的規定，你有權查閱和改正你的個人資料。你的查閱權包括有權索取你在上文第 1 段所述情況下所提供個人資料的複本一份。為依從查閱資料要求，可能會徵收費用。

查詢

4. 有關所提供個人資料的查詢(包括查閱和改正資料)，應送交：

a) 所屬母嬰健康院的顧客關係主任；或
b) 衞生署家庭健康服務
地址：香港灣仔愛群道 32 號愛群商業大廈 13 樓 1308 室

STATEMENT OF PURPOSES

Family Health Service

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, the Hospital Authority or relevant parties for the purposes mentioned in paragraph 1 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 provided by you during the occasions as mentioned in paragraph 1 above. 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