



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

Client Consent Form (Disclosure of Personal Data to 3rd party)
顧客同意書 (向第三者披露個人資料)

To : Officer in-charge, Family Health Service

致 : 家庭健康服務部門主管

I, (applicant) _____ agree the Family Health Service of the
Department of Health to release my *copy of health record / medical report issued by doctor to
(name of organization / person) _____

本人 (申請人) _____ 同意衛生署家庭健康服務向
(機構或人士名稱) _____ 提供有關本人的
*健康記錄副本 / 醫生撰寫的健康狀況報告.

● Please circle as appropriate. *請 圈適用者

Signature of applicant 申請人簽署 : _____

Name of applicant 申請人姓名 : _____
(Please write in block letters 請用正楷填寫)

Identity Card number of applicant 申請人身份證號碼 : _____

Telephone Number 聯絡電話 : _____

Signature of witness 見證人簽署 : _____
(The witness must not be the applicant nor the authorized party)
(申請人及獲授權者除外)

Name of witness 見證人姓名 : _____
(Please write in block letters 請用正楷填寫)

Telephone Number 聯絡電話 : _____

Date 日期 : _____