



**FAMILY HEALTH SERVICE  
DEPARTMENT OF HEALTH**

**衛生署家庭健康服務**

**Authorisation for Collection of**

**Copy of Health Record / Copy of Investigation Report / Medical Report**

**領取健康記錄（副本）／化驗報告（副本）／健康報告 授權書**

Please read the following notes carefully before completing this form:

填寫本表格前，請詳閱下列須知事項：

1. The copy of health record / copy of investigation report / medical report issued by the doctor contains your or your child's personal information. Please select your representative carefully, e.g. a close relative.  
健康記錄（副本）／化驗報告（副本）／醫生撰寫的健康報告包含你或你子女的個人資料，請小心選擇代取人士，例如近親。
2. The signature of the authorisation must be identical to the signature on the application form.  
授權書和申請書上的簽署式樣必須相同。
3. The authorised person must be aged 18 or above, sign on the acknowledgement of receipt and produce the following upon collection of the document applied:  
代取人士須年滿十八歲，並須於領取所申請的文件時填寫確認簽收書及出示以下證件：
  - his/her valid proof of identity e.g. Hong Kong identity card, passport or Hong Kong Re-entry Permit.  
其有效的身份證明文件，例如香港身份證、護照或回港證。
  - copy of valid proof of identity of the applicant.  
申請人的身份證明文件副本。

**Authorisation 授權書**

I, (applicant) \_\_\_\_\_, hereby authorise \* Mr / Ms \_\_\_\_\_  
holder of \* HK identity card/passport/re-entry permit/others (please specify) \_\_\_\_\_ No. \_\_\_\_\_  
to collect \* my / my child's / my ward's (name of child / ward) \_\_\_\_\_

\* copy of health record / copy of investigation report / medical report issued by doctor on my behalf.

本人（申請人）\_\_\_\_\_，現授權 \_\_\_\_\_ \* 先生／女士，  
\* 香港身份證／護照／回港證／其他（請註明）\_\_\_\_\_ 號碼 \_\_\_\_\_ 持有人，  
代本人領取 \* 本人／本人子女／受監護孩子（孩子姓名）\_\_\_\_\_ 的

\* 健康記錄（副本）／化驗報告（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)

Email 電郵： \_\_\_\_\_

Date 日期： \_\_\_\_\_

# 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