

致電子健康紀錄互通系統(醫健通)查閱資料要求者的重要通告

1. 資料當事人(醫護接受者)或提出查閱資料要求者，可根據《個人資料(私隱)條例》(第 486 章)(《私隱條例》)·取得載於電子健康紀錄互通系統(醫健通)內有關資料當事人(醫護接受者)的個人資料的副本。
2. 填寫查閱資料要求表格前，請仔細閱讀本通告。
3. 資料當事人(醫護接受者)本人，或代表資料當事人(醫護接受者)的有關人士(如適用)·都可提出查閱資料要求，以查閱及領取載於醫健通內有關資料當事人(醫護接受者)的個人資料。(提出查閱要求的人士，下面統稱“提出要求者”。)
4. 表格須以中文或英文填寫，填妥後請交到電子健康紀錄申請及諮詢中心(申請及諮詢中心)：
 - a) 親身遞交；或
 - b) 郵寄；或
 - c) 傳真；或
 - d) 醫健通 eHealth 流動應用程式
 - 地址：香港九龍灣臨澤街 8 號啟匯 11 樓 1102 室；
 - 熱線電話：(852) 3467 6300(一般查詢)
 - 傳真號碼：(852) 3467 6099
5. 電子健康紀錄專員(專員)須按照《私隱條例》的規定處理查閱資料要求，惟涉及“幼年人”定義者除外。凡查閱“幼年人”的電子健康紀錄，查閱資料要求可按《電子健康紀錄互通系統條例》(第 625 章)提出(“幼年人”指未滿 16 歲的醫護接受者)。
6. 如資料當事人(醫護接受者)未滿 16 歲，或年滿 16 歲但無能力提出查閱資料要求，則只有與資料當事人(醫護接受者)有關的人士，才可代其提出查閱資料要求。
7. 如資料當事人(醫護接受者)需要授權有關人士領取資料報告，必須於遞交申請時填妥申請表上的第二部(有關人士的詳情)，並於第三部(聲明)簽署確認。如有關人士在遞交申請時未有填妥申請表上的第二部或未有簽署第三部，則必須由資料當事人(醫護接受者)本人親身到申請及諮詢中心領取報告。
8. 由於資料報告內的放射圖像經過壓縮處理，故有關紀錄僅供參考。如資料當事人(醫護接受者)需要尋求醫學意見，請建議資料當事人(醫護接受者)的醫護提供者直接登入醫健通查閱。
9. 我們會按有關查閱資料的要求及所索取資料報告的格式，收取適度的行政費用：
 - 處理費：港幣 109 元；
加格式材料費用
 - 每支 USB 記憶棒(容量 32GB)：港幣 33.9 元；或
 - 每張 DVD 光碟(容量 4.7GB)：港幣 2.5 元；或
 - 紙張打印：每張 A4 紙港幣 0.1 元 (不論單面或雙面打印)
 - 如查閱資料要求報告頁數超過 3 000 頁，則不建議以紙張打印形式索取。
 - 如查閱資料要求包含放射圖像資料，有關報告只限以 USB 記憶棒形式發放。
 - 儲存於 USB 記憶棒或 DVD 光碟的資料報告會以密碼加密。提出要求者將於

領取資料報告時取得有關密碼。

- 有關費用須以繳款單上所列明之形式繳付。
- 所有已繳付的行政費用將不獲發還。

10. 申請時所提供的資訊必須真實、正確、清晰，包括資料當事人(醫護接受者)及有關人士(如適用)的個人資料，並清楚指明所要查閱及索取，載於醫健通內的資料的類別和時間。
11. 為處理查閱資料要求，申請及諮詢中心可能會與資料當事人(醫護接受者)或提出要求者聯絡，並要求有關人士提交相關的補充資料。
12. 領取資料報告時，提出要求者必須出示身份證明文件正本(如：香港身份證)以作核實身份之用。提出要求者如為代表資料當事人(醫護接受者)的有關人士，則該人士於領取報告時，須一併出示資料當事人(醫護接受者)的身份證明文件副本。
13. 查閱資料要求報告，必須由提出要求者在有關領取查閱資料報告的通知書發出後的六個月內，親自於申請及諮詢中心領取。申請及諮詢中心將銷毀過期未領取的查閱資料要求報告，不會另行通知，而已繳付的所有行政費用將不獲發還。如日後再需要相關資料，請重新遞交申請表格。
14. 查閱資料要求的申請結果會以書面形式通知提出要求者：
 - a. 如有關要求獲接納，通知書會列明有關領取查閱資料報告的詳情；
 - b. 如要求不獲接納，通知書則會列明有關要求被拒絕的理由。
15. 在以下情況，諮詢中心可拒絕依從查閱資料要求，如：
 - a. 資料當事人(醫護接受者)並沒有登記醫健通；
 - b. 資料當事人(醫護接受者)不是在世人士；
 - c. 資料當事人(醫護接受者)不提供以下專員合理地要求 -
 - i. 以令他信納提出要求者的身份資訊；
 - ii. (如提出要求者看來是就另一名個人而屬有關人士)以令專員
 - 信納該另一名個人的身份；及
 - 信納提出要求者確是就該另一名個人而屬有關人士，
 - d. 要求查閱的資料不存在於系統內或有關的使用由另一方所控制，而該控制方式禁止本處依從該項查閱資料要求
 - e. 專員不能在不披露另一名個人屬資料當事人(醫護接受者)的個人資料的情況下依從該項要求；但如專員信納該另一名個人已同意向該提出要求者披露該資料，則屬例外；或
 - f. (在其他情況下)在當其時，依從該要求根據《私隱條例》或任何其他條例是被禁止的。
16. 如對查閱資料要求有任何疑問，可與申請及諮詢中心聯絡(電話：(852) 3467 6300)。

Important Notice to requestor for Data Access Request (DAR) in Electronic Health Record Sharing System (eHealth)

1. Data Subject (Healthcare recipient (HCR)) or the requestor may obtain a copy of the record of the personal data of the Data Subject (HCR) currently kept in eHealth according to Personal Data (Privacy) Ordinance (Cap 486) (PD(P)O).
2. Please read this notice carefully before completing the DAR Form.
3. Either the Data Subject (HCR) himself or herself or the Relevant Person of the Data Subject (HCR) (collectively known as the “requestor”), if applicable, can make DAR for the Data Subject (HCR)’s personal data in eHealth and collect the DAR report.
4. Please complete the DAR Form in Chinese or English and submit it to Electronic Health Record Registration Office (eHR RO):
 - a. In person; or
 - b. By mail; or
 - c. By fax; or
 - d. By 醫健通 eHealth App
 - Address: Unit 1102, 11/F, Harbourside HQ, 8 Lam Chak Street, Kowloon Bay, H.K.
 - Hotline (General Enquiry): (852) 3467 6300
 - Fax: (852) 3467 6099
5. The Commissioner for the Electronic Health Record (eHRC) shall follow PD(P)O for handling DAR except the definition of ‘minor’ by which a DAR can be made according to the Electronic Health Record Sharing System Ordinance (Cap 625) (‘Minor’ refers to HCR aged under 16).
6. Only Relevant Person can make DAR on behalf of the Data Subject (HCR) if the Data Subject (HCR) is under 16 or if the Data Subject (HCR) is 16 or above but incapable of making a DAR.
7. If the Data Subject (HCR) needs to authorise the Relevant Person to collect the DAR report, “Section II (Details of the Relevant Person)” and “Section III (Declaration)” of DAR Form must be duly completed and signed upon form submission. If the Relevant Person did not complete “Section II” or did not sign properly on “Section III” of DAR Form upon form submission, the report must be collected by the Data Subject (HCR) in person at eHR RO.
8. As the radiology images included in the DAR Report have been compressed, they should be used for reference only. Please advise the healthcare providers to access the records by logging into eHealth directly if the Data Subject (HCR) is seeking medical advice.
9. A non-excessive administrative fee shall be charged for handling your DAR and compiling different formats of DAR Report:
 - Handling charge per DAR request: HK\$109;
plus the following material charge:
 - Each USB thumb drive onwards (32GB): HK\$33.9; or
 - Each DVD (4.7GB) onwards: HK\$2.5; or
 - Each sheet of A4 paper onwards: HK\$0.1 (single or double-sided printing)
 - For DAR Report over 3,000 pages, paper format is not recommended.
 - For request covering radiology images, DAR Report will only be provided in USB thumb drive.
 - DAR Report stored in USB thumb drive or DVD are encrypted with password. The requestor will obtain the password upon collection of DAR Report.
 - Charges shall be paid by means specified on the Demand Note.
 - All administrative fees paid are not refundable.
10. Please supply true, accurate and clear information for the request including details of personal data of the Data Subject (HCR) and the Relevant Person, if applicable, and indicate clearly the type and duration of data in

- eHealth for which access and a copy of that is to be requested.
11. eHR RO may contact the Data Subject (HCR) or the requestor for additional information related to the request, if necessary, to facilitate processing of the request.
 12. Please provide identity proof of the requestor, such as original Hong Kong Identity Card, for identity verification upon collection of DAR Report. If the requestor is the Relevant Person of the Data Subject (HCR), the requestor should also provide copy of identity document of the Data Subject (HCR) upon collection of DAR Report.
 13. The DAR Report shall be collected in person by the requestor himself/herself at eHR RO, within 6 months from the written notification on the collection of report. If unclaimed, the concerned DAR Report will be disposed by eHR RO without further notice, and no refund of all administrative fee will be made. If access to the concerned data is needed in the future, a new application is required.
 14. A written notification of the DAR result will be given to the requestor, together with:
 - a. information on the collection of the DAR Report, if the request is accepted; or
 - b. a reason of refusal, if the request is refused.
 15. There may be circumstances in which we may refuse to comply with the DAR, if:
 - a. the Data Subject (HCR) has not registered to eHealth;
 - b. the Data Subject (HCR) is not a living individual;
 - c. eHRC is not supplied with such information as eHRC may reasonably require:
 - i. in order to satisfy eHRC as to the identity of the requestor;
 - ii. where the requestor purports to be a Relevant Person, in order to satisfy the eHRC
 - as to the identity of the individual in relation to whom the requestor purports to be such a person; and
 - that the requestor is such a person in relation to that individual;
 - d. the requested data does not exist in eHealth or another party controls the use of the requested data
 - e. eHRC cannot comply with the request without disclosing personal data of which any other individual is the Data Subject (HCR) unless eHRC is satisfied that the other individual has consented to the disclosure of the data to the requestor; or
 - f. in any other case, compliance with the request is for the time being prohibited under PD(P)O or any other Ordinance.
 16. Please contact eHR RO at (852) 3467 6300 if you have any enquiry on DAR.

Last updated in Oct 2024

(除非獲得相關人士同意，否則本表格上的個人資料只可用於處理此項查閱資料要求及其他與之直接有關的目的。

Except with the consent of the individual concerned, the personal data collected in this Form will be used for the purpose of processing this Data Access Request (DAR) and other directly related purposes only.)

第 1 部 SECTION I - 查閱資料要求的詳情 Details of Data Access Request

(此部分必須填寫 This section must be completed)

1. 資料當事人(醫護接受者)的詳情 (必須為在世人士)

Details of the Data Subject (Healthcare Recipient (HCR)) who must be a living individual

中文姓名 Name in Chinese	(*先生/女士/小姐)	英文姓名 Name in English	(*Mr/Ms/Miss)	性別 Sex
				<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
香港身份證號碼 Hong Kong Identity Card (HKIC) No.			如非香港身份證持有人，請填寫其他身份證明文件資料。 If not HKIC holder, please fill in details of other identity document.	
()			類別 Type	
出生日期 Date of Birth	日 Day	月 Month	年 Year	證件號碼 Document No.
有關資料當事人(醫護接受者) 是否未滿 16 歲? Is the Data Subject (HCR) under 16 years of age? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No				簽發國家/地區 Issuing Country/Region
通訊地址 Correspondence Address				聯絡電話號碼 Contact Telephone No.

備註: 於領取資料報告時，資料當事人(醫護接受者) 的身份會被驗證。屆時請親身出示有關資料當事人(醫護接受者)的身份證明文件(如香港身份證/護照)正本。如資料報告由代表資料當事人(醫護接受者)的有關人士領取，屆時請親身出示資料當事人(醫護接受者)的身份證明文件副本。

Remarks: Identity of Data Subject (HCR) will be verified upon the collection of the DAR Report. Please produce in person the original identity document (such as HKIC/Passport) of Data Subject (HCR) OR provide a copy of the identity document if the DAR Report is collected by Relevant Person.

2. 資料當事人(醫護接受者)所要求查閱的個人資料(要求資料) 詳情:

Details of Personal Data of the Data Subject (HCR) under request (Requested Data) are:

(a) 所需查閱資料的期間 For the period	<input type="checkbox"/> 由 From _____ (日日 dd / 月月 mm 月月/年年年年 yyyy) 至 to _____ (日日 dd / 月月 mm 月月/年年年年 yyyy) <input type="checkbox"/> 由電子健康紀錄互通系統(醫健通)最早的紀錄至有關報告的提取日期 From the earliest time when record was available in the Electronic Health Record Sharing System (eHealth) up to the report generation date
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如資料當事人(醫護接受者)的電子健康紀錄已累積大量資料，有關的資料報告的篇幅有可能因頁數多，而需要較長時間準備。下文第 2(b) 段臚列的項目，有些是以個人為基礎，並是持續終身的紀錄(如：出生紀錄、過敏和藥物不良反應及防疫注射紀錄)，故查閱資料報告只會提供有關資料最新的紀錄。

Depending on the number of records that are available since Electronic Health Record (eHR) of the healthcare recipient was created, the DAR Report may contain many pages and it may take long time to prepare. Some types of records in 2(b) are individual based and lifelong e.g. Birth Record, Allergy & Adverse Drug Reaction and Immunisation Record; hence only the most updated records will be shown in DAR Report.

please tick as appropriate 請在適當的方格填上✓號

* delete whichever is inappropriate 請刪去不適用者

(Oct 2024)

(b) 查閱下列載於醫健通內的紀錄(可選擇多於一項): For the following types of record(s) in eHealth (more than one type can be chosen)

(i) 資料副本 Copy of the Records

以下全部紀錄 [不包括以下(b)(ii)項] All of the following types of records [excluding item (b)(ii) below]
或 or

- 過敏和藥物不良反應 Allergy & Adverse Drug Reaction
- 出生紀錄 Birth Record
- 與醫護提供者接觸的資料/預約摘要 Encounter / Appointment Record
- 診斷紀錄 Problem / Diagnosis
- 醫療程序 Procedure
- 藥物配發紀錄 Medication Dispensing Record
- 藥物處方紀錄 Medication Prescribing Record
- 臨床紀錄和摘要 Clinical Note and Summary
- 其他檢驗報告 Other Investigation Report
- 轉介 Referral
- 化驗紀錄 Laboratory Record
- 放射檢查紀錄 Radiology Record
- 防疫注射紀錄 Immunisation Record
- 中醫診斷 Chinese Medicine Problem
- 中醫療法 Chinese Medicine Procedure
- 中藥處方紀錄 Chinese Medicines Prescribing History
- 中藥配發紀錄 Chinese Medicines Dispensing History
- 觀察及生活方式紀錄# Observation and Lifestyle Record#
- 醫療證明書 Medical Certificate
- 個人資料夾 Personal Folder

#觀察是指對身體基本功能的監測，包括維生指數和身體測量（例如血壓及血糖紀錄）；而生活方式則描述一個人的生活模式（例如吸煙及飲酒習慣）。這些資料提供了個人整體的生活及健康狀況。現階段只互通用戶透過醫健通 eHealth 流動應用程式所提供並上載至醫健通的紀錄。

Observation refers to the monitoring of body basic functions, including vital signs and body measurement (e.g. blood pressure and blood sugar records) while lifestyle describes the way of life a person lives (e.g. smoking and drinking habit). The information provides the overall living and health conditions of an individual. Currently, only records contributed by users and uploaded to eHRSS via 醫健通 eHealth App can be shared.

(ii) 圖像副本 Copy of the Images

放射圖像[^] Radiology Image[^]

[^]如查閱資料要求包含放射圖像資料，有關報告只限以 USB 記憶棒形式發放。由於資料報告內的放射圖像經過壓縮處理，故有關紀錄僅供參考。如資料當事人(醫護接受者)需要尋求醫學意見，請建議資料當事人(醫護接受者)的醫護提供者直接登入醫健通查閱。

For request covering radiology images, DAR Report will only be provided in USB thumb drive. As the radiology images included in the DAR Report have been compressed, they should be used for reference only. Please advise the healthcare providers to access the records by logging into eHealth directly if the Data Subject (HCR) is seeking medical advice.

(iii) 其他 Others

其他(請說明) Others (Please specify)

(如空位不足，請另紙書寫)

Please provide information on separate sheets, if the space provided is insufficient)

3. 要求的性質 Nature of Request

(a) 查詢資料 Data Enquiry Request (處理費:港幣 109 元; handling fee: HK\$109)

電子健康紀錄申請及諮詢中心(申請及諮詢中心)只會通知資料當事人(醫護接受者)或有關人士(如適用)，醫健通是否持有所要求的資料，並收取相關行政費用。

eHR Registration Office (RO) will only inform the Data Subject (HCR) (or where appropriate, the Relevant Person) whether it holds or does not hold the Requested Data. An administrative fee will be charged.

please tick as appropriate 請在適當的方格填上✓號

* delete whichever is inappropriate 請刪去不適用者

- (b) 索取資料副本 Copy Data Request (處理費:港幣 109 元; 另加所索取資料報告的格式的成本 handling fee HK\$109 + cost for format requested)

申請及諮詢中心會通知資料當事人(醫護接受者)或有關人士(如適用), 醫健通是否持有所要求的資料, 及向資料當事人(醫護接受者)或有關人士(如適用)提供一份有關資料的副本, 並收取相關行政費用。(有關收費的詳情請參閱《致醫健通查閱資料要求者的重要通告》的第 9 段)。

eHR RO will inform the Data Subject (HCR) (or where appropriate, the Relevant Person) whether it holds or does not hold the Requested Data and provide a copy of the Requested Data to the Data Subject (HCR) (or where appropriate, the Relevant Person). An administrative fee will be charged for different formats of DAR Report. (Details please refer to paragraph 9 of the "Important Notice to requestor for DAR in eHealth".)

4. 資料報告的格式 (適用於選項第 3(b)) Form of DAR Report (for Item 3(b))

- USB 記憶棒 USB thumb drive (32GB)
(每支 USB 記憶棒: 港幣 33.9 元; Each USB thumb drive onwards: HK \$33.9)
如查閱資料要求包含放射圖像資料, 有關報告只限以 USB 記憶棒形式發放。
For request covering radiology images, DAR Report will only be provided in USB thumb drive.
- DVD 光碟/ DVD (4.7GB)
(每張 DVD 光碟: 港幣 2.5 元; Each DVD onwards: HK\$2.5)
- 紙張打印 Printing
(每張 A4 紙港幣 0.1 元 (不論單面或雙面打印); Each sheet of A4 paper onwards: HK \$0.1 (single or double-sided printing))

第 2 部 SECTION II - 有關人士的詳情 Details of the Relevant Person

(如由有關人士代表第 1 部所示資料當事人(醫護接受者)提出查閱資料要求及領取有關資料報告, 請填寫此部分)
(To be completed if a Relevant Person makes DAR and collects the report on behalf of the Data Subject (HCR) referred in Section I)

1. 有關人士的詳情 Details of the Relevant Person

中文姓名 Name in Chinese	(*先生/女士/小姐)	英文姓名 Name in English	(*Mr/Ms/Miss)	性別 Sex
				<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
香港身份證號碼 Hong Kong Identity Card (HKIC) No.		如非香港身份證持有人, 請填寫其他身份證明文件資料。 If not HKIC holder, please fill in details of other identity document.		
()		類別 Type		
備註: 有關人士的身份, 在其領取資料報告時會被驗證。屆時請親身出示有關人士的身份證明文件(如香港身份證/護照)正本。 Remarks: Identity of the Relevant Person will be verified upon the collection of DAR Report. Please produce in person the original identity document (such as HKIC/Passport) of the Relevant Person.		證件號碼 Document No.		
		簽發國家/地區 Issuing Country/Region		
通訊地址 Correspondence Address			聯絡電話號碼 Contact Telephone No.	

2. 有關人士與資料當事人(醫護接受者)的關係 Relationship between the Relevant Person and the Data Subject (HCR)

- 請選擇 EITHER (a) 有關資料當事人(醫護接受者)未滿 16 歲, 而有關人士對其有父母責任;
The Relevant Person has parental responsibility for the Data Subject (HCR) who is under age 16;
- 或 OR (b) 有關資料當事人(醫護接受者)無能力處理其本身事務, 而法庭委任有關人士處理其事務;
The Data Subject (HCR) is incapable of managing his/her own affairs and the Relevant

please tick as appropriate 請在適當的方格填上✓號

* delete whichever is inappropriate 請刪去不適用者

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Electronic Health Record Sharing System
查閱資料要求申請表
Data Access Request Form

Person has been appointed by a court to manage the affairs of the Data Subject (HCR);

或 OR

- (c) 資料當事人(醫護接受者)屬《精神健康條例》(第 136 章)第 2 條所指的精神上無行為能力的人士以處理資料當事人(醫護接受者)的事務；

The Data Subject (HCR) is mentally incapacitated within the meaning of Section 2 of the Mental Health Ordinance (Cap 136) to manage the affairs of the Data Subject (HCR);

- 根據《精神健康條例》第 44A、59O 或 59Q 條，法庭、裁判官或監護委員會已委任有關人士擔任其監護人。

appointed as a guardian of the Data Subject (HCR) by a court, magistrate or the Guardianship Board under section 44A, 59O or 59Q of the Mental Health Ordinance;

- 根據《精神健康條例》第 44B(2A)或 59T(1)條，有關資料當事人(醫護接受者)的監護已轉歸社會福利署署長。

the Director of Social Welfare who, pursuant to section 44B(2A) or 59T(1) of the Mental Health Ordinance, is vested the guardianship of the Data Subject (HCR);

- 根據《精神健康條例》第 44B(2B)或 59T(2)條，社會福利署署長或經監護委員會認可的人士已獲授權就有關資料當事人(醫護接受者)執行監護人的職能。

the Director of Social Welfare or a person approved by the Guardianship Board who, pursuant to section 44B(2B) or 59T(2) of the Mental Health Ordinance is authorised to perform the functions of a guardian for the Data Subject (HCR).

或 OR

- (d) 資料當事人(醫護接受者)已以書面形式授權予有關人士。

The Data Subject (HCR) has authorised the Relevant Person in writing.

如選擇第 2(c)項，請填寫有關人士獲委任擔任監護人／監護轉歸有關人士／有關人士獲授權執行監護人職能的日期：

If the box in 2(c) is ticked, state the date when the Relevant Person was appointed a guardian / was vested the guardianship / was authorised to perform the functions of a guardian:

就 2(c)項所指的監護，有關的委任／轉歸／授權是否仍然有效？

Is the appointment / vesting / authority to perform under 2(c) still subsisting?

- 是 Yes 否 No

請一併提供能證明有關人士與有關資料當事人(醫護接受者)之間關係的證明文件副本。證明文件例子可參閱附註。

Please also provide a copy of the documentary evidence to support the relationship between the Relevant Person and the Data Subject (HCR). Please refer to Note for examples of the documentary supporting evidence.

附註 Note:

證明資料當事人(醫護接受者)與有關人士關係的證明文件例子為：

Examples of documentary evidence to support the relationship between the Relevant Person and the Data Subject (HCR) are:

- (a) 出生證明書／法定管養權證明書(如有關人士聲稱對資料當事人(醫護接受者)負有父母責任)；或
a birth certificate/legal custody paper if the Relevant Person claims parental responsibility over the Data Subject (HCR); or
- (b) 法庭簽發任命有關人士管理資料當事人(醫護接受者)事務的法院文件(若資料當事人(醫護接受者)無能力管理本身事務)；或
a court document issued by a court appointing the Relevant Person to manage the affairs of the Data Subject (HCR) who is incapable of managing his own affairs; or
- (c) 監護委員會／法庭／裁判官發出的監護令，顯示有關人士現正委任為精神上無行為能力的資料當事人(醫護接受者)的監護人；或
a guardianship order issued by the Guardianship Board/court/magistrate which can show that the Relevant Person is currently appointed as the guardian of the mentally incapacitated Data Subject (HCR); or
- (d) 證明文件顯示有關人士就《精神健康條例》的相關條文獲轉歸或獲授權執行監護人的職能。
documentary evidence to show that the Relevant Person has been vested the guardianship or that he is authorised to perform the functions of a guardian under the relevant section of the Mental Health Ordinance.

please tick as appropriate 請在適當的方格填上✓號

* delete whichever is inappropriate 請刪去不適用者

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第 3 部 SECTION III - 聲明 Declaration

(此部分必須填寫 *This section must be completed*)

- 資料當事人(醫護接受者)和有關人士(如適用)謹此聲明，本查閱資料要求表格上所填報的資料全屬真確。
The Data Subject (HCR) and (where appropriate) the Relevant Person declare that the information given in this Data Access Request Form is accurate.
- 資料當事人(醫護接受者)和有關人士(如適用)已細閱及明白《致醫健通查閱資料要求者的重要通告》的內容，同意就這項查閱資料要求繳付通告所述的相關費用。
The Data Subject (HCR) and (where appropriate) the Relevant Person have read, understood and agrees with the administrative fees to this DAR may incur as mentioned in the "Important Notice to requestor for DAR in eHealth".

如適用 *If applicable*

- 本人為資料當事人(醫護接受者)，現授權有關人士代表本人提出查閱資料要求和領取有關資料報告。
The Data Subject (HCR) hereby authorise the Relevant Person to make the Data Access Request (DAR) and collect the DAR Report on my behalf.

資料當事人(醫護接受者)簽署

Signature of Data Subject (HCR) : _____

日期

Date : _____

如申請由有關人士提出:*If application is made by the Relevant Person:*

有關人士簽署(如適用)

Signature of Relevant Person(if applicable) : _____

日期

Date: _____

第 4 部 SECTION IV - 確認書 Acknowledgement

(領取查閱資料報告時填寫 *To be completed upon collection of DAR Report*)

本人 _____ (姓名)，確認於 _____ (日期) 由電子健康紀錄申請及諮詢中心取得有關查閱資料報告 (查閱資料要求編號 _____)。

I, _____ (Name) acknowledge receipt of the DAR Report (DAR no. _____) from the Electronic Health Record Registration Office on _____ (Date).

資料當事人(醫護接受者)簽署

Signature of Data Subject (HCR) : _____

日期

Date : _____

如申請由有關人士提出:*If application is made by the Relevant Person:*

有關人士簽署(如適用)

Signature of Relevant Person(if applicable) : _____

日期

Date: _____

please tick as appropriate 請在適當的方格填上✓號

* delete whichever is inappropriate 請刪去不適用者

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只供部門人員填寫 **FOR OFFICIAL USE ONLY** (交付資料報告之前填寫 **Before release of DAR Report**)

- 部門人員_____ (姓名)已核對資料當事人(醫護接受者)的*香港身份證/護照號碼，與證件正本所示相同。
The Data Subject (HCR)'s *HKIC Card/Passport Number(s) has been checked against the original by _____ (name of staff).
- 部門人員_____ (姓名)已核對有關人士的*香港身份證/護照號碼，與證件正本所示相同。
The Relevant Person's *HKIC Card/Passport Number(s) has been checked against the original by _____ (name of staff).
- 已取得證明資料當事人(醫護接受者)與有關人士關係的證明文件副本。
The copy of the documentary evidence to support the relationship or declaration of such relationship between the Relevant Person and the Data Subject (HCR) has been obtained.
- 部門人員_____ (姓名)已核對資料當事人(醫護接受者)的*香港身份證/護照號碼，與證件副本所示相同(有關證件的正本未有出示)。此項只適用於由有關人士提交的查閱資料要求、而領取資料報告時有關資料當事人(醫護接受者)並不在場的情況。
The Data Subject (HCR)'s *HKID Card/Passport Number(s) has been checked against the copy obtained (original not seen) by _____ (name of staff). It applies only when the DAR is submitted by Relevant Person and Data Subject (HCR) is not present during collection of DAR Report.
- 已核對及取得有關查閱資料報告的繳費收據副本：
 繳款單收據號碼：_____
- The receipt of DAR payment has been checked and the copy has been obtained:
 Demand note receipt no.: _____

please tick as appropriate 請在適當的方格填上✓號

* delete whichever is inappropriate 請刪去不適用者

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《收集個人資料聲明》

收集資料的目的

如閣下是醫護接受者，香港特別行政區政府醫務衛生局轄下的電子健康紀錄統籌處（我們）會收集閣下的個人資料，包括姓名、出生日期、性別、身分證明文件號碼和聯絡資料（例如通訊地址、電話號碼和電郵地址）。

如閣下是代表某醫護接受者提出登記申請的代決人（如適用），我們可就該醫護接受者在電子健康紀錄互通系統（互通系統）中相關的登記及使用事宜，收集該醫護接受者及閣下的個人資料，包括姓名、身分證明文件號碼、聯絡資料（例如通訊地址、電話號碼和電郵地址），以及閣下與該醫護接受者之間的關係。

如有其他醫護接受者把閣下登記為他們在互通系統中的醫護接受者聯絡人或獲授權者，我們亦可經由有關的醫護接受者取得閣下的個人資料，包括姓名和聯絡資料（例如通訊地址、電話號碼和電郵地址）。

我們向閣下收集的個人資料和資訊，將用於閣下在電子健康紀錄互通系統（互通系統）相關的登記及使用事宜；或有關醫護接受者，以閣下作為其代決人、獲授權者或聯絡人，向互通系統作出的登記，及於《電子健康紀錄互通系統條例》（第 625 章）訂明的相關事宜。相關的事宜包括但不限於：給予及管理參與及/或互通同意、更新互通系統內的資料、收取互通系統的通知及退出互通系統的事宜。

取得有關醫護接受者或其代決人互通同意的醫護提供者可透過互通

系統取覽有關醫護接受者的健康資料。如閣下是某醫護接受者的照顧者（如適用），我們可就該醫護接受者在醫健通 eHealth 手機程式中相關的使用事宜，向閣下收集該醫護接受者的個人資料，包括姓名、身分證明文件號碼，以及閣下與該醫護接受者之間的關係。有關醫護接受者的其他照顧者（如適用）亦可透過醫健通 eHealth 手機程式，檢視閣下的姓名及有關的取覽資料。

而任何人將閣下在互通系統中的個人資料用於直接促銷，即屬違法。

可獲披露資料的機構／人士類別

我們不會在未經閣下同意下向第三者轉移或披露閣下的個人資料和資訊，但下列機構／人士則不在此限：

1. 衛生署、醫院管理局或我們根據《電子健康紀錄互通系統條例》以書面委任以協助電子健康紀錄專員執行其職能及行使相關權力的個人或實體；
2. 我們所聘用，以便就互通系統的運作提供服務或意見（如技術、保安或數據處理服務等）的任何人員、代理人、顧問、核數師、承辦商或服務供應商；
3. 我們根據香港境內適用的任何法例或法院命令要求，而需要向其作出披露的任何人士。

查閱及更正個人資料

根據《個人資料（私隱）條例》，閣下有權查閱及改正有關閣下所提供的個人資料。相關人士可申請查閱及更正個人資料，申請表格可於電子健康紀錄互通系統網頁（www.ehealth.gov.hk）下載。閣下亦可向

電子健康紀錄申請及諮詢中心了解有關詳情。我們可按查閱資料要求，向閣下收取適度的費用。

查詢

如欲要求查閱及要求改正閣下所提供的個人資料，應聯絡：

電子健康紀錄申請及諮詢中心

地址：香港九龍灣臨澤街 8 號啟匯 11 樓 1102 室

熱線電話：3467 6300

傳真號碼：3467 6099

電郵：ehr@ehealth.gov.hk

PERSONAL INFORMATION COLLECTION STATEMENT

Purposes of Collection

We, the Electronic Health Record Office under the Health Bureau of HKSARG, may collect your personal information including name, date of birth, gender, identity document number, and contact information (*e.g. correspondence address, telephone number(s) and email address*) if you are a healthcare recipient.

We may collect the personal information of you and the healthcare recipient concerned, including name, identity document number, contact information (*e.g. correspondence address, telephone number(s) and email address*) and details of your relationship with the healthcare recipient, if you are a substitute decision maker (if applicable) applying for the healthcare recipient in relation to matters of his/her registration and use of the Electronic Health Record Sharing System (eHRSS).

We may also receive information about you from other healthcare recipients, when they register you as their authorised person or contact person in eHRSS and your personal information including name and contact information (*e.g. correspondence address, telephone number(s) and email address*) will be collected.

The personal data and information we collect from you is for your application and registration and use of eHRSS; or for a healthcare recipient to apply and register to eHRSS with you as his/her substitute decision maker, authorised person, or a contact person, and related matters under the Electronic Health Record Sharing System Ordinance (Cap 625) (eHRSSO). Such matters include but are not limited to the following: the giving of and management of joining consent and/or sharing consent, updating of information in eHRSS, receipt of eHRSS notifications, withdrawal from eHRSS.

The health information of the registered healthcare recipient will be shared among healthcare providers, who have obtained sharing consent from that registered healthcare recipient or his/her substitute decision maker, via eHRSS. We may collect the personal information of the healthcare recipient concerned, including name, date of birth, gender and identity document number, and details of your relationship with the healthcare recipient, if you are caregiver (if applicable) of the healthcare recipient, in relation to matters of the use of 醫健通 eHealth App. The other caregiver(s) (if applicable) of the healthcare recipient concerned can also review your name and details of the access(es) you made to the healthcare recipient's eHR account via 醫健通 eHealth App.

Using your personal information in eHRSS for direct marketing is an offence.

Classes of Transferees

Except with your prior consent, we will not transfer or disclose the collected personal data and information to any third party except as stated below:

1. the Department of Health, Hospital Authority or any person or entity whom we may appoint in writing to assist the Commissioner for the Electronic Health Record in performing a function and exercising a power, pursuant to eHRSSO;
2. any personnel, agent, adviser, auditor, contractor or service provider engaged by us to provide services or advice (e.g. technical, security or data processing service, etc.) in connection with our operations;
3. any person to whom we are required to make disclosure to under any law or court order applicable in Hong Kong.

Access and Correction of Your Personal Data

You have the rights of access and correction of the personal data provided under Personal Data (Privacy) Ordinance and the application forms for access to or correction of personal data can be obtained from the eHRSS website (www.ehealth.gov.hk). You may also contact the Electronic Health Record Registration Office for more information. A non-excessive fee will be charged for complying with your data access request.

Enquiries

Enquiries concerning personal data provided, including data access requests and data correction requests should be addressed to:

Electronic Health Record Registration Office

Address: Unit 1102, 11/F, Harbourside HQ, 8 Lam Chak Street, Kowloon Bay, Hong Kong

Hotline: 3467 6300

Fax: 3467 6099

Email: ehr@ehealth.gov.hk