

填寫表格前，請先參閱本表格第3及第4頁的《提交意見 / 投訴須知》內容。

Before completing this form, please read the “Notes on Filing Feedback / Complaint” on pages 3 and 4 of this form.

第 1 部 – 提議人或投訴人資料 PART 1 – Particulars of Proposer or Complainant					
姓名 Name			聯絡電話號碼 Contact Telephone No.		
(中文) (*先生/女士/小姐)					
(English) (*Mr/Ms/Miss)					
通訊地址 Correspondence Address					
若意見 / 投訴涉及提議人或投訴人的電子健康紀錄，請填寫以下資料 Fill in the following information if the feedback / complaint relates to Electronic Health Record (eHR) of the Proposer or Complainant					
香港身份證號碼 HK 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.	
				簽發國家/地區 Issuing Country/Region	
性別 Sex	<input type="checkbox"/> 男 Male		<input type="checkbox"/> 女 Female		電子健康紀錄號碼（如有） eHR No. (if any)

* 刪去不適用者。 Please delete as appropriate.

第 2 部 – 個案概要 PART 2 – Brief Facts of the Case	
2.1 涉及個案者或被投訴者 Party Involved or Complained Against	
機構名稱 Name of Organisation	職員姓名 Name of Staff
聯絡電話號碼（如有） Contact Telephone No. (if known)	電郵地址 Email Address
地址 Address	

2.2 意見 / 投訴內容 Feedback / Complaint Details （如空位不敷應用，請另加新頁續寫資料。Please continue on a separate sheet if the space below is insufficient）

請說明事件經過，有關之意見及/或對被投訴者的不滿及具體投訴，並夾附相關文件的副本（如有）。
Please provide details of the incidents, relevant feedback and/or those causing your dissatisfaction and the specific allegations against the party complained, and provide copies of relevant supporting documents (if any).

**第 3 部 – 簽署
PART 3 – Signature**

你是否同意向涉及個案者 / 被投訴者披露你的身份？ Do you consent to the disclosure of your identity to the party involved / complained against?

☐ 是 Yes ☐ 否 No 請在適當方格上填上「✓」號 Please tick as appropriate

在簽署本表格後，即表明本人已閱讀及理解《提交意見 / 投訴須知》的內容及同意向電子健康紀錄專員或其代表，向其他參與調查本個案的人士，包括涉及個案者 / 被投訴者、政府政策局 / 部門及其他有關機構（包括香港個人資料私隱專員公署、香港警務處、香港廉政公署等），或可能向獲授權執法、起訴及覆檢決定的有關機構，披露任何有關本個案的資料（包括本表格），以及本人提供的個人資料及有關的電子健康紀錄，用作處理本個案，及法律許可或規定的目的。

By signing this form, I hereby acknowledge that I have read and understand the “Notes on Filing Feedback / Complaint” and agree that the Commissioner for the Electronic Health Record, or his representative, to release any information related to this case (including this form), the personal data supplied by me and the electronic health record concerned to the related parties who will be involved in the investigation of this case, including the party involved / complained against, relevant bureaux / departments of the Government, related authorities and organisations (including the Office of the Privacy Commissioner for Personal Data, Hong Kong; the Hong Kong Police Force; the Hong Kong Independent Commission Against Corruption, etc.), or other agencies which are authorised to receive information relating to law enforcement, prosecution and review of decisions for the purposes of handling this case and where permitted or required by law.

簽署 Signature

日期 Date

電子健康紀錄互通系統（互通系統）
Electronic Health Record Sharing System (eHRSS)
提交意見 / 投訴須知
Notes on Filing Feedback / Complaint

1. 請注意，你是自願向電子健康紀錄統籌處（統籌處）提供你的個人資料，並同意統籌處可取覽你存於電子健康紀錄互通系統（互通系統）的紀錄，以用於與處理本個案直接有關的用途。Please note that it is voluntary for you to supply your personal data and give consent to the Electronic Health Record Office to access record stored in the Electronic Health Record Sharing System (eHRSS) for the purposes which are directly related to this case.
2. 就本個案所提供的個人資料及有關的電子健康紀錄，可能會轉移給因處理本個案而接觸的人士或機構，包括涉及個案者 / 被投訴者（得到你在第3部的同意）或其他有關人士或機構（包括政府政策局 / 部門及其他有關機構如香港個人資料私隱專員公署、香港警務處、香港廉政公署等），亦可能會披露予就執法、起訴或覆檢電子健康紀錄專員的決定而獲授權收取有關的資料的人士或機構。The personal data submitted and the electronic health record concerned may be transferred to individuals or parties who may be contacted by us during the handling of this case, including the individual or party involved / complained against (with your consent given in Part 3), or other relevant individuals or parties (including bureaux / departments of the government, related authorities and organisations such as the Office of the Privacy Commissioner for Personal Data, Hong Kong; the Hong Kong Police Force; the Hong Kong Independent Commission Against Corruption; etc.). The information provided may also be disclosed to agencies who are authorised to receive information relating to law enforcement, prosecution or review of the decisions of the Commissioner for the Electronic Health Record.
3. 本處就意見 / 投訴而收集的個人資料，只會因應與該個案有關的用途或在法律允許的情況下使用。為了要正確識別你的身份和電子健康紀錄，我們必須收集你的中英文姓名、香港身份證號碼或其他身份證明文件號碼、性別和出生日期。Personal data submitted in making a feedback / complaint to our office is for the purpose of investigating your case or where permitted by law. To correctly identify you and, if necessary, locate your electronic health record, we have to collect your English and Chinese names, Hong Kong Identity Card Number or the number of other identification document, sex and date of birth.
4. 如意見 / 投訴並不涉及你本人的電子健康紀錄，你只需提供姓名及聯絡方法。If the feedback / complaint does not relate to your own electronic health record, you may provide your name and contact details only.
5. 你有權查閱及更正電子健康紀錄統籌處所持有你的個人資料。查閱或更正資料要求應以書面向電子健康紀錄申請及諮詢中心提出，聯絡資料載列於本須知第12段。You have the right to request access to and correction of your personal data held by the Electronic Health Record Office. Request for access or correction should be made in writing to the Electronic Health Record Registration Office with the contact information shown at note 12 below.
6. 此表格是用以方便處理關乎互通系統的運作的意見 / 投訴。為了更快捷處理你的個案，我們建議使用此表格。This form is used to facilitate the handling of feedback / complaints relating to the operation of eHRSS. You are advised to use this form to provide feedback / lodge complaints for more efficient handling.
7. 凡因互通系統的運作而受到直接或間接影響的人士均可提出投訴。Any person who is directly or indirectly affected by the operation of eHRSS may file a complaint.
8. 如你發現涉及個案者 / 被投訴者涉嫌觸犯任何與互通系統運作有關的刑事罪行，你可直接向香港警務處舉報。If you consider that the party involved / complained against is suspected of having committed any offence(s) in relation to the operation or use of eHRSS, you may report to the Hong Kong Police Force direct.
9. 本處會於收到表格後的十個曆日內向你發出書面確認信件。在完成調查後，除非你只需要口頭答覆，我們會以書面回覆你。Upon receipt of the form, we will acknowledge receipt in writing within 10 calendar days and reply you in writing after investigation, unless you only request for an oral reply.

電子健康紀錄互通系統（互通系統）
Electronic Health Record Sharing System (eHRSS)
提交意見 / 投訴須知
Notes on Filing Feedback / Complaint

10. 如未有提供表格上的資料，或所提供的資料並不準確或有欠完整，本處或不能全面調查你的個案，甚至無法處理個案及作出回覆。 If the required information is not provided in the form or if the information provided is inaccurate or incomplete, our office may not be able to fully investigate your case, or may even be unable to handle and respond to your case.
11. 請將已填妥的表格及相關文件副本（如有）以下列任何一種方式遞交至電子健康紀錄申請及諮詢中心： Please complete the form and return with supporting documents (if any) to the Electronic Health Record Registration Office via any of the following means :

郵遞地址 : 香港九龍灣臨澤街8號啟匯11樓1102室
Postal Address Unit 1102, 11/F, Harbourside HQ, 8 Lam Chak Street, Kowloon Bay, Hong Kong

電郵 : ehr@ehealth.gov.hk
Email

傳真 : 3467 6099
Fax

12. 如欲查閱或改正閣下所提供的個人資料，應聯絡：
Enquiries concerning personal data provided, including the request for access or correction should be addressed to:

電子健康紀錄申請及諮詢中心
Electronic Health Record Registration Office

高級行政主任（電子健康紀錄）申請及諮詢中心
Senior Executive Officer (eHR) RO

地址 : 香港九龍灣臨澤街8號啟匯11樓1102室
Address Unit 1102, 11/F, Harbourside HQ, 8 Lam Chak Street, Kowloon Bay, Hong Kong

電郵 : ehr@ehealth.gov.hk
Email

電話 : 3467 6300
Telephone

《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、退出互通系統、更新互通系統內的資料、收取互通系統的通知及相關機構使用互通系統內的醫療紀錄（包括取覽和存放）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

電子健康紀錄互通系統《收集個人資料聲明》（醫護接受者和代決人）

V1.6（2024年5月28日）

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, withdrawal from eHRSS, updating of information in eHRSS, receipt of eHRSS notifications and the use of medical record in eHRSS (including access and deposit) by the relevant parties.

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