

致電子健康系統(醫健通)改正資料要求者的重要通告

1. 資料當事人(醫護接受者)或提出改正資料要求的人士，可根據《個人資料(私隱)條例》(第 486 章) (《私隱條例》)，要求改正載於電子健康系統(醫健通)內有關資料當事人(醫護接受者)的個人資料。
2. 填寫改正資料要求表格前，請仔細閱讀本通告及《收集個人資料聲明》。
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)，都可提出改正資料要求，以改正載於醫健通內有關資料當事人(醫護接受者)的個人資料。(提出改正要求的人士，下面統稱“提出要求者”。)
4. 表格須以中文或英文填寫，填妥後須連同提出要求者的身份證明文件(例如香港身份證或護照)的影印本一併遞交。申請人如非資料當事人(醫護接受者)本人，則另須遞交資料當事人(醫護接受者)的身份證明文件副本及能證明資料當事人(醫護接受者)與有關人士的關係的證明文件副本。
5. 填妥表格後，請使用以下方式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
 - 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
6. 電子健康紀錄專員(專員)須按照《私隱條例》的規定(“幼年人”的定義除外)處理改正資料要求。根據《電子健康系統條例》(第 625 章)，“幼年人”指未滿 16 歲的醫護接受者。
7. 如資料當事人(醫護接受者)未滿 16 歲，或年滿 16 歲但無能力提出改正資料要求，則只有代表資料當事人(醫護接受者)的有關人士，才可代為提出改正資料要求。
8. 其他資料當事人(醫護接受者)亦可以書面授權有關人士代其提出改正資料要求及領取已改正資料副本。如資料當事人(醫護接受者)需要授權該等有關人士領取已改正資料副本，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已改正資料副本。
9. 提出要求者於提出改正資料要求前，應先向申請及諮詢中心提出查閱資料要求，並取得有關報告。
10. 提出改正資料要求並不須繳付任何行政費用。
11. 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，並清楚指明所要改正載於醫健通內的資料的錯誤之處，以及需要如何改正。
12. 為處理改正資料要求，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。
13. 請提供有關證明以指出醫健通內資料有誤的地方，以便有關人士作出審核及評估。
14. 改正資料要求如關乎更正醫健通的個人身份資料(例如姓名、身份證號碼)，須交由申請及諮詢中心或設有登記服務的訂明醫護提供者審核。

15. 改正資料要求如關乎更正醫健通內的健康資料，則有關要求會轉交提供該項紀錄予醫健通的醫護提供者，並由該醫護提供者作出審核及評估。
16. 申請及諮詢中心及 / 或相關醫護提供者須審核有關改正資料要求。審核完成後，結果會以書面通知提出要求者 -
 - a. 如有關要求獲接納，則領取已改正資料副本的通知書會一併發出；
 - 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。
17. 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。
18. 已改正資料副本，必須由提出要求者在有關領取已改正資料副本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已改正資料副本，不會另行通知。如日後再需要相關資料，請重新提出查閱資料要求。
19. 在以下情況，申請及諮詢中心可拒絕依從改正資料要求：
 - a. 該項要求不是採用中文或英文以書面形式作出的；
 - b. 資料當事人(醫護接受者)不是在世人士；
 - c. 專員或有關醫護提供者不信納關乎該項要求的個人資料屬不準確；
 - d. 專員或有關醫護提供者合理地要求某些資訊，以確定關乎該項要求的資料在哪些方面不準確，但是並不獲提供該等資訊；
 - e. 專員或有關醫護提供者不信納屬該項要求所提出的改正是準確的；或
 - f. 有另一資料使用者控制該資料的處理，而控制的方式禁止專員或有關醫護提供者遵守(不論是完全遵守或部分遵守)該項要求。
20. 如需改正個人資料(個人資料或健康資料)，除了按照《私隱條例》以查閱資料要求或改正資料要求的形式提出外，也可循一般途徑和方式，向提供有關紀錄予醫健通的醫護提供者要求作出有關改正。
21. 如對改正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)

最後更新日期：2026年6月

Important Notice to requestor for Data Correction Request (DCR) in Electronic Health System (eHealth)

1. Data Subject (Healthcare Recipient (HCR)) or the requestor may submit request for correction 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 and the "Personal Information Collection Statement" carefully before completing the DCR Form.
3. Either the Data Subject (HCR) himself or herself or, if applicable, the Relevant Person of the Data Subject (HCR) (collectively known as the "requestor"), can make DCR for the Data Subject (HCR)'s personal data in eHealth.
4. Please complete the DCR Form in Chinese or English and submit the completed DCR Form with a photocopy of the requestor's identity document e.g. HKIC card or passport. For application which is not submitted by Data Subject (HCR), please also provide a copy of the HCR's identity document and the documentary evidence to support the relationship with the Data Subject (HCR).
5. Please submit the completed DCR Form to the Electronic Health Record Registration Office (eHR RO):
 - a) In person; or
 - b) By mail ; or
 - c) By fax
 - 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
6. The Commissioner for the Electronic Health Record (eHRC) shall follow the PD(P)O, except for the definition of 'minor', for handling DCR. According to the Electronic Health System Ordinance (Cap 625), 'minor' refers to an HCR aged under 16.
7. Only a Relevant Person can make a DCR 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 DCR.
8. Other Data Subjects (HCRs) may authorise a person as their Relevant Person to make a DCR and collect the corrected data on their behalf. If the Data Subject (HCR) needs to authorise such Relevant Person to collect the corrected data, "Section II (Details of the Relevant Person)" and "Section III (Declaration)" of DCR 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 DCR Form upon form submission, the corrected data must be collected by the Data Subject (HCR) in person at eHR RO.
9. Please submit a Data Access Request (DAR) and obtain the DAR Report before submitting a DCR to eHR RO.
10. No administrative fee for DCR is applicable.
11. Please supply true, accurate and clear information for the request including details of personal data of the Data Subject (HCR) and, if applicable, the Relevant Person, and indicate clearly the inaccuracies of data in eHealth for which correction is to be requested.
12. 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.
13. Please supply supporting evidence for the claimed inaccuracies of data in eHealth for review and assessment by corresponding parties.
14. DCR for personal particulars in eHealth, e.g. name, identity card number etc. will be reviewed by either eHR RO or any prescribed healthcare provider(s) (HCP(s)) with registration function.
15. DCR for health data in eHealth will be referred to respective HCP(s) who has contributed such data to eHealth for review and assessment.
16. eHR RO and/or respective HCP(s) shall review the DCR. A written notification of the DCR result will be sent to the requestor, together with:
 - a. information on the collection of the copy of corrected data if the request is accepted; or
 - b. a reason of refusal if the request is refused.
17. Please provide identity proof of the requestor, such as original Hong Kong Identity Card, for identity verification upon collection of copy of corrected data. 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 copy of corrected data.
18. The copy of corrected data shall be collected in person by the requestor himself/herself at eHR RO, within 6 months from the written notification on the collection of such copy. If unclaimed, the copy of corrected data will be disposed of by eHR RO without further notice. If access to the concerned data is needed in the future, a new Data Access Request is required.
19. There may be circumstances in which we may refuse to comply with the DCR if:
 - a. the request is not in writing in Chinese or English language;
 - b. if the Data Subject (HCR) is not a living individual;
 - c. eHRC or the concerned HCP is not satisfied that the personal data to which the request

- relates is inaccurate;
 - d. eHRC or the concerned HCP is not supplied with such information as reasonably required to ascertain in what way the personal data to which the DCR relates is inaccurate;
 - e. eHRC or the concerned HCP is not satisfied that the correction which is the subject of the request is accurate; or
 - f. any other data user controls the processing of the personal data to which the request relates in such a way as to prohibit the eHRC or the concerned HCP from complying (whether in whole or in part) with the request.
20. Correction of personal data (personal particulars or health data) can be requested via ordinary routes and manner of data correction to respective HCP(s) who have contributed such data to eHealth apart from requesting through DAR or DCR under PD(P)O.
21. Please contact eHR RO at (852) 3467 6300 if you have any enquiry on DCR.

Last updated in June 2026

掃描以下二維碼查閱《收集個人資料聲明》:

Scan the QR code below to view the "Personal Information Collection Statement":



(除非獲得相關人士的同意，否則本表格上的個人資料只可用於處理此項改正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 Correction Request (DCR) and other directly related purposes only.)

第 1 部 SECTION I - 改正資料要求的詳情 Details of Data Correction 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 (*先生/女士/小姐) Name in Chinese		英文姓名 (*Mr/Ms/Miss) Name in English		性別 Sex ☐ 男 Male ☐ 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? ☐ 是 Yes ☐ 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：請一併提交資料當事人(醫護接受者)的身份證明文件(如香港身份證/護照)的副本。

Remarks: Please provide a copy of of the identity document (such as HKIC/Passport) of Data Subject (HCR).

2. 於查閱資料要求報告中發現不準確，並要求改正的事項，其詳情如下：

Details of Inaccuracies found in the Data Access Request (DAR) Report and Request for Correction are:

我們或需要更多資料，以為方便辨識及/或查核有關改正要求。請詳細及清晰的說明有關改正要求，並提供佐證。

Further information may be required to enable us to identify and/or assess the Requested Correction. Please specify clearly and in detail the Requested Correction and provide supporting evidence/documents.

(a) 查閱資料要求報告的期間 Date / Period of DAR Report	
(b) 在查閱資料要求報告發現下列紀錄有需要改正: The following record in the DAR Report need to be corrected:	
(i) 資料 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	

☐ 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

(Jun 2026)

- ☐ 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
- ☐ 個人資料夾 (放射圖像) Personal Folder (Radiology Image)

(ii) 圖像 Images

- ☐ 放射圖像 Radiology Image

(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)

請夾附查閱資料要求報告的副本，並指明有關紀錄有誤的地方，及提供有關證明文件以顯示應作之改正。
Please attach copy of the DAR Report and specify the inaccuracies with supporting documents for required correction.

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)提出改正資料要求及領取已改正的資料的副本，請填寫此部分)
(To be completed if a Relevant Person makes DCR and collects the copy of the corrected data 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
				☐ 男 Male ☐ 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: 請一併提交有關人士的香港身份證/其他身份證明文件的副本。 Remarks: Please provide a copy of of the HKIC/ other identity document 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	

☐ 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

(Jun 2026)

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 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

☐ 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

(Jun 2026)

- (c) 監護委員會／法庭／裁判官發出的監護令，顯示有關人士現正獲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.

第 3 部 SECTION III - 聲明 Declaration

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

1. 資料當事人(醫護接受者)及/或有關人士(視屬何情況而定)謹此聲明，本改正資料要求表格上所填報的資料全屬真確。
The Data Subject (HCR) and/or the Relevant Person (as the case may be) declare that the information given in this Data Correction Request Form is accurate.
2. 資料當事人(醫護接受者)及/或有關人士(視屬何情況而定)已細閱及明白《致醫健通改正資料要求者的重要通告》和《收集個人資料聲明》的內容。
The Data Subject (HCR) and/or the Relevant Person (as the case may be) have read and understood the "Important Notice to requestor for DCR in eHealth" and the "Personal Information Collection Statement".

如適用 If applicable

3. 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改正資料要求和領取有關資料。
The Data Subject (HCR) hereby authorise the Relevant Person to make the Data Correction Request (DCR) and collect the information on my behalf.

如申請由資料當事人(醫護接受者)提出或授權有關人士代其提出:

If application is made by the Data Subject (HCR) or a Relevant Person authorised by the Data Subject (HCR):

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

Signature of Relevant Person : _____

日期

Date: _____

第 4 部 SECTION IV - 確認書 Acknowledgement

(領取已改正的資料的副本時填寫 To be completed upon collection of the copy of the corrected data)

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已改正的資料的副本 (改正資料要求編號 _____)。

I, _____ (Name) acknowledge receipt of the copy of corrected data (DCR no. _____) from the Electronic Health Record Registration Office on _____ (Date).

如已改正的資料的副本由資料當事人領取: If the copy of the corrected data is collected by the Data Subject (HCR):

資料當事人(醫護接受者)簽署

Signature of Data Subject (HCR) : _____

日期

Date : _____

如已改正的資料的副本由有關人士領取: If the copy of the corrected data is collected by the Relevant Person:

有關人士簽署

Signature of Relevant Person : _____

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

(Jun 2026)

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 DCR 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，並已取得證件副本。
The Data Subject (HCR)'s *HKIC Card/Passport Number(s) has been checked against the original by _____ (name of staff) and copy has been obtained.
- ☐ 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，並已取得證件副本。
The Relevant Person's *HKIC Card/Passport Number(s) has been checked against the original by _____ (name of staff) and copy has been obtained.
- ☐ 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或聲明副本。
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改正資料要求，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 DCR is submitted by Relevant Person and Data Subject (HCR) is not present during collection of DCR 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

(Jun 2026)