

Data Access Request (DAR) – Points to Note

1. Scale of Fees Applicable from 18 June 2017:

Copy Data Request for the Supply of Personal Data:

- | | |
|---------------------------------------|---|
| Paper based record only | A processing fee of \$76 per request (inclusive of reproduction charge for not more than 10 pages and postage), thereafter \$1 will be charged for each additional page |
| Non-paper based record only | A processing fee of \$76 per request (inclusive of postage), plus \$230 per modality per disc/film |
| Paper based + non-paper based records | A processing fee of \$76 per request (inclusive of reproduction charge for not more than 10 pages and postage), thereafter \$1 will be charged for each additional page, and \$230 per modality per disc/film |
2. For requests made in-person, please submit your completed application form to Data Controller Office at Level B1, Block S (next to Admission Office). Afterwards, the applicant will be asked to settle the fee at the Shroff Office (near Pharmacy), G/F Block S and present the receipt to Data Controller Office. Payment by cheque should be crossed and made payable to 'United Christian Hospital' or 'Hospital Authority'.
 3. For application by post, please send the duly completed application form together with a crossed cheque of the processing fee to Data Controller Office, Level B1, Block S, United Christian Hospital, 130 Hip Wo Street, Kwun Tong, Kowloon.
 4. For easy retrieval of the relevant record, please clearly state the Data Subject's identity card number and the required information.
 5. If the applicant is not the Data Subject, a written consent of the Data Subject is required and the applicant must also produce in person the original or true copy of his/her identity document.
 6. If the applicant is the Data Subject's parent or guardian, please provide the original or a true copy of the documentary evidence to support the relationship.
 7. The processing fee is non-refundable except for unsuccessful location and retrieval cases.
 8. Hospital will reply to the applicant within 40 days upon receipt of the request. If the total cost payable exceeds the processing fee of HK\$76, our hospital will notify the applicant to settle the cost/estimated cost and the data copy will be released after residual cost if cleared.
 9. For request of medical records, when the duplicate medical records / X-ray category are prepared, the applicant will be informed to collect the duplicate copies at the Data Controller Office, Level B1, Block S, 130 Hip Wo Street, Kwun Tong. If mailing service is requested in the application form, the duplicate will be sent by registered mail.
 10. Medical records are written in English. This hospital does not provide translation service.
 11. The hospital will normally keep in-patient and specialist out-patient records for 6 years and A&E and general out-patient records for 3 years.
 12. For further enquiry, please call hospital hotline 2379 9611 / 3949 4070.

FORM 1

DATA ACCESS REQUEST (DAR)

(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 and other directly related purposes only.)

[A data user is required by the Personal Data (Privacy) Ordinance to comply with a DAR within 40 days after receiving the same. If a data user is unable to comply with the DAR within the 40-day period, it must inform the requestor by notice in writing that it is so unable and the reasons, and comply with the DAR to the extent it is able to within the same 40-day period and thereafter comply or fully comply with it as soon as practicable. When medically necessary, a patient may authorize his/her private medical practitioner to contact the Hospital Authority's responsible doctor to obtain his/her medical information.]

SECTION I

(This Section Must Be Completed)

1. Data User:
Name of Hospital Authority (HA) Institution from which Personal Data is requested:

2. Details of the Data Subject who must be a living individual:

(a) Name: _____ (_____)
Surname Forename Chinese

(b) Sex: *Male/Female

(c) Age: ☐ under 18 years of age ☐ 18 years of age or over

(d) *HKID Card No.: _____ / Passport No.: _____

(e) Address: _____

(f) Daytime Telephone No: _____

(g) Any other contact number(s): _____

If the HKID Card No. is provided, no copy or physical production of the HKID Card is required in case the number provided is accurate and corresponds to the number recorded on HA's database. If not, a true copy of the HKID Card will be required for verification. Alternatively, the HKID Card may be physically produced for verification at our hospital.

If the Passport No. is provided, please produce in person the original or provide a true copy of the Passport of the Data Subject when submitting this Data Access Request to our hospital.

3. Details of Personal Data of the Data Subject under request ("Requested Data") are:

[Further information may be required to enable us to identify and/or locate the Requested Data. Please specify clearly and in detail the Requested Data. Too general a description of the Requested Data such as "all of my personal data" may render the request being refused if we are not supplied with such information as we may reasonably require to locate the Requested Data.]

(a) The Period of Requested Data: _____

The Type of Requested Data:

- ☐ Medical Record
- ☐ A&E records ☐ General Outpatient records (Clinic): _____
- ☐ Inpatient records ☐ Specialist Outpatient records (Specialty): _____
(Please choose: ☐ United Christian Hospital /
☐ Yung Fung Shee Memorial Centre)
- ☐ Discharge Summary
- ☐ Laboratory results ☐ Allied Health (Department): _____
(Please choose: ☐ United Christian Hospital /
☐ Yung Fung Shee Memorial Centre)
- ☐ KEC Staff Psychological Services Clinic/ CIPS Centre records #
#The service is provided to HA staff only. Applicants are requested to check the box or specify in the application letter if medical records and/or client data related to the service are required.
- ☐ Radiology Record (Please choose: ☐ Radiology results in text format / ☐ image in CD-ROM)
- ☐ Plain x-ray ☐ M.R.I
- ☐ C. T. Scan ☐ Other (Please specify): _____
- ☐ Other Record (Please specify): _____

(b) Name(s) of Person(s) at the Institution who may be involved are (if available):

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

(c) Is this the first time that the Requested Data is requested?

- ☐ Yes ☐ No

If no, please state the number of times where such a request has previously been made?

- ☐ 2nd ☐ 3rd ☐ _____

4. Nature of Request:

- ☐ (a) Data Enquiry Request -
The Institution will inform the Data Subject (or where appropriate, the Relevant Person) whether it holds or does not hold the Requested Data.
- ☐ (b) Copy Data Request -
The Institution will inform the Data Subject (or where appropriate, the Relevant Person) whether it holds or does not hold the Requested Data.
The Institution will provide a copy of the Requested Data to the Data Subject (or where appropriate, the Relevant Person). If only (b) [Copy Data Request] is ticked, the request will be deemed to be both (a) [Data Enquiry Request] and (b) [Copy Data Request]. The fee applicable for a Copy Data Request is listed in the Data Access Request Scale of Fees ("Scale of Fees").

5. If a medical report is required, please specify:

- ☐ this has previously been prepared/supplied, or
- ☐ this has not previously been prepared/supplied.

(# *If a report has not previously been prepared/supplied, this will be excluded from the Requested Data and **NOT** be dealt with as a request under the Personal Data (Privacy) Ordinance. A separate application for a medical report may be submitted to our hospital. Please refer to the applicable scale of charges.*)

please tick the appropriate box(es)
* delete whichever is inappropriate

SECTION II

(To Be Completed if a Relevant Person Applies for Access on behalf of the Data Subject Referred to in Section I)

1. Details of the Relevant Person:

- (a) Name: _____ (_____)
Surname Forename Chinese
- (b) Sex: *Male/Female
- (c) *HKID Card No.: _____ / Passport No.: _____
- (d) Address: _____

- (e) Daytime Telephone No: _____
- (f) Any other contact number(s): _____

Please produce in person the original or provide a true copy of the HKID Card/Passport of the Relevant Person when submitting this DAR.

2. Relationship between the Relevant Person and the Data Subject, which can be (tick as appropriate):

- EITHER ☐ (a) The Relevant Person has parental responsibility for the Data Subject who is under age 18;
- OR ☐ (b) The Relevant Person has been duly authorized by the Data Subject to submit this DAR and to collect the Requested Data on behalf of the Data Subject;
- OR ☐ (c) The Data Subject is incapable of managing his own affairs and the Relevant Person has been appointed by a court to manage the affairs of the Data Subject;
- OR ☐ (d) The Data Subject is mentally incapacitated within the meaning of the Mental Health Ordinance and the Relevant Person is:
- ☐ appointed as a guardian of the Data Subject by a court, magistrate or the Guardianship Board under section 44A, 59O or 59Q of the Mental Health Ordinance;
- ☐ 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;
- ☐ 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.

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

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

☐ Yes ☐ No

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

please tick the appropriate box(es)
* delete whichever is inappropriate

SECTION III

(A Copy Data Request Will Not Be Processed Unless Accompanied by a Processing Fee)

1. The Data Subject and (where appropriate) the Relevant Person have read and understood the Scale of Fees.
2. Copy Data Request is accompanied by a Processing Fee of:

HK\$ _____

* Payment by Cash / Payment by Crossed Cheque No. _____
issued by _____

Note: The appropriate receipt should be collected from the shroff and attached to this Form.

Please select collection method

☐ By mail (Address: _____)

☐ Self-collect during #office hour (Contact Tel: _____)

#Office Hour : Monday to Friday 9am – 1pm, 2pm – 5pm

Saturday 9am – 1pm, Sunday and Public Holiday closed

DECLARATION AND SIGNATURES:

WHERE applicable, the Data Subject has irrevocably authorized the Relevant Person to deal with this DAR and to collect the Requested Data on behalf of the Data Subject. The Data Subject and (where appropriate) the Relevant Person understand and agree that all applicable fees listed in the Scale of Fees have to be paid prior to collection of the Requested Data.

The Data Subject and (where appropriate) the Relevant Person declare that the information given in this DAR Form is accurate.

Signature of

Data Subject: _____

Date: _____

If the application is requested by Relevant Person:

Signature of Relevant

Person (if applicable): _____

Date: _____

Note:

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

- a birth certificate/legal custody paper if the Relevant Person claims parental responsibility over the Data Subject; or*
- an original authorization form signed by the Data Subject where the Relevant Person claims to have been duly authorized by the Data Subject; or*
- a court document issued by a court appointing the Relevant Person to manage the affairs of the Data Subject who is incapable of managing his own affairs; or*
- 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; or*
- 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.*

FOR OFFICIAL USE ONLY

☐ The Relevant Person's *HKID Card/Passport Number(s) *has/have been checked against the original by [_____].

☐ The Relevant Person's *HKID Card/Passport Number(s) *has/have been checked against the copy (original not seen) by
[_____].

please tick the appropriate box(es)

* delete whichever is inappropriate