

Data Access Request Form 要求查閱資料表格



(* required fields 有 * 部分必須填寫)

Section I 第一部份

(This section MUST be completed)此部份必須填寫

Details of the Data Subject (must be a living individual)當事人資料詳情(必須為在生人士)

*English Full Name 英文姓名: _____ Chinese name 中文姓名: _____

*Sex 性別: Male 男/Female 女

*Date of Birth 出生日期: _____

*#HKID Card No.香港身份證號碼: _____ / Passport No.護照號碼: _____

*Address 地址: _____

*Telephone Number(s)電話號碼: _____

e-mail address 電郵地址: _____

* Please produce in person the original or provide a true copy of the HKID Card/Passport of the Data subject when submitting this Data Access Request to our clinic. 在向本診所提交此表格時，請當事人親身出示香港身份證/護照正本或提交真確副本。

Details of Personal Data of the Data Subject under request are 資料當事人所要求查閱的個人資料詳情

*For the Period 所需查閱資料的期間:

*For the following items 所需項目:

√ If needed 如果需要	√ If needed 如果需要	√ If needed 如果需要
Personal Information 個人資料	History and Clinical Notes 病歷及診療記錄	Study Models 牙模
Photographs 照片	Radiographs X 光片	Financial Record 財務記錄
Computer Record 電腦記錄	Letters and Communications 書信及通訊	Medical Reports 醫療報告
Others (please specify) 其他(請註明)	Others (please specify) 其他(請註明)	Others (please specify) 其他(請註明)
Others (please specify) 其他(請註明)	Others (please specify) 其他(請註明)	Others (please specify) 其他(請註明)

Other Information Required 其他所需資料:

*Reason(s) for requiring the Personal Data: 要求查閱個人資料的原因

Data Access Request Form 要求查閱資料表格



Nature of Request 要求的性質

* Data Enquiry Request 查詢資料要求–

The Clinic to inform the Data Subject (or where appropriate, the Relevant Person) whether it holds the Data Subject's Personal Data of this request. (The Data Enquiry Request is a distinct and separated from the Copy Data Request.)

前述機構通知資料當事人(或有關人士)其是否持有當事人的個人資料。(此「查詢資料要求」與「資料複本要求」是不同的要求。)

Copy Data Request 資料複本要求–

The Clinic to provide a copy of the Personal Data under request. (The Copy Data Request is distinct and separated from the Data Enquiry Request.) The Copy Data Request must be preceded by, or coupled with, the Data Enquiry Request. If only the Copy Data Request is ticked, it will be deemed to be a Data Enquiry Request as well for which a non-refundable initial processing fee is payable. Charges are applicable for Copy Personal Data supplied under Copy Data Request.

前述機構提供被要求的個人資料的真確副本。(此「資料複本要求」與「查詢資料要求」是不同的要求。)查詢人必需首先提出「查詢資料要求」,或同時提出「查詢資料要求」及「資料複本要求」,如果查詢人在此表格內只選擇提出「資料複本要求」,將被視作亦同時提出「查詢資料要求」,而本診所將會收取不予退還之初步處理費。而本診所根據「資料複本要求」所提供的個人資料複本,則會另外收費。

Data Access Request Form 要求查閱資料表格



Section II 第二部份

(To be completed if a relevant person applies for access on behalf of the data subject referred to in Section I)
(如果本申請乃由有關人士代表第一部份所註明的資料當事人提出，則需填寫此部份)

Details of the Relevant Person 相關人士資料詳情:

English Full Name 英文姓名: _____

Chinese Name 中文姓名: _____

Sex 性別: Male 男/Female 女

Relationship with Data Subject 與資料當事人關係: _____

Date of Birth 出生日期: _____

#HKID Card No. 香港身份證號碼: _____ / Passport No. 護照號碼: _____

Address 地址: _____

Telephone Number(s) 電話號碼: _____

e-mail address 電郵地址: _____

**Please produce in person the original or provide a true copy of the HKID Card/Passport of both the Relevant Person and the Data Subject when submitting this Data Access Request. 在向本診所提交此「查閱資料要求」表格時，請親身出示有關人士及資料當事人的香港身份證護照正本或提交真確副本。*

Relationship between the Relevant Person and the Data Subject, which can be (tick as appropriate) 有關人士與資料當事人的關係必須是下列其中一項。請在適當方格內加✓號:

- The Relevant Person has a parental responsibility for the Data Subject who is under age 18; or 資料當事人年齡未滿十八歲，而有關人士對資料當事人有父母責任；
- The Relevant Person has been duly authorized by the Data Subject to submit this Data Access Request and to collect all Personal Data the subject of this request on behalf of the Data Subject; or 有關人士獲資料當事人授權提交本「查閱資料要求」，以及代其領取本要求內所述的所有個人資料；
- The Relevant Person has been appointed by court in Hong Kong to manage the affairs of the Data Subjects. 有關人士獲香港法院任命管理資料當事人的事務。

**please also provide a true copy of the documentary evidence to support the relationship between the Relevant Person and the Data Subject. 請一併提供能證明有關人士與資料當事人之間關係的證件真確副本。*

If application by Relevant Person 如由相關人士申請:

Signature of Relevant Person (if applicable) 有關人士簽署(如適用者): _____

Date 日期:

Data Access Request Form 要求查閱資料表格



Section III 第三部份

This Data Access Request will not be processed unless accompanied by the related processing fee.

(Please refer to Appendix A for the related fees)

本「查閱資料要求」須連同有關處理費提交，否則將不予受理

(請參閱 Appendix A 了解有關費用)

1. The Data Subject and (where appropriate) the Relevant Person have read and understood the scale of fees.

資料當事人與有關人士(如適用者)已細閱並明瞭收費表所訂的費用。

*2. The Data Access Request is accompanied by an initial processing fee (Data Enquiry Request) and Copy Data Request fee. Fees are non-refundable.

「查閱資料要求」費用需要包括「查詢資料要求」(初步處理費)及「資料複本要求」費用。所有費將不予退還。

HK\$ (港幣) _____

(Please ask us for the relevant fees first if necessary. 如有需要，可向本診所職員先查詢有關費用。)

3. The Data Subject and (where appropriate) the Relevant Person agree to pay such fees as specified in the scale of fees prior to the processing of the Data Access Request.

資料當事人與有關人士(如適用者)同意在處理所要求的個人資料前，先繳付收費表所列的有關費用。

Declaration and Signatures 聲明及簽署:

Where applicable, the Data Subject has irrevocably authorized the Relevant Person to deal with this Data Access Request and to collect the Personal Data under request on behalf of the Data Subject. The Data Subject and (where applicable) the Relevant Person understand that the initial processing fee for Data Enquiry Request is non-refundable and the fees for the copy of Personal Data under the Copy Data Request have to be paid prior to the collection of the data.

在適用情況下，資料當事人已向有關人士發出不可撤銷授權，准許其代表資料當事人處理本「查閱資料要求」及領取所要求的個人資料。資料當事人及有關人士(如適用者)明瞭初步處理費是不予退還的，而有關的餘款亦須付清才可領取要求的資料。

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

資料當事人及有關人士(如適用者)謹此聲明在本「查閱資料要求」表格內提供的資料準確無訛。

*Signature of Data Subject 資料當事人簽署: _____

*Date 日期:

Data Access Request Form 要求查閱資料表格



Section IV 第四部份

Collection Method 領取方法

- Collected in Person 親身領取：
 - Collected by Data Subject aged 18 or above 由年滿 18 歲之資料當事人領取
 - Collected by Relevant Person indicated in Section II 由第二部份列明的有關人士領取
- Posted to the address stated in Section I 郵寄至第一部分提供的地址
- Posted to another address 郵寄至另一地址:

- Posted to email address 發送到電郵地址:

Data Access Request Form 要求查閱資料表格



Data Access Request – Note of Application

「要求查閱資料」料申請須知

1. This Request is processed under the Personal Data (Privacy) Ordinance. An individual or relevant person on behalf of an individual is entitled to make a Data Access Request to ascertain whether clinic holds the personal data of the Data Subject and to be supplied with a copy of such data.
本申請是根據《個人資料(私隱)條例》而進行。任何個人或代表個人的有關人士有權提出查閱資料及資料複本要求。
2. The Data Subject, in relation to personal data, must be a living individual.
資料當事人必須為在世人士。
3. The original “Data Access Request Form” and all relevant supporting documents shall be submitted by post or in person to WeIDENT for processing.
請將「病人資料申請表」連同所需證明文件一併以郵遞或親自呈交予本院之「醫療資訊及記錄部」處理。
4. WeIDENT will reply to the requestor within 40 days upon receipt of the request.
美好牙科會在收到申請後的40日內向申請人作出回覆。
5. All medical reports are patient’s information are written in English. Information provided will be to the request received date or up to doctor’s decision on the relevancy of the case.
所有醫療報告及病人資料均以英文書寫，而本院提供的資料將截至申請當日為止或由負責醫生決定。
6. Application fee will be applied according to WeIDENT’s current price list. No refund of charge will be made once a request is made.
美好牙科將根據以下最新之價目表收取申請費用。一旦提出要求，將不會退還費用。
7. The requestor does not collect the requested data within 3 months after being notified it is ready for collection, the requested data shall be destroyed without prior notice.
若申請人於被通知可以領取資料後的3個月內仍未領取，有關資料將會被銷毀，而事前不會作另行通知。
8. Counter-signature of the data subject/ relevant person is required if there is any amendment made on the supporting documents/ request form.
每當有關文件 / 申請表被修改，資料當事人 / 有關人士必須在修改部份加簽。
9. Information for Application / Enquiry 申請及查詢資料

Address 地址：	6/F, BOC Yuen Long Commercial Centre, 102-108 Castle Peak Road, Yuen Long, Hong Kong	香港青山公路 102-108 號 中銀元朗商業中心 6 樓全層
Office Hour 辦公時間:	Mondays to Saturdays: 09:00 – 17:00	星期一至六: 09:00 - 17:00
Enquiry Tel Number 查詢電話:	2443 0773	
Enquiry Email 查詢電郵:	info@welldentclinic.com	

Data Access Request Form 要求查閱資料表格



10. Please provide the following required supporting documents when making data access request

申請時請提供以下證明文件

Checklist on Required Supporting Documents 所須證明文件一覽表		
Requestor 申請人	Data subject 資料當事人 / Patient 病人	Required documents for identity verification* 所須核對文件*
Data subject 資料當事人 / Patient 病人	Aged 18 or above 年滿 18 歲	✓ Photocopy of identity document of patient 病人身份證明文件副本
Patient's Parents /Legal Guardian 病人父 / 母 / 合法監護人	Aged below 18 未滿 18 歲	<ul style="list-style-type: none"> ✓ Photocopy of Birth Certificate of patient or other legal documents proving the identity as legal guardian 病人出生證明書副本或其他法律文件以證明合法監護人之身份 ✓ Photocopy of HKID / Passport of patient's parents or legal guardian 病人父 / 母 / 合法監護人之身份證明文件副本
Relevant Person 有關人士	Aged 18 or above 年滿 18 歲	<ul style="list-style-type: none"> ✓ Photocopy of HKID / Passport of patient & relevant person 病人及有關人士之身份證明文件副本 ✓ Completed Section II fields regarding Relevant Person 填寫表格第二部份有關相關人士的資料
<p>* Notes: Other supporting documents may be required if necessary * 註：如有需要，申請人須提供其他相關證明文件。</p>		

(Last update 12DEC2021)

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Appendix A

Scale of Fees Applicable from 1/4/2019

<p>A. Data Enquiry Request 要求查詢資料 - For ascertaining whether the clinic holds the Data Subject's Personal Data 要求所查詢的診所確定是否持有資料當事人的個人資料</p>	<p>\$ 150 per request 每次一百五十元</p>
<p>B. Copy Data Request 要求複製資料-</p> <p>Record in text 文字記錄</p> <p>X-ray Film X 光片 (digital format 數位格式)</p> <p>Photograph 照片 (digital format 數位格式)</p> <p>Medical Report 醫療報告</p> <p>Other Data Formats 其他資料格式</p>	<p>\$ 5 per page 每頁</p> <p>\$100 per copy 每張</p> <p>\$100 per copy 每張</p> <p>Quote on request 另議</p> <p>Quote on request 另議</p>