# 衞生署家庭健康服務 DEPARTMENT OF HEALTH - FAMILY HEALTH SERVICE

# 家庭計劃服務/產後服務/婦女健康服務/子宮頸普查 — 首次登記表格

Family Planning Service / Postnatal Service / Woman Health Service / Cervical Screening — First Registration Form

注意事項 Points to Note:

- 1. 在填寫這登記表格之前,請先仔細閱讀附帶有關「收集個人資料用途」聲明。
  Please read through the "Collection of Personal Data Statement of Purposes" before you fill in this registration form.
- 2. 請你填寫以下各項(在正確答案上加✔),請於接受服務當日交回登記處。
  Please fill in the following information (✔ as appropriate) and return the completed form to registration

counter on the day of your first appointment

counter on the da  This form consists of t  此表格共有兩頁  姓名(中文):	ay of your first app	oointment.		E後服務但無有效香港身分證who request postnatal service back and a service back an	
中文電碼:			_		
Name (Eng):			_		
證件類別及編號: Document Type & No.:	_			O no.: 登件編號 Document no.: <sub>-</sub>	
出生日期: Date of Birth:			年齢: Age:		
香港地址^: Hong Kong Address^: 單位: Flat:	樓層 : Floor:		碼:		
屋苑名稱: Estate name:			碼及名稱: Io & name:		
地區: District:		區域: Region:	香港 HK	□九龍 KLN	□新界 NT
本地住宅電話: HK Home Telephone:_			本地流動電 HK Mobile	話: Phone:	

若你未能提供香港地址,我們將不能郵寄信件給你。

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 $<sup>{}^{\</sup>textstyle \wedge}$  If a Hong Kong address is not provided, we will not be able to send letters to you.

# 衞生署家庭健康服務 DEPARTMENT OF HEALTH - FAMILY HEALTH SERVICE

婚姻狀況: Marital Status:  離婚 Divorced  同居 Living Together  已婚 Married  分居 Separated	教育程度: Education Level: □ 未曾入學 No schooling □ 學前教育(幼稚園/幼兒中心) Kindergarten □ 小學 Primary (P.1-6) □ 中(中一至中三)	□ 預科 / 香港中學文憑試 Matriculation (S.6-7) / HKDSE □ 專上教育 (文憑 / 證書 / 副學士 ) Tertiary (non-degree) □ 專上教育 (學位課程 ) Tertiary (degree) □ 其他 Others:
□ 未婚 Single	Lower Secondary (S.1-3)	山 共同 Oulers .
□ 寡居 Widowed	□ 高中(中四至中五) Upper Secondary (S.4-5)	
表格填寫人:		職業 Occupation: 
衣竹填舄人: Completed by:		
	相關「收集個人資料用途」聲明使用以上 e information provided above will be used l Data - Statement of Purposes".	
簽署: Signature:	姓名: Name:	
日期:		

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#### STATEMENT OF PURPOSES

### Purpose of Collection

- 1. The personal data are provided by patients and clients with whom the Department of Health (DH) interacts in the delivery of services, and other related activities. The personal data provided will be used by DH for the following purposes:
  - a) Proof of eligibility;
  - b) Providing services including but not limited to clinical service, appointment arrangement and notification and client relation matters;
  - c) Record of test results / examination / investigation / treatment for continuation of care or reference by other medical professionals;
  - d) Consent for particular treatments / tests;
  - e) Accounting of expenses;
  - f) Epidemiological surveillance and suspected outbreak investigation;
  - g) For notification of tuberculosis or other diseases reportable / notifiable for public health purposes;
  - h) Tracing defaulters for follow up / treatment;
  - i) Assessment for social assistance;
  - j) For reference in legal proceedings;
  - k) Record of enrolment / management;
  - 1) For preparing statistics, carrying out research or teaching purpose;
  - m) For services / manpower development and planning;
  - n) To facilitate organisation of activities related to health education and community liaison; and
  - o) Record of visits / enquiries / complaints.

The provision of personal data is voluntary. If you do not provide sufficient information, we may not be able to prove your eligibility for specific service / activities and cannot provide service / assistance to you or even the service / assistance may still be provided, you will be charged at the non-entitled

#### Classes of Transferees

2. The personal data you provide are mainly for use within DH but they may also be disclosed to other Government bureaux / departments or relevant parties for the purposes mentioned above, if required. Apart from this, the data may only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privac Ordinance.

#### Access to Personal Data

3. You have a right of access and correction with respect to personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data. A fee may be imposed for complying with a data access request.

#### **Enquiries**

- 4. Enquiries concerning the personal data provided, including the making of access and corrections, should be addressed to:
  - a) The Client Relations Officer of respective centre; or
  - b) Family Health Service, Department of Health Rm 1308, 13th Floor, Guardian House, 32 Oi Kwan Road, Wan Chai, Hong Kong

## 用途聲明

### 收集資料的目的

- 當衞生署向病人及顧客提供服務及進行其他有關活動時,由病人或顧客所 提供的個人資料,會由衞生署作以下用途:
  - 資格證明;
  - 提供服務包括但不限於臨床診症、診症預約安排及通知約期和顧客 關係事官;
  - 測試結果/化驗/檢驗/治療的紀錄,以繼續提供護理,或供其他 醫療專業人員參考;
  - 同意進行特定治療/測試; 丌.
  - 五. 開支會計;
  - 流行病學監測及調查傳染病爆發;
  - 為公共衞生目的,就結核病或其他須予報告/呈報的疾病,作出呈
  - 追踪不依期覆診者、以便跟進/治療;
  - 九. 評估是否需要社會援助;
  - 十. 在法律程序中作為參考;
  - 十一.登記/管理的紀錄
  - 十二製備統計數字、進行研究或教學用;
  - 十三.服務/人力發展與策劃;
  - 十四.利便組織有關健康教育及社區聯絡的活動;及
  - 十五.到訪/查詢/投訴的記錄。

個人資料的提供,出於自願。如果你不提供充份的資料、我們可能無法證明你 是否符合資格獲得某項服務或活動,因而不能為你提供服務/協助;又或我們 即使仍然提供該項服務或協助,你亦須按不符合資格人士須繳的收費率(通常 較高)繳費。

#### 接受轉介人的類別

你所提供的個人資料,主要由本署內部使用,但亦可能於有所需時因以上 所列目的向其他政府部門或有關人士披露。此外,資料只可於你同意作出 該種披露或作出該種披露是《個人資料(私隱)條例》所允許的情況下,才

#### 查閱個人資料

根據《個人資料(私隱)條例》第 18 條及 22 條以及附表 1 第 6 原則所述,你 有權查閱及修正個人資料,包括有權取得你於以上第1段所述的情況下所 提供的個人資料。應查閱資料要求而提供資料時,可能要徵收費用。

#### 查詢

- 有關所提供個人資料(包括查閱及修正資料)的查詢,請向下列人士/單 4. 位提出:
  - 一. 所屬健康院的顧客關係主任;或
  - 二. 衞生署家庭健康服務