



日期 Date: _____ (日/月/年 dd/mm/yy)

病人資料 Patient Information

姓名 (英文) _____ 中文姓名 _____
Name in English: _____ (姓氏 Family Name) _____ (名字 Given Name) Chinese Name: _____
國家/地區 _____ 電話 _____
Country / Region: _____ Mobile: (_____) - _____
電郵 _____
Email: _____

聯絡人 (如適用) Contact Person (if applicable)

聯絡人姓名 _____ 與病人關係 _____
Name: _____ Relationship with Patient: _____
聯絡電話 _____ 電郵 _____
Contact No.: (_____) - _____ Email: _____

個人病歷 General Medical Information

診斷 Diagnosis: _____
請註明病人希望獲得的服務 (可選多於一項) Please indicate the service(s) Patient would like to obtain (may choose more than one):
 治療
Medical treatment
 醫療建議
Second medical opinion

備註 Remarks:

請將已填妥的有關表格透過網上遞交申請至國際醫療服務辦事處, 或可透過以下途徑遞交:
Please return the completed form to office of the International Patient Services via online submission or :
- 電子郵箱 Email: IPS@hksh-hospital.com
- 傳真 Fax: (+852) 2892 7596

「收集個人資料聲明」 Personal Information Collection Statement

就你 / 病人提供有關資料並與養和醫療集團(下稱「本集團」)及其成員(包括: 養和醫院、各養和醫健醫療中心及任何日後養和醫療服務提供者)的溝通, 讓本集團了解你 / 病人的需要, 並讓本集團考慮你 / 病人是否適合接受本集團的醫療服務。你 / 病人明白在醫生作出醫療診症前有關各方溝通過程中的任何意見、陳述或建議, 並不構成任何醫療意見。若你 / 病人需要任何緊急醫療諮詢或治療, 請諮詢你 / 病人的醫生。就病人及/或其親友的住宿及交通需要, 請自行辦理有關安排。

By providing your information to and engaging in communication with HKSH Medical Group ("Group") and members of the Group, including Hong Kong Sanatorium & Hospital, HKSH Healthcare and any future healthcare services providers of the Group, you would allow us to understand your needs and consider your suitability for receiving medical services at the Group. You understand that any opinion, statement or advice expressed during the course of communication before medical consultation with doctors does not constitute any medical advice. If you require any immediate medical advice or treatment, please consult your doctor. With regard to accommodation and transportation for patients and/or their relatives or friends, please proceed to make your own arrangements.

聲明 Declaration:

在簽署本聲明後, 本人 / 病人聲明所提供的資料為正確、準確及完整。本人 / 病人謹此聲明已閱讀、明白和同意以上備註所列出的條款及「收集個人資料聲明」。

By signing this form, I / Patient declare that the information provided in this form is correct, accurate and complete. I / Patient declare that I / Patient have read, understood and agreed with the terms listed on the above remarks and the "Personal Information Collection Statement" .

本人確認已細閱「收集個人資料聲明」, 並同意相關條款。
I confirm that I have read and hereby agreed to the terms of the "Personal Information Collection Statement" .

(簽署/Signature) _____
姓名/Name: _____
與病人的關係(如適用)/Relationship with Patient (if applicable): _____
日期/Date: _____





收集個人資料聲明 Personal Information Collection Statement

你 / 病人資料皆屬機密。養和醫療集團(下稱「本集團」)及其成員(包括:養和醫院、各養和醫健醫療中心及任何日後養和醫療服務提供者)只會在本聲明、《個人資料(私隱)條例》准許或受法律強制之情況下收集及使用有關內容。本聲明將管轄病人登記表格、你 / 病人與本集團之間日後的溝通及本集團為你 / 病人提供之醫療及保健服務而收集的個人資料。

Your / Patient's personal data is classified as confidential and can only be collected and used by HKSH Medical Group ("Group") and members of the Group, including Hong Kong Sanatorium & Hospital, various medical centres of HKSH Healthcare, and any future healthcare services providers of the Group, where permitted by this Statement, the Personal Data (Privacy) Ordinance or otherwise legally compelled to do so. This Statement will govern the collection of your / Patient's personal data pursuant to the Patient Appointment Request Form, the subsequent communication between you and the Group and provision of medical and healthcare services to you / Patient.

收集資料

COLLECTION OF DATA

- 為了解你 / 病人的需要及提供及時的反饋，本集團可能會透過電話或電郵聯絡你 / 病人以收集及討論有關你 / 病人的個人資料及健康資料。

To understand your needs and provide timely feedback, the Group may contact you / Patient by phone or email to collect and discuss about your personal data and health information.

- 為對你 / 病人提供適當的醫療服務、治療及設施，你 / 病人同意本集團收集你 / 病人的個人資料(包括健康資料、病歷資料、藥物歷史資料等)，並授權任何合適的第三方向本集團提供有關你 / 病人的醫療記錄及任何相關資料。亦會不時編制關於你 / 病人的個人資料。你 / 病人向本集團提供個人資料，純屬自願。但假如你 / 病人未能提供所要求的個人資料，本集團可能未能向你 / 病人提供有關醫療服務、治療及設施。

In order to provide you / Patient with suitable medical services, treatments and facilities, you agree to provide the Group with your / Patient's personal data (including health information, past medical history, drug history etc.), authorize any appropriate third party to provide the Group with your / Patient's medical history and any other relevant information, and to compile personal data about you / Patient from time to time. Your / Patient's provision of personal data to the Group is voluntary. However, if you / Patient are unable to supply the required personal data, the Group may not be able to provide the relevant medical services, treatments or facilities to you / Patient.

- 如你所提供的資料涉及你的親友，你應在提供有關個人資料予本集團之前知會他們並向本集團提供已簽妥之授權書，並通知他們有關本集團使用涉及他們個人資料的目的。

If the information you are going to provide involves your relatives or friends, you should inform them before providing such personal data to the Group and provide a duly signed Authorisation Letter to the Group. You should also inform them of the relevant use of their personal data by the Group.

- 若你 / 病人所提供的資料不正確或不完整，本集團有權不向你 / 病人提供有關醫療服務、治療及設施。本集團不會就因資料不正確或不完整而導致溝通延誤或延誤提供有關醫療服務、治療及設施承擔任何責任。

If the personal data provided is not accurate or complete, the Group reserves the right not to provide medical services, treatment or facilities to you / Patient. The Group will not be liable for any delay in communication or providing medical services, treatments or facilities as a result of such inaccurate or incomplete personal data.

資料的轉交

TRANSFER OF DATA

- 你 / 病人所提供的個人資料，本集團除了會供給本集團之外，也可能向下列各類人士披露或轉交有關個人資料，以用作本聲明所載之目的：

Personal data provided by you / Patient will be used by the Group, and may also be disclosed or transferred to the following types of persons for the purposes set out in this Statement:

- 非本集團聘用的醫生、治療師及健康服務人員；

doctors, therapists and healthcare service providers who are not the Group's staff or personnel;

- 有關的政府部門、管理或醫療機構；

relevant government departments, administrative authorities or medical institutions;

- 就有關本集團的業務、服務、設施及活動，向本集團提供行政、電腦、科技、資訊或其他服務的任何代理人、承包商或第三方服務提供者；及

any agents, contractors or third-party service providers who provide administrative, computer, technology, information or other services to the Group in connection with its business, services, facilities and activities; and

- 根據法律規定或監管要求或守則本集團有責任向其作出披露的任何人士或機構。

any persons or entity to whom the Group are obligated to disclose under law or regulatory requirements or rules.





查閱或改正資料

ACCESS TO OR CORRECTION OF DATA

- 除《個人資料(私隱)條例》規定的豁免範圍外，你／病人有權查閱及改正本集團持有有關你／病人的個人資料。若你／病人需查閱或改正個人資料，請將有關書面要求送交下列地址：
Except where there is an exemption provided under the Personal Data (Privacy) Ordinance, you / Patient have the right to request access to and correction of your / Patient's personal data that is held by the Group. If you need to have access to or correct the personal data, you should submit a written request to the following address:

醫療記錄部(記錄詢問)

地址：香港養和醫院香港跑馬地山村道2號李樹培院II期5樓

電話：+852 2835 8936

傳真：+852 2892 7580

電郵地址：recordenquiry@hksh.com

Health Records Unit (Record Enquiry)

Address: 5/F, Li Shu Pui Block Phase II, 2 Village Road, Happy Valley, Hong Kong

Phone: +852 2835 8936

Fax: +852 2892 7580

Email address: recordenquiry@hksh.com

- 本集團有權就查閱或改正你／病人的個人資料收取合理手續費。複製費適用於每頁資料複本。
The Group has the right to charge a reasonable handling fee for request to access or correct your / Patient's personal data. Photocopying charges also apply in respect of each page of photocopies made.

資料的保留

RETENTION OF DATA

- 你／病人所提供的個人資料，本集團會保存一段合理時間，以貫徹收集該等個人資料的目的或遵守香港的適用法律、規例及監管要求或守則。
The Group will retain the personal data provided by you / Patient for a reasonable period of time to implement the purposes for which such personal data is collected or to comply with the applicable laws, regulations and regulatory requirements or rules of Hong Kong.

管轄法例及司法管轄區

GOVERNING LAW AND JURISDICTION

- 本聲明受香港特區法律所管轄並按其詮釋。
This Statement shall be governed by and construed in accordance with the laws of Hong Kong.

注意：中英文本如有歧義，概以英文本為準。

Note: In case of any discrepancies between the English and Chinese versions, the English version shall apply and prevail.

