RESTRICTED WHEN ENTERED WITH DATA 填寫資料後即成 限閱文件

CERVICAL SCREENING INFORMATION SYSTEM (CSIS)
子 宮 頸 普 查 資 訊 系 統（系 統）

Application Form for Archived Letters
已存檔信函申請表格

To be filled in by Registrant
供已登記者填寫

Please read Personal Information Collection Statement overleaf and fill in this form in BLOCK letters.
請參閱背頁之收集個人資料用途聲明，然後以正楷填寫本表格。
(* Mandatory field 必須填寫項目)

Personal Particulars 個人資料

*Name: *姓名：	*HKID/Passport Number: *香港身份證／護照號碼：
*Contact Number: *聯絡電話：	Date of birth: 出生日期： _____ / _____ / _____ Day 日 Month 月 Year 年

Details of Request 申請資料

The requested letters will be sent to the registered correspondence address **by post**. Please fill in the Information Update Form if your address is changed.
所需申請索取的信件會以郵寄方式寄往閣下已登記的地址。如果你的登記地址有改變，請填寫資料更新表格。

	Requested Letter(s) issue date(s) (please specify) 申請索取的信件發出日期 (請註明)
☐ Notification of Cervical Screening Result 子宮頸篩查結果通知書	_____ / _____ / _____ Day 日 Month 月 Year 年
☐ Reminder for Cervical Screening 子宮頸篩查提示信	_____ / _____ / _____ Day 日 Month 月 Year 年
☐ Notification of Completion of Cervical Screening 完成子宮頸篩查通知書	_____ / _____ / _____ Day 日 Month 月 Year 年
☐ Others, please specify name(s) of letter(s) requested and the issue date(s): 其他（請註明申請索取的信件名稱及其發出日期）	_____ / _____ / _____ Day 日 Month 月 Year 年

Declaration 聲明

1. I confirm that the information given is correct and complete.
2. I agree to register with the Cervical Screening Information System.
3. I fully understand the Personal Information Collection Statement overleaf and I agree to let my personal data and health information to be disclosed by the relevant parties listed in the Statement to the Department of Health for the stated purposes. A copy of this consent is valid as the original. This consent shall remain valid unless and until written notice of my revocation is received by the said relevant parties which actually have in their possession my personal data and which have been authorized to provide such data.
4. I have read and understand the Terms and Conditions overleaf.
5. I understand that no screening test is 100% accurate, which means having regular cervical screening is necessary.
6. I understand that further investigation and treatment may be required if my cervical screening result is abnormal.

1. 本人證實填寫的資料乃屬正確及完整。
2. 本人同意登記子宮頸普查資訊系統。
3. 本人完全明白印於背頁之收集個人資料用途聲明，並同意聲明內所列的有關機構及組織向衞生署提供本人的個人及健康資料以作所述用途。本同意書的副本與正本同樣有效。除非擁有本人的個人資料及獲得授權透露該等資料的有關機構及組織收到本人的書面通知撤銷此同意書，否則本同意書將維持有效。
4. 本人已閱讀及明白印於背頁之使用條款。
5. 本人明白所有篩查方法都不是百分百準確，因此定期接受子宮頸篩查是有必要的。
6. 本人同時明白如果篩查結果不正常，可能有需要作進一步的篩查和治療。

Signature: _____ Date: _____
簽署： 日期：

Please send the completed form **AND** photocopy of identity document by post to:
Cervical Screening Programme Office, Department of Health,
18/F, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong
請將填妥之申請表格及身份證明文件副本寄往：**香港灣仔皇后大道東 213 號胡忠大廈 18 樓 衞生署子宮頸普查計劃辦事處**

Photocopy of the blank form is accepted. 如有需要，可自行影印此表格。

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Cervical Screening Information System Application Form for Archived Letters (for Registrant)

Personal Information Collection Statement

We shall keep your personal data confidential at all times. Our policies and practices with respect to the collection, use, retention, disclosure, transfer, security and access of personal data will be in accordance with the Personal Data (Privacy) Ordinance (Cap. 486) and are as set out in this Statement.

By registering with the Cervical Screening Programme of the Department of Health, you have authorised any Services within the Department of Health (DH), the Hospital Authority and the public hospitals under its management, any entities (including subsidiaries) owned/controlled by the Hospital Authority, private hospitals and clinics, and any third parties as appropriate to provide your personal data (including health information) to the Cervical Screening Information System (CSIS) of DH. Such personal data will be used for the purposes stated below.

Purpose of Collection

Your personal data and health information provided to the CSIS which is maintained by DH, will be used for the following purposes:

1. Recording and transferring of your personal data and health information (collected at anytime from your registration with the CSIS until your withdrawal) for continuity of care or reference by other medical professionals who provide care to you (if you withdraw from the CSIS, your record will only be retained for internal use and accessed by DH);
2. Contacting you and sending screening reminders and notifications to you;
3. Preparing statistics for research or teaching purposes;
4. For quality assurance of the CSIS; and
5. Investigating and following up matters related to the CSIS.

The provision of personal data is voluntary. If you do not provide sufficient information, we may not be able to prove that you have registered with the CSIS and cannot provide/coordinate services for you.

Classes of Transferees of Personal Data

Besides internal use within DH, your personal data and health information may also be accessed by, disclosed and transferred to other health care providers, including doctors and pathology laboratories, Government bureaux/departments, the Hospital Authority, and any relevant third 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 (Privacy) Ordinance.

Access to Personal Data

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

Written enquiries concerning the personal data provided, including the making of access and corrections, should be addressed to Cervical Screening Programme Office, Department of Health, 18/F, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong. You may also visit our website: www.cervicalscreening.gov.hk.

子宮頸普查資訊系統 已存檔信函申請表格（已登記者）

收集個人資料用途聲明

我們會致力把你的個人資料保密。本署有關個人資料的收集、使用、保存、披露、轉交、保安和查閱的政策，均根據486章《個人資料（私隱）條例》而制定。

如你在登記表格簽署同意這份聲明，即代表你授權衞生署屬下部門、醫院管理局、醫院管理局負責管理的公立醫院及其全資擁有／管轄的機構（包括附屬公司）、私家醫院及診所，及其他有關機構或組織，向衞生署子宮頸普查資訊系統（系統）提供你的個人和健康資料，而所提供的資料將會作下述用途。

收集個人資料的目的

你於系統所儲存的個人及健康資料，會由衞生署作以下用途：

1. 記錄你的個人和健康資料〔自你登記系統起至退出期間所收集到的資料〕以作持續照顧或轉交其他向你提供服務的專業醫護人員作參考之用〔假如你退出本系統，你的記錄會繼續被保存，但只供衞生署內部查閱及使用〕；
2. 聯絡你和寄出覆檢提醒信和通知書；
3. 製備統計數字，以進行研究或教學用途；
4. 監控系統之質素；及
5. 調查及跟進與系統有關之事項。

個人資料的提供純屬自願性質。如你不提供充足的資料，我們可能無法證明你已登記了系統，因而不能為你提供／協調服務。

個人資料轉交到的人士／機構類別

除了供本署內部使用外，你所提供的個人及健康資料亦可能於有需要時因以上所列之目的供其他醫護人員／機構，包括醫生及病理學化驗所、政府部門、醫院管理局或有關人士查閱及向他們披露及轉交。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，才向有關方面披露。

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，包括有權取得你所提供的個人資料。本系統因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，請以書面方式交到以下地址：香港灣仔皇后大道東 213 號胡忠大廈 18 樓 衞生署子宮頸普查計劃辦事處。你亦可瀏覽我們的網頁: www.cervicalscreening.gov.hk。