



**CERVICAL SCREENING
INFORMATION SYSTEM (CSIS)**
子宮頸普查資訊系統(系統)

**Withdrawal Form
退出計劃表格**

To be filled in by Registrant /
Service Provider / Laboratory Professional
供已登記者 / 醫護人員 / 化驗人員填寫

Please read Personal Information Collection Statement overleaf and fill in this form in BLOCK letters.

(*Mandatory field; # Delete as appropriate)

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。

(*為必須填寫項目; # 請刪去不適用者)

Personal Particulars 個人資料

*Name: 姓名：	*#HKID/Passport Number: 香港身份證／護照號碼：
*HK Mobile Number: 香港手提電話：	Date of birth: _____ / _____ / _____ 出生日期： Day 日 Month 月 Year 年
*User type: 使用者類別：	<input type="checkbox"/> Registrant 已登記者 <input type="checkbox"/> Service provider 醫護人員 <input type="checkbox"/> Laboratory professional 化驗人員

***Declaration 聲明**

1. I confirm that the information given is correct and complete.
 2. I confirm that I want to withdraw from the Cervical Screening Information System (CSIS).
 3. I understand that I will no longer enjoy the privileges offered by the CSIS.
 4. I fully understand the Personal Information Collection Statement overleaf and I agree to let my personal data and health information 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.
1. 本人證實填寫的資料乃屬正確及完整。
 2. 本人確定本人欲退出子宮頸普查資訊系統。
 3. 本人明白本人將不再享有系統給予的權利。
 4. 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衛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。

Signature:
簽署：

Date:
日期：

Thank you for your support in the past
多謝你過往的支持



Please send the completed form to the Cervical Screening Programme Office by fax (2833 5445) or by mail to:

Cervical Screening Programme Office, Department of Health
Room 10, 5/F, 134 Queen's Road West, Sai Ying Pun, Hong Kong

請將填妥之表格傳真到「子宮頸普查資訊系統」辦事處（傳真：2833 5445）或寄往：

香港西營盤皇后大道西 134 號 5 字樓 10 室 衛生署子宮頸普查計劃辦事處

Photocopy of the blank form is accepted. You can also be downloaded at www.csis.gov.hk

如有需要，可自行影印此表格。你亦可透過互聯網 www.csis.gov.hk 下載。

Cervical Screening Information System Withdrawal Form

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.

Purpose of Collection

Once you withdraw from the Cervical Screening Information System (CSIS), your record will only be retained for internal use and accessed by the Department of Health (DH). Your personal data and health information provided to the CSIS, which is maintained by DH, will be used for the following purposes:

1. Preparing statistics for research or teaching purposes;
2. For quality assurance of the CSIS; and
3. Investigating and following up matters related to the CSIS.

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, Room 10, 5/F, 134 Queen's Road West, Sai Ying Pun, Hong Kong. You may also visit our website: www.cervicalscreening.gov.hk.

子宮頸普查資訊系統 退出計劃表格

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。

收集資料的目的

在你退出子宮頸普查資訊系統（系統）後，你的紀錄會繼續被保存，但只供衛生署內部查閱及使用。你於系統所儲存的個人及健康資料，會由衛生署作以下用途：

1. 製備統計數字，以進行研究或教學用途；
2. 監控系統之質素；及
3. 調查及跟進與系統有關之事項。

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。本計劃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：香港西營盤皇后大道西 134 號 5 字樓 10 室，衛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。