

THE PRINCE PHILIP DENTAL HOSPITAL

REQUEST FORM FOR ACCESS TO PERSONAL DATA

SECTION I: DETAILS OF THE DATA SUBJECT (Please attach a true copy of Hong Kong Identity Card/Passport)	
Name: _____	Sex: _____
Date of Birth: _____ / _____ / _____ DD MM YY	Hong Kong Identity Card/Passport* No.: _____
Address: _____	
Day Time Contact Phone No.: _____	Other Contact Phone No.: _____
Hospital Record No.: _____	

SECTION II: DETAILS OF THE RELEVANT PERSON (To be completed if a Relevant Person applies for access on behalf of the Data Subject referred to in Section I)	
Name: _____	Sex: _____
Date of Birth: _____ / _____ / _____ DD MM YY	Hong Kong Identity Card/Passport* No.: _____
Address: _____	
Day Time Contact Phone No.: _____	Other Contact Phone No.: _____
Relationship between the Relevant Person and the Data Subject, which can be (tick as appropriate):	
<u>EITHER</u> <input type="checkbox"/>	The Relevant Person has parental responsibility for the Data Subject who is under age 18;
<u>OR</u> <input type="checkbox"/>	The Relevant Person has been duly authorised by the Data Subject to submit this Data Access Request and to collect all personal data via this request on behalf of the Data Subject;
<u>OR</u> <input type="checkbox"/>	The Relevant Person has been appointed by courts in Hong Kong to manage the affairs of the Data Subject.
# Please also provide a true copy of the documentary evidence to support the relationship between the Relevant Person and the Data Subject. The documentary evidence can be:	
<u>EITHER</u>	a birth certificate/legal custody paper if the Relevant Person claims parental responsibility over the Data Subject;
<u>OR</u>	an original authorization form signed by the Data Subject where the Relevant Person claims to have been duly authorised by the Data Subject;
<u>OR</u>	a court document issued by a court appointing the Relevant Person to manage the affairs of the Data Subject who is incapable of managing his/her own affairs.

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 Personal Data Access Request.

Declaration and Signatures

1. Data Subject hereby requests The Prince Philip Dental Hospital (PPDH) to provide a copy of the Data Subject's personal data;
2. Data Subject understands that PPDH has to keep the original of Data Subject's personal data;
3. Where applicable, the Data Subject has irrevocably authorized the Relevant Person to deal with this Personal Data Access Request and to collect the Personal Data under request on behalf of the Data Subject;
4. The Data Subject and the Relevant Person (where applicable) declare that the information given in this Data Access Request Form is accurate;
5. The Data Subject and the Relevant Person (where applicable) understand that the charges for the copy of the Personal Data under request are non-refundable and have to be paid prior to collection of the data;
6. According to the Scale of Charges below, I enclose a crossed cheque (No. _____) for HK\$_____ in payment of this request.

Signature of Data Subject: _____

Name: _____

Date: _____

Signature of Relevant Person: _____

Name: _____

Date: _____

Data Access Request

Scale of Charges

Photocopying charge

\$1 per page

(Photocopying made on both sides of a sheet is counted as two copies)

Duplicate copy of an X-ray film

\$290 per copy

* Please delete as appropriate

PPDH 317 (23 May 2007)