



Clinic Name: _____

To be completed by parent / guardian or by Clinic staff after verifying information in Part A
此表格由家長 / 監護人填寫或診所職員在核實 A 部份資料後代為填寫

A. Student Personal Particulars 學童個人資料

Name of Student 學童姓名 (English 英文) _____ (Chinese 中文) _____
Date of Birth 出生日期 _____ Sex 性別 _____ SDCS No. / ID No.*
學童牙科保健編號 / 身份證號碼 _____
日 Day / 月 Month / 年 Year

B. Information Update 資料更改

Details 詳細資料

Effective Date 生效日期

- New Name 新姓名¹ _____ / / _____
(if applicable)
- New Address 新住址 _____ / / _____
(if applicable)
- New Tel. No. 新電話號碼 _____ / / _____
(if applicable)
- New School 新學校
(Full name of school)
(請填寫學校全名) _____ / / _____
(if applicable)
- Grade & Class 班級和班別 _____ / / _____
 Choose to remain in present Clinic within this service year 選擇在本學年留在原診所
(only applicable for further appointment after annual check-up in original clinic 只適用於原診所覆診約期)

Signature of Parent / Guardian / SDC Staff * 家長/監護人/職員* 簽署: _____ Name 姓名: _____ Date 日期: _____
(請用原子筆 / 墨水筆 please use ball pen/ink) (請用正楷 please use block letters)

¹ 必須提供證明文件以作核實 Submission of supporting document for verification is mandatory
* 必須填寫 / 簽署，並將不適用者刪去 Information / Signature is mandatory, and delete whichever inapplicable

For Clinic Use Only 此欄由診所職員填寫

- Information in Part A verified (if by phone: requested by Father / Mother / Guardian / Teacher #) # delete whichever inapplicable
- Information in Part B updated in SMILE
- Old address on the detachable address slips of the Application & Consent Form DH1595 deleted by clinic with the Form
- A copy of this form filed to Patient Record (DH2394)
- A copy of this form sent to corresponding SHS Centre [not applicable if update is from SHS or for address]

If change SDC (refer to CM 3.1.3 for details)

- Transfer of Patient Record (DH2394) & Analog X-ray film(s) to new SDC arranged ± digital radiograph(s) uploaded to SMILE

- Original Clinic Outstanding appointment (cons / FA) checked and cancelled
- Information given to client for appointment (cons / FA) in new SDC
- Faxed this form to new clinic (to arrange appointment (cons / FA))

	Staff Name / Rank	Staff Signature	Date
Processed by			
Reviewed by (CO / ACO)			
New Clinic	<input type="checkbox"/> Appointment checked and new appointment is not needed		Signature and name of staff _____
	<input type="checkbox"/> Appointment (cons / FA) arranged and informed client		

Note: i. The SDC first contacted by client shall perform the information update 家長 / 監護人 / 老師首先聯繫的診所應負責更新資料
ii. The update has to be carefully read out to and verified with client before confirmation when this form is completed by SDC staff
診所職員必須向家長 / 監護人 / 老師宣讀並核實更新資料，才可以處理此表格
iii. This form is not needed for request to provide additional telephone number(s) 要求附加額外電話號碼時無需使用此表格
iv. This form is mandatory for change of student information after annual enrolment of current service year
本年度參加手續完成後，學生資料的變更，必須填寫此表格

Statement of Purposes

1. Purpose of Collection

The personal data are provided by patients and clients with whom the Department of Health (DH) interacts in the delivery of the services, and other related activities. The personal data provided will be used by DH for validation of authenticity of identity for the following purposes:

- (a) Proof of eligibility;
- (b) Providing services including but not limited to clinical service, dental laboratory 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) Tracking of payment;
- (f) Suspected outbreak investigation;
- (g) For notification of tuberculosis or other diseases reportable / notifiable for public health purpose;
- (h) Tracing defaulters for follow-up / treatment;
- (i) Record of enrolment / management;
- (j) For preparing statistics and accounting reports, epidemiological surveillance, carrying out research or teaching purpose; and
- (k) Audit purpose.

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 person (usually higher) rate.

2. Classes of Transferees

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 in para. 1 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.

3. 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.

4. Enquiries

Enquiries concerning the personal data provided, including the making of access and corrections, should be addressed to :

Clerical Officer, School Dental Care Service
Rm. G8, G/F, MacLehose Dental Centre, 286 Queen's Road East, Wan Chai, HONG KONG
Telephone: 2892 2157 Fax: 2575 8162

用途聲明

1. 收集資料的目的

當衛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，會由衛生署用作核實身份供以下用途：

- (a) 資格證明；
- (b) 提供服務包括但不限於臨床診症、牙科工場服務、診症預約安排及通知約期和顧客關係事宜；
- (c) 化驗結果/檢驗/診斷研究/治療的紀錄，作繼續照料或供其他專業醫療人員參考用；
- (d) 同意進行特別治療/化驗；
- (e) 跟進繳費事宜；
- (f) 調查傳染病爆發；
- (g) 就結核病或其他因公衛生而須呈報/通知的疾病發出通知；
- (h) 追查帶病者，以便跟進/治療；
- (i) 登記/管理的記錄；
- (j) 製備統計數字及會計報告、監察流行病、進行研究或教學用；及
- (k) 審計用途。

個人資料的提供，出於自願。如果你不提供充分的資料，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。

2. 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第 1 段所列目的，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，才向有關方面披露。

3. 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。

4. 查詢

有關所提供個人資料(包括查閱及修正資料)的查詢，應送交：

香港灣仔皇后大道東 286 號麥理浩牙科中心地下 G8 室
學童牙科保健服務 文書主任
查詢電話：2892 2157 傳真：2575 8162