



**Clinic Name:** \_\_\_\_\_

To be completed by parent / guardian or by Clinic staff after verifying information in Part A  
此表格由家长 / 监护人填写或诊所职员在核实 A 部份资料后代为填写

**A. Student Personal Particulars 学童个人资料**

Name of Student 学童姓名(English 英文) \_\_\_\_\_ (Chinese 中文) \_\_\_\_\_

Date of Birth 出生日期 \_\_\_\_\_ Sex 性别 \_\_\_\_\_ SDCS No. / ID No.\*  
学童牙科保健编号 / 身份证号码 \_\_\_\_\_  
日 Day / 月 Month / 年 Year

**B. Information Update 资料更改**

Details 详细资料

Effective Date 生效日期

- |  |                              |  |
|--|------------------------------|--|
| <input type="checkbox"/> New Name 新姓名 <sup>1</sup>   | _____                        | _____ / _____ / _____<br>(if applicable) |
| <input type="checkbox"/> New Address 新住址   | _____                        | _____ / _____ / _____<br>(if applicable) |
| <input type="checkbox"/> New Tel. No. 新电话号码  | _____                        | _____ / _____ / _____<br>(if applicable) |
| <input type="checkbox"/> New School 新学校<br>(Full name of school)<br>(请填写学校全名)  | _____                        | _____ / _____ / _____<br>(if applicable) |
| <input type="checkbox"/> Choose to remain in present Clinic within this service year 选择在本学年留在原诊所<br>(only applicable for further appointment after annual check-up in original clinic 只适用于原诊所复诊约期) | Grade & Class<br>班级和班别 _____ | _____ / _____ / _____<br>(if applicable) |

Signature of Parent / Guardian / SDC Staff \* 家长/监护人/职员\*签署: \_\_\_\_\_ Name 姓名: \_\_\_\_\_ Date 日期: \_\_\_\_\_  
(请用原子笔 / 墨水笔 please use ball pen/ink) (请用正楷 please use block letters)

- <sup>1</sup> 必须提供证明文件以作核实 Submission of supporting document for verification is mandatory  
\* 必须填写 / 签署，并将不适用者删去 Information / Signature is mandatory, and delete whichever inapplicable

**For Clinic Use Only 此栏由诊所职员填写**

- 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 <input type="checkbox"/> Appointment (cons / FA) arranged and informed client		Signature and name of staff _____

- Note:** i. The SDC first contacted by client shall perform the information update 家长 / 监护人 / 老师首先联系的诊所应负责更新资料  
 ii. The update has to be carefully read out to and verified with client before confirmation when this form is completed by SDC staff 诊所职员必须向家长 / 监护人 / 老师宣读并核实更新资料，才可以处理此表格  
 iii. This form is not needed for request to provide additional telephone number(s) 要求附加额外电话号码时无需使用此表格  
 iv. This form is mandatory for change of student information after annual enrolment of current service year 本年度参加手续完成后，学生资料的变更，必须填写此表格

## 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

## 用途声明

### 1. 收集资料的目的

当衛生署向病人及顾客提供服务及进行其他有关活动时，由病人或顾客所提供的个人资料，会由衛生署用作核实身份供以下用途：

- (a) 资格证明；
- (b) 提供服务包括但不限于临床诊疗、牙科工场服务、诊症预约安排及通知约期和顾客关系事宜；
- (c) 化验结果/检验/诊断研究/治疗的纪录，作继续照料或供其他专业医疗人员参考用；
- (d) 同意进行特别治疗/化验；
- (e) 跟进缴费事宜；
- (f) 调查传染病爆发；
- (g) 就结核病或其他因公公共衛生而须呈报/通知的疾病发出通知；
- (h) 追查带病者，以便跟进/治疗；
- (i) 登记/管理的记录；
- (j) 製备统计数字及会计报告、监察流行病、进行研究或教学用；及
- (k) 审计用途。

个人资料的提供，出于自愿。如果你不提供充分的资料，我们可能无法证明你是否符合资格获得某项服务或活动，因而不能为你提供服务/协助；又或我们即使仍然提供该项服务或协助，你亦须按不符合资格人士须缴的收费率(通常较高)缴费。

### 2. 接受转介人的类别

你所提供的个人资料，主要由本署内部使用，但亦可能于有所需时因以上第 1 段所列目的，向其他政府部门或有关人士披露。此外，资料只可于你同意作出该种披露或作出该种披露是《个人资料(私隐)条例》所允许的情况下，才向有关方面披露。

### 3. 查阅个人资料

根据《个人资料(私隐)条例》第 18 条及 22 条以及附表 1 第 6 原则所述，你有权查阅及修正个人资料，包括有权取得你于以上第 1 段所述情况下所提供的个人资料。应查阅资料要求而提供资料时，可能要徵收费用。

### 4. 查询

有关所提供个人资料(包括查阅及修正资料)的查询，应送交：

香港湾仔皇后大道东 286 号麦理浩牙科中心地下 G8 室  
学童牙科保健服务 文书主任  
查询电话：2892 2157 传真：2575 8162