

# THE UNIVERSITY OF HONG KONG

Rm 206, 2/F  
Academic Building  
3 Sassoon Road  
Pokfulam, Hong Kong



Tel: (852) 3917 6881  
E-mail: uhssr@hku.hk

## UNIVERSITY HEALTH SERVICE @ SASSOON ROAD

### UNIVERSITY HEALTH SERVICE Application for Personal Data Enquiry and Update 申請個人資料查詢與更新

Please read the Personal Information Collection Statement (PICS) before you provide any personal information to the University Health Service. 在您向香港大學醫療保健處提供任何個人資料前，請先閱讀個人資料收集聲明。

<https://www.uhs.hku.hk/> → About Us → Personal Information Collection Statement

The form can be completed either in English or Chinese. Please read the notes on page 2 before completion. 這份表格可用英文或中文填寫，填寫前請細閱第二頁的備註。

#### **Part I** 甲部

**Applicant's Particulars** 申請人個人資料 \* *Please circle the appropriate* 請圈上適當者

Surname: 姓氏 :		* Mr / Mrs / Miss / Ms / Dr / Prof / Other: * 先生 / 太太 / 小姐 / 女士 / 博士 / 教授 / 其他 :	
Given Names: 名字 :		* Student / Staff No.: * 學生 / 職員編號 :	
Post: 職位 :		Department: 部門 :	
Tel: 電話 :		Email: 電郵 :	
Address: 通訊地址 :			

#### **Part II** 乙部

##### **Nature of This Request** 申請性質

(Please put ✓ in the appropriate box 請在適當方格內填上「✓」號)

- To check whether the University Health Service holds the following personal data 查詢大學醫療保健處有否持有以下個人資料
- To request a copy of the following personal data 索取有關以下個人資料之複本
- To request correction of personal data submitted to UHS (appropriate supporting documentation must be provided) 更改以下已交往醫療保健處之個人資料 (必須提供適當文件證明)

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**Details of Data Requested:** (Please be as specific as possible to facilitate the search. Use a separate sheet if necessary.)

**所需資料的詳情:** (為使搜尋資料更方便快捷，請盡量具體說明。如有需要請附加紙張說明)

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\_\_\_\_\_  
Signature of the Applicant 申請人簽署

\_\_\_\_\_  
Date 日期

Notes:

1. Personal data is the property of UHS. Copies of data are available at a charge reflecting the cost of processing this request. The UHS will advise you in advance of any such charge.
2. You should provide a copy of your Student / Staff ID Card or HKID / Passport for verification. You may also be required to provide additional information to help us meet your request. The University may not be able to process your application if you do not provide sufficient information.
3. Any requests made on the behalf of the Data Subject should be submitted with a written authorisation and a copy of the Data Subject's Student / Staff ID Card or HKID Card / Passport.
4. Your request will be dealt with no later than 40 days after receipt. Please note that applicants must make all necessary payments before the data is sent out. If payment is not received within 40 days after the submission of application, the application will be automatically rejected without further notice.

備註：

1. 個人資料是醫療保健處的財產，如欲索取副本，本處會按照複印紀錄所需的成本收取費用，並會預先告知閣下所需繳付的費用。
2. 閣下需要提供學生證 / 職員證或身份證 / 護照的副本以供核實。閣下或需提供更多資料以協助大學回應有關申請。如果沒有提供足夠資料，大學可能無法處理閣下的申請。
3. 如閣下需要他人代為提出任何要求，請提交已簽名的授權信及閣下的學生證 / 職員證或香港身份證 / 護照副本。
4. 醫療保健處會在收到表格後的 40 天內處理閣下申請。請注意：申請人必須先付所有相關費用。如在收到表格 40 天內仍未收到付款，申請將自動被撤銷而不另作通知。

**Office Use Only**

Supporting documentation checked by \_\_\_\_\_ on \_\_\_\_\_

Collected on \_\_\_\_\_ Data released / corrected\* on \_\_\_\_\_

Search Fee \$ \_\_\_\_\_ Xerox Fee \$ \_\_\_\_\_ Total HK\$ \_\_\_\_\_

**Processed by:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_