



《私營醫療機構條例》(第633章)
Private Healthcare Facilities Ordinance (Cap. 633)

醫院更改服務 / 資料申請表
Application Form for Variation of Service / Particulars of Hospital

注意：

- 填寫本表格前，有關更改醫院服務或資料及其收費詳情，請參閱申請指引 **PHF(E) 111A** (只備英文版)
- 提交申請時，必須同時提交所需文件
- 請在適當的方格內填上 ☐
- *刪去不適用者

重要提示：

根據《私營醫療機構條例》(第 633 章)(《條例》)，任何人在本申請中作出或填報在要項上屬虛假或具誤導性的陳述或資料，有機會構成罪行。

Note:

- Please read the Guidance Notes **PHF(E) 111A** for application details and the fees payable for variation of service / particulars of hospital
- Submission of application must be accompanied by all required documents stated
- Please tick the appropriate boxes ☐
- *Delete as appropriate

Important Notice:

Under the Private Healthcare Facilities Ordinance (Cap. 633)(“the Ordinance”), any person who furnishes in this application any statement or information that is false or misleading in a material particular may commit an offence.

私營醫療機構編號 PHF number	PH _____				
醫院名稱 Name of Hospital					
持牌人聲明 Declaration by the Licensee					
本人代表持牌人謹此聲明 – I, on behalf of the licensee, hereby declare that –					
<table border="0"><tr><td>1. 吾等已閱讀並同意「收集個人資料聲明」。</td><td>1. We have read and agree to the “Personal Information Collection Statement”.</td></tr><tr><td>2. 吾等明白，根據《條例》第 93 條的規定，任何人在本申請中作出或填報在要項上屬虛假或具誤導性的陳述或資料，有機會構成罪行。吾等聲明，據吾等所知，本申請填報的所有資料均屬真實無訛。另外，吾等承諾和保證，關於不時就本申請向政府提供的所有相關資料及文件（不論是否本人/吾等管有），在各方面均屬真實、最新、準確及完整。</td><td>2. We understand that according to section 93 of the Ordinance, any person who furnishes in this application any statement or information that is false or misleading in a material particular may commit an offence. We declare that all information provided in this application is true and correct to the best of our knowledge. We also undertake and warrant that all information and documents (to be) provided to the Government from time to time in relation to the application (whether in our possession or not) are true, up-to-date, accurate and complete in all respects.</td></tr></table>		1. 吾等已閱讀並同意「收集個人資料聲明」。	1. We have read and agree to the “Personal Information Collection Statement”.	2. 吾等明白，根據《條例》第 93 條的規定，任何人在本申請中作出或填報在要項上屬虛假或具誤導性的陳述或資料，有機會構成罪行。吾等聲明，據吾等所知，本申請填報的所有資料均屬真實無訛。另外，吾等承諾和保證，關於不時就本申請向政府提供的所有相關資料及文件（不論是否本人/吾等管有），在各方面均屬真實、最新、準確及完整。	2. We understand that according to section 93 of the Ordinance, any person who furnishes in this application any statement or information that is false or misleading in a material particular may commit an offence. We declare that all information provided in this application is true and correct to the best of our knowledge. We also undertake and warrant that all information and documents (to be) provided to the Government from time to time in relation to the application (whether in our possession or not) are true, up-to-date, accurate and complete in all respects.
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2. 吾等明白，根據《條例》第 93 條的規定，任何人在本申請中作出或填報在要項上屬虛假或具誤導性的陳述或資料，有機會構成罪行。吾等聲明，據吾等所知，本申請填報的所有資料均屬真實無訛。另外，吾等承諾和保證，關於不時就本申請向政府提供的所有相關資料及文件（不論是否本人/吾等管有），在各方面均屬真實、最新、準確及完整。	2. We understand that according to section 93 of the Ordinance, any person who furnishes in this application any statement or information that is false or misleading in a material particular may commit an offence. We declare that all information provided in this application is true and correct to the best of our knowledge. We also undertake and warrant that all information and documents (to be) provided to the Government from time to time in relation to the application (whether in our possession or not) are true, up-to-date, accurate and complete in all respects.				
<div>姓名 Name</div>	<div>簽署 Signature</div>				
持牌人授權代表姓名 Authorized Representative of Licensee	持牌人授權代表簽署 Signature of Authorized Representative of the Licensee				
日期 Date: ____ / ____ / ____ 日 DD 月 MM 年 YYYY					

修訂 / 更改醫院服務項目 Type of Variation of Service / Particulars of Hospital

本人之醫院欲申請以下的更改：

I would like to apply for the following variation(s) of service / particulars for my hospital:

可選多項 Check all that apply	須填寫部分 Section to be completed
<input type="checkbox"/> 修訂醫院資料 Change of Hospital Particulars	A1
<input type="checkbox"/> 修訂持牌人資料 Change of Particulars of Existing Licensee	A2
<input type="checkbox"/> 修訂持牌人授權代表資料 Change of Particulars of Authorized Representative of Licensee	A3
<input type="checkbox"/> 修訂醫務行政總監資料 Change of Particulars of Chief Medical Executive (CME)	A4
<input type="checkbox"/> 修訂醫務顧問委員會成員名單 Change in the Membership of Medical Advisory Committee (MAC)	A5
<input type="checkbox"/> 更改醫院服務 Variation of Hospital Service	A6

A1 修訂醫院資料 Change of Hospital Particulars

Effective Date: ____/____/____
生效日期 日 DD 月 MM 年 YYYY

☐ 修訂後醫院名稱 Hospital Name after Amendment

中文名稱
Chinese name

英文名稱
English name

☐ 修訂後醫院的聯絡資料 Contact Information of Hospital after Amendment

電話號碼

Telephone number

傳真號碼

Fax number

電郵地址

E-mail address

☐ 修訂醫院或醫院的相聯地址 (只適用街道/大廈易名、樓層/室/舖重新編號)

Amendment of Hospital Address or Address of Associated Premises (for renaming of road/street/building, re-numbering of floor/flat/room/shop ONLY)

☐ 修訂後醫院地址

Hospital Address after Amendment

☐ 修訂後醫院的相聯地址

Address of Associated Premises after Amendment

街道名稱
及號碼

Number and
Name of
Road/Street

大廈/座

Building
/Block

樓層

室/舖

Floor

Flat/Room
/Shop

A2 修訂持牌人資料 Change of Particulars of Existing Licensee	Effective Date: ____/____/____ 生效日期 日 DD 月 MM 年 YYYY
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<input type="checkbox"/> 修訂持牌人名稱 Change of Name of Existing Licensee <small>只適用於現有持牌人更改其資料 Only applicable to change of particulars of <u>existing</u> licensee.</small>			
修訂後公司 / 團體名稱			
Name of Company / Organisation after amendment			
須提交文件 Document to be submitted	更改後證明文件，如公司註冊證明書副本 Copy of document proof e.g. Certificate of Incorporation for company		

<input type="checkbox"/> 修訂後持牌人通訊資料 Correspondence of Licensee after Amendment							
香港/九龍/新界*				Hong Kong/Kowloon/New Territories*			
地區				District			
街道名稱及號碼				Number and Name of Road/Street			
大廈/座				Building/Block			
樓層		室/鋪		Floor		Flat/Room /Shop	
電話號碼 Telephone number				傳真號碼 Fax number			
				電郵地址 E-mail address			

A3 修訂持牌人授權代表資料 Change of Particulars of Authorized Representative of Licensee	Effective Date: ____/____/____ 生效日期 日 DD 月 MM 年 YYYY		
<input type="checkbox"/> #更換持牌人授權代表 Change of Authorized Representative of Licensee			
<input type="checkbox"/> 修訂現時持牌人授權代表資料 Change of Particulars of Existing Authorized Representative of Licensee			
持牌人授權代表姓名（須與香港身份證所示姓名相同） Name of Authorized Representative of Licensee (As stated on Hong Kong Identity Card)			
姓名(中文)		Surname in English	
		Given names in English	
稱謂 Title	先生 / 女士 / 醫生* Mr / Ms / Dr*	香港身份證號碼 Hong Kong Identity Card Number	
在公司 / 團體的職位 Position in the Company / Organisation		護照號碼 及 簽發地點 Passport Number and Place of Issue <small>(只適用於非香港居民 For non-Hong Kong resident ONLY)</small>	
電話號碼 Telephone number		電郵地址 E-mail address	
須提交文件 Document to be submitted	#持牌人授權的證明文件 Documentation substantiating the authorization by the licensee		

A4 修訂醫務行政總監資料 Change of Particulars of Chief Medical Executive (CME)		Effective Date: ____/____/____ 生效日期 日 DD 月 MM 年 YYYY	
<input type="checkbox"/> #更換醫務行政總監 Change of CME			
<input type="checkbox"/> 修訂現時醫務行政總監資料 Change of Particulars of Existing CME			
醫務行政總監姓名 （須與香港身份證所示姓名相同） Name of Chief Medical Executive (As stated on Hong Kong Identity Card)			
姓名(中文)		Surname in English	
		Given names in English	
香港身份證號碼 Hong Kong Identity Card Number			
根據《醫生註冊條例》（第 161 章）的註冊編號 及首次註冊年份 Registration Number and Year of First Registration under Medical Registration Ordinance (Cap. 161)		註冊編號 Registration Number	
		首次註冊年份 Year of First Registration	
電話號碼 Telephone number		傳真號碼 Fax number	
		電郵地址 E-mail address	
須提交文件 Document to be submitted	#醫院醫務行政總監聲明書（PHF19） Declaration by CME of the Hospital (PHF 19)		

A5 修訂醫務顧問委員會成員名單
Change in the Membership of Medical Advisory
Committee (MAC)

Effective Date: ____/____/____
生效日期 日 DD 月 MM 年 YYYY

醫務顧問委員會成員 Members of Medical Advisory Committee					
職位 Designation	姓名 (英文) Name (in English)	姓名 (中文) Name (in Chinese)	香港註冊醫生 或 香港註冊牙醫 Registered Medical Practitioner or Registered Dentist in Hong Kong	專科 Specialty	受僱或執業於本 醫院 Is employed by the hospital or practising in the hospital
主席 Chairperson			註冊醫生 Registered Medical Practitioner		是 Yes / 否 No
			註冊牙醫 Registered Dentist		是 Yes / 否 No
			否 No		是 Yes / 否 No
					是 Yes / 否 No
					是 Yes / 否 No
					是 Yes / 否 No
					是 Yes / 否 No
					是 Yes / 否 No
					是 Yes / 否 No
					是 Yes / 否 No
					是 Yes / 否 No
					是 Yes / 否 No
					是 Yes / 否 No
					是 Yes / 否 No
					是 Yes / 否 No
					是 Yes / 否 No

註 Notes:

- 醫務顧問委員會的主席須為註冊醫生。但如該醫院只有牙科執業，主席則須為註冊牙醫。
The chairperson of MAC must be a registered medical practitioner, or, if the hospital has dental practice only, a registered dentist.
- 醫務顧問委員會的成員中，須有最少半數屬註冊醫生或註冊牙醫。其中須有最少一名註冊醫生，並非受僱於有關醫院，亦非在該醫院執業。
At least half of the members of MAC must be registered medical practitioners or registered dentists, including at least one registered medical practitioner who is not employed by, or practicing in, the hospital.

A6 更改醫院服務 Variation of Hospital Services

請以醫院部門及所屬位置列出更改服務的內容 Please list out the variation details by service and location

項目 Item (1) [Copy this page to add new item]	
※擬更改服務的部門 Name of service for variation	
位置 Location for variation	大廈 / 座 Block / Building
	樓層 Floor
◆更改醫療工程系統或裝置、用水處理及輸送系統 Change in healthcare engineering systems or installations, water treatment and distribution system	
<input type="checkbox"/> 沒有更改 No change <input type="checkbox"/> 供應後備電源或隔離電源予關鍵醫護區的電力裝置 Electrical installations of back-up power supply or Isolated Power Supply (IPS) for critical care area <input type="checkbox"/> 特殊通風系統 Specialized ventilation systems <input type="checkbox"/> 醫療氣體管道系統 Medical gas pipeline systems <input type="checkbox"/> 用水處理及輸送系統 (供血液透析服務) Water treatment and distribution system (for haemodialysis)	
※更改臨床/臨床支援服務平面佈置圖 Change in the layout plan of the clinical / clinical supporting service	
<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	
更改內容 Description of variation	
須提交文件 Document to be submitted	※醫院部門平面佈置圖並標示更改範圍 Layout plan of hospital services indicating the areas of variations ※牌照申請報告 Report for Application (PHF 110) – 相關章節 Relevant Chapter (只備英文版) ◆根據申請指引 PHF(E) 111A 附表 II 所列出的文件(只備英文版) Documents as listed at Annex II of the Guidance Notes PHF(E) 111A

擬更改的服務 Services for Variation(s)

可選多項 Check all that apply	須填寫部分 Part to be completed
<input type="checkbox"/> 更改住院病牀的臨牀服務 Change in Clinical Services with Provision of In-patient Beds	6.1
<input type="checkbox"/> 更改日間病牀的臨牀服務 Change in Clinical Services with Provision of Day Beds	6.2
<input type="checkbox"/> 更改其他備有特別設施的臨牀服務 Change in Other Clinical Services with Special Facilities	6.3
<input type="checkbox"/> 更改其他臨牀服務 Change in Other Clinical Services	6.4
<input type="checkbox"/> 更改臨床支援服務 Change in Clinical Supporting Services	6.5
<input type="checkbox"/> 更改相聯處所的資料或臨床服務 Change in the Particulars or Clinical Services of Associated Premises	6.6

<input type="checkbox"/> 6.1 更改住院病牀的臨牀服務 Change in Clinical Services with Provision of In-patient Beds			
住院病牀的臨牀服務 Clinical Services with Provision of In-patient Beds		增加 / 減少住院病牀數目 Number of in-patient beds to be increased / decreased (e.g. +10, -5, 0)	
深切治療及加護治療 Intensive and high dependency care	<input type="checkbox"/> 深切治療病房 Intensive care unit ¹		牀 Bed(s)
	<input type="checkbox"/> 加護病房 High dependency unit ²		牀 Bed(s)
	<input type="checkbox"/> 初生嬰兒深切治療病房 Neonatal intensive care unit		牀 Bed(s)
產科及育嬰室 Maternity unit and nursery	<input type="checkbox"/> 產科病房 Maternity unit		牀 Bed(s)
	<input type="checkbox"/> 嬰兒牀 Baby cot		嬰兒牀 Cot(s)
兒科 Paediatrics service	<input type="checkbox"/> 兒科及初生嬰兒病房 Paediatrics and neonatal unit ³		牀 Bed(s)
<input type="checkbox"/> 其他住院病牀的臨牀服務 Other clinical services with provision of in-patient beds			牀 Bed(s)
設有特殊通風系統的隔離室 Isolation room with specialized ventilation setting		增加 / 減少房間數目 Number of rooms to be increased / decreased (e.g. +10, -5, 0)	
房間設備符合空氣傳染隔離室或防護環境室的特殊通風區域的規定 Room meeting the specialized ventilation standards for airborne infection isolation (AII) room or protective environment (PE) room			

<input type="checkbox"/> 6.2 更改日間病牀的臨牀服務 Change in Clinical Services with Provision of Day Beds			
日間病牀的臨牀服務 Clinical Services with Provision of Day Beds		增加 / 減少日間病牀數目 Number of day patient beds to be increased / decreased (e.g. +10, -5, 0)	
<input type="checkbox"/> 血液透析服務 Haemodialysis service			牀 / 椅 Bed(s) / Chair(s)
<input type="checkbox"/> 化學治療服務 Chemotherapy service			牀 / 椅 Bed(s) / Chair(s)
<input type="checkbox"/> 日間病房(日間手術 / 日間醫療服務) Day Ward (Day Surgery or day procedure ⁴ service)			牀 / 椅 Bed(s) / Chair(s) ⁵
<input type="checkbox"/> 急症室服務(觀察病房) Accident and emergency service (observation ward)			牀 Bed(s) ⁶
設有特殊通風系統的隔離室 Isolation room with specialized ventilation setting		增加 / 減少房間數目 Number of rooms to be increased / decreased (e.g. +10, -5, 0)	
房間設備符合空氣傳染隔離室或防護環境室的特殊通風區域的規定 Room meeting the specialized ventilation standards for airborne infection isolation (AII) room or protective environment (PE) room			

¹ 包括重症監護單位及兒科深切治療部 Include critical care units and paediatric ICU

² 包括特別護理病房、心臟加護病房及新生嬰兒特別護理病房 Include special care units, coronary care units and special care baby units

³ 產科及育嬰室已計算的嬰兒牀除外 Exclude baby cots counted under Maternity Unit and Nursery

⁴ 包括婦科、骨科、眼科、體外受孕中心及其他進行醫療程序的專科 Include gynaecology, orthopaedics, ophthalmology, IVF Centre and other specialties which day procedures are performed

⁵ 復甦病牀除外 Exclude recovery beds

⁶ 診症室、治療室或急救間內的病牀除外 Exclude beds in consultation rooms, treatment rooms or resuscitation bays

<input type="checkbox"/> 6.3 更改其他備有特別設施的臨牀服務 Change in Other Clinical Services with Special Facilities			
臨牀服務名稱 Name of Clinical Service		增加 / 減少程序房間 / 病牀數目 Number of procedure beds / rooms to be increased / decreased (e.g. +10, -5, 0)	
<input type="checkbox"/> 產科服務 (產房) Obstetric Service (Delivery Suites)			牀 bed(s) ⁷
外科服務 Surgical Service	<input type="checkbox"/> 手術室 Operating Room		房間 room(s)
	<input type="checkbox"/> 復甦病牀 Recovery bed ⁸		牀 bed(s)
內窺鏡服務 Endoscopy Service ⁹	<input type="checkbox"/> 支氣管鏡房間 Bronchoscopy room		房間 room(s)
	<input type="checkbox"/> 其他內窺鏡 (支氣管鏡服務除外) 房間 Other endoscopy ¹⁰ (excluding bronchoscopy) room		房間 room(s)
	<input type="checkbox"/> 復甦病牀 Recovery bed ⁸		牀 bed(s)
放射診斷服務 Radiology Service	<input type="checkbox"/> 介入放射程序房間 Interventional Radiology room		
	<input type="checkbox"/> (a) 血管攝影 Angiography ¹¹		房間 room(s)
	<input type="checkbox"/> (b) 其他介入放射程序 Other Interventional Radiology procedures ¹²		房間 room(s)
	<input type="checkbox"/> 診斷造影(磁力共振掃描)房間 Diagnostic Imaging (Magnetic Resonance Imaging) room		房間 room(s)
	<input type="checkbox"/> 復甦病牀 Recovery bed ⁸		牀 bed(s)
體外衝擊波碎石術服務 Lithotripsy Service	<input type="checkbox"/> 程序房間 Procedure Room		房間 room(s)
	<input type="checkbox"/> 復甦病牀 Recovery bed ⁸		牀 bed(s)
放射治療服務 Radiotherapy Service ¹³	<input type="checkbox"/> 程序房間 Procedure Room		房間 room(s)
	<input type="checkbox"/> 復甦病牀 Recovery bed ⁸		牀 bed(s)
牙科服務 Dental Service	<input type="checkbox"/> 牙科診症室 Dental Surgery		房間 room(s)
	<input type="checkbox"/> 復甦病牀 Recovery bed ⁸		牀 bed(s)
<input type="checkbox"/> 急症室服務 (急救間) Accident and Emergency Service (Resuscitation Bay)			間 bay(s)
設有特殊通風系統的隔離室 Isolation room with specialized ventilation setting	房間設備符合空氣傳染隔離室或防護環境室的特殊通風區域的規定 Room meeting the specialized ventilation standards for airborne infection isolation (AII) room or protective environment (PE) room		房間 room(s)

⁷ 醫院的總病牀數目並不計算產牀在內 Delivery beds are not counted towards total number of hospital beds

⁸ 醫院的總病牀數目並不計算麻醉後復甦病牀在內 Post-anaesthesia recovery beds are not counted towards total number of hospital beds

⁹ 可於普通病牀或診症室進行的內窺鏡程序除外(例如鼻鏡、喉鏡、直腸鏡、診斷用膀胱鏡) Excluding endoscopic procedures that could be performed at bedside or in consultation room (e.g. rhinoscopy, laryngoscopy, proctoscopy, diagnostic cystoscopy)

¹⁰ 主要用於內窺鏡程序的房間(支氣管鏡除外) Rooms primarily used for endoscopy (excluding bronchoscopy)

¹¹ 包括任何需要影像導航及通過血管置入導管或裝置的介入程序，例如動脈造影、血管支架術和心臟導管插入術 Include any intervention with insertion of catheters or equipment through the blood vessels guided by imaging e.g. arteriogram, vascular stenting, cardiac catheterisation

¹² 包括香港放射科醫學院歸類為介入放射專科「先進檢查」的任何其他程序 Include any other procedures classified as “advanced examinations” under the subspecialty of interventional radiology by the Hong Kong College of Radiologist

¹³ 包括放射手術 Include radiosurgery

<input type="checkbox"/> 6.4 更改其他臨床服務 Change in Other Clinical Services			
更改項目 Item(s) for variation	更改後提供服務 Service Available after Variation		臨床服務名稱 Name of Clinical Service
	是 Yes	否 No	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	醫生門診服務 Out-patient service by medical practitioner(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	中醫門診服務 Out-patient service by Chinese medicine practitioner(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	物理治療服務 Physiotherapy service
設有特殊通風系統的隔離室 Isolation room with specialized ventilation setting			增加 / 減少房間數目 Number of rooms to be increased / decreased (e.g. +10, -5, 0)
房間設備符合空氣傳染隔離室或防護環境室的特殊通風區域的規定 Room meeting the specialized ventilation standards for airborne infection isolation (AII) room or protective environment (PE) room			

<input type="checkbox"/> 6.5 更改臨床支援服務 Change in Clinical Supporting Services			
臨床支援服務名稱 Name of Clinical Supporting Service	更改後的服務 Service Available after Variation	增加 / 減少位置 / 房間數目 Number of Locations / Rooms to be increased / decreased (e.g. +10, -5, 0)	
<input type="checkbox"/> 藥房(包括藥倉) Pharmacy (including drug store)	是 Yes / 否 No		位置 Location(s)
無菌製劑配製服務 Aseptic Preparation Service			
<input type="checkbox"/> 處理細胞和組織(包括幹細胞實驗室) Cell and tissue processing (including stem cell laboratory)	是 Yes / 否 No		房間 ¹⁴ Room(s)
<input type="checkbox"/> 調配化療藥物 Cytotoxic drug reconstitution	是 Yes / 否 No		房間 ¹⁴ Room(s)
<input type="checkbox"/> 製作放射性同位素注射劑(包括迴旋加速器單位) Radioisotope injection preparation (including cyclotron unit)	是 Yes / 否 No		房間 ¹⁴ Room(s)
<input type="checkbox"/> 其他(包括靜脈注射營養液及其他無菌藥物製劑) Others (including total parenteral nutrition or sterile drug preparation)	是 Yes / 否 No		房間 ¹⁴ Room(s)
病理服務 Pathology Service			
<input type="checkbox"/> 一般病理服務 General pathology service	是 Yes / 否 No	不適用 NA	
<input type="checkbox"/> 三級生物安全水平或以上的醫務化驗室 Medical laboratory at biosafety level 3 or above	是 Yes / 否 No		房間 Room(s)
<input type="checkbox"/> 血庫 Blood bank ¹⁵	是 Yes / 否 No	不適用 NA	
<input type="checkbox"/> 中央醫療及手術儀器消毒處理間 Central processing facility for sterilisation of medical and surgical instruments	是 Yes / 否 No		位置 Location(s)
<input type="checkbox"/> 殮房 Mortuary	是 Yes / 否 No	不適用 NA	

¹⁴ 指實際進行無菌製劑配製 / 調配的房間，即使它位於藥房服務地點內 Referring to the room(s) where the aseptic preparation / reconstitution is actually conducted, even if it is located inside the pharmacy service location

¹⁵ 貯存血液專用區 Dedicated blood storage area

☐ 6.6 更改相聯處所的資料或臨床服務 Change in the Particulars or Clinical Services of Associated Premises

☐ 現有相聯處所結業 Closure of Existing Associated Premises

相聯處所名稱 Name of Associated Premises

中文名稱		English name	
結業日期 Date of closure	_____(日 DD)/_____(月 MM)/_____(年 YYYY)		

☐ 更改現有相聯處所資料或臨床服務
Change in the Particulars or Clinical Services of Existing Associated Premises

相聯處所名稱 Name of the Associated Premises

中文名稱		English name	
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相聯處所地址 Address of the Associated Premises

香港 / 九龍 / 新界*		Hong Kong / Kowloon / New Territories*	
地區		District	
街道名稱 及號碼		Number and Name of Road/Street	
大廈/座		Building /Block	
樓層		室/ 舖	Flat/Room /Shop

相聯處所臨床服務 Clinical Services of the Associated Premises

執業類別 Type of Practice	<input type="checkbox"/> 醫科 Medical <input type="checkbox"/> 牙科 Dental	
指定用作醫療程序的房間數目 (診症室除外) No. of designated room for medical procedures (excluding consultation rooms)		房間 Room(s)
醫生診症室數目 No. of consultation room for doctor		房間 Room(s)
牙醫診症室數目 No. of consultation room for dentist		房間 Room(s)

收集個人資料聲明 Personal Information Collection Statement

收集資料的目的

1. 衛生署在處理你根據《條例》提出申請的過程中，向你收集個人資料。你所提供的資料，除用作處理你的申請外，也會由衛生署用作以下用途：
 - a. 執行《條例》；
 - b. 根據《條例》第 107 條設立和備存登記冊供公眾查閱；
 - c. 為執行《條例》而作出不會顯示任何個人資料的統計；及
 - d. 方便本署及其他政府決策局／部門與你聯絡。
2. 如你未能提供所需的資料，或所填寫的資料未能清楚顯示有關私營醫療機構符合相關申請的資格，衛生署可能無法處理有關申請。

接受轉介人的類別

3. 你所提供的個人資料，主要由本署內部使用，但亦可能於有所需要時，按以上第 1 項所列形式及目的向其他政府決策局／部門或有關人士披露。

查閱個人資料

4. 根據《個人資料(私隱)條例》(第 486 章)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 項所述情況下所提供的個人資料的副本。本署應查閱資料要求而提供資料時，可能會徵收費用。

查詢

5. 有關所提供個人資料（包括查閱及/或修正資料）的查詢，應送交：

香港太古城太古灣道 14 號
4 樓 402 室
衛生署私營醫療機構規管辦公室
高級行政主任（私營醫療機構）
(電話查詢：3107 8451)

Purpose of Collection

1. The Department of Health (DH) collects personal data during the course of processing your application made under the Ordinance. The personal data provided will also be used by DH for the following purposes:-
 - a. facilitating the implementation of the Ordinance;
 - b. establishing and maintaining a register under section 107 of the Ordinance for public inspection;
 - c. preparing statistics for the purpose of implementing the Ordinance without showing any personal data; and
 - d. facilitating communication among DH, other government bureau/departments and yourself.
2. If you fail to provide the required information or the submitted information fails to clearly indicate that the private healthcare facility fulfils the requirements for the application concerned, DH may be unable to process the application.

Classes of Transferees

3. The personal data you provided are mainly for use within DH but they may also be disclosed to other Government bureaux/departments or relevant parties in the form and for the purposes mentioned in item 1 above, if required.

Access to Personal Data

4. You have the right of access and correction with respect to your personal data as provided for in Sections 18 and 22 of and Principle 6 of Schedule 1 to the Personal Data (Privacy) Ordinance (Cap. 486). Your right of access includes the right to obtain a copy of your personal data provided under item 1. A fee may be imposed for complying with such a data access request.

Enquiries

5. Enquiries concerning personal data provided, including the making of a request for access to and/or corrections of the personal data, should be addressed to:

Senior Executive Officer (Private Healthcare Facilities)
Office for Regulation of Private Healthcare Facilities
Department of Health
Room 402, 4/F, 14 Taikoo Wan Road
Taikoo Shing, Hong Kong
(Enquiry Telephone Number : 3107 8451)

提交申請表及一般查詢 Submission of Application Form and General Enquiries

申請表應提交至：

香港灣仔愛群道 32 號
愛群商業大廈 6 樓
衛生署私營醫療機構規管辦公室
牌照科

Application form should be submitted to:

Licensing Division
Office for Regulation of Private Healthcare Facilities
Department of Health
6/F, Guardian House
32 Oi Kwan Road
Wan Chai, Hong Kong

一般查詢，可用以下方式與本辦公室聯絡：

電話: 3107 8451
傳真: 2126 7515
電郵: orphf@dh.gov.hk
網址: www.orphf.gov.hk

For general enquiries, please contact us at:

Tel: 3107 8451
Fax: 2126 7515
eMail: orphf@dh.gov.hk
Website: www.orphf.gov.hk