



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

日間醫療中心牌照申請表  
Application Form for Day Procedure Centre Licence

注意：

Note:

1. 填寫本表格前，請參閱日間醫療中心牌照申請指引 **PHF(E) 22A**（只備英文版）及日間醫療中心實務守則 **PHF(C) 21A**。
2. 提交申請時，必須同時提交文件清單 **PHF 23** 與清單內所有適用的文件。
3. 請在適當的方格內填上「✓」號。
4. \*刪去不適用者。

1. Please read the Guidance Notes for Application for Day Procedure Centre Licence **PHF(E) 22A** and the Code of Practice for Day Procedure Centres **PHF(E) 21A**.
2. Submission of application must be accompanied by Checklist of documents **PHF 23** and all applicable documents stated.
3. Please tick the appropriate box ☐.
4. \*Delete as appropriate.

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。

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.

# 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. 方便政府與你聯絡。

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 the government 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

### 僅適用於只有牙科執業的私營醫療機構：

香港灣仔愛群道 32 號  
愛群商業大廈 18 樓 1801 室  
衛生署牙科規管及執法辦公室

### 一般查詢，可用以下方式與本辦公室聯絡：

電話： 3107 8451  
2631 1782 (牙科相關查詢)  
傳真： 2126 7515  
2384 0468 (牙科相關查詢)  
電郵： orphf@dh.gov.hk  
drleo@dh.gov.hk (牙科相關查詢)  
網址： www.orphf.gov.hk

### 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

### For private healthcare facilities with dental practice ONLY:

Dental Regulatory and Law Enforcement Office  
Department of Health  
Room 1801, 18/F, Guardian House  
32 Oi Kwan Road, Wan Chai, Hong Kong

### For general enquiries, please contact us at:

Tel: 3107 8451  
2631 1782 (Dental-related enquiry)  
Fax: 2126 7515  
2384 0468 (Dental-related enquiry)  
E-mail: orphf@dh.gov.hk  
drleo@dh.gov.hk (Dental-related enquiry)  
Website: www.orphf.gov.hk

<b>第一部分</b> 日間醫療中心的詳情 (供公眾閱覽) <b>Section I</b> <i>Particulars of Day Procedure Centre</i> (To be displayed for public)	
<b>日間醫療中心名稱 Name of the Day Procedure Centre</b>	
(中文 Chinese)	(英文 English)
<b>日間醫療中心地址(下稱“此處所”)</b> <b>Address of the Day Procedure Centre (hereinafter referred to as “the Premises”)</b>	
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:	Floor:                      Flat/Room /Shop:
電話號碼: Telephone number:	傳真號碼: Fax number:
電郵地址: E-mail address:	
<b>日間醫療中心執業類別 Type(s) of practice of the Day Procedure Centre</b>	
醫科執業 Medical Practice <input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No	牙科執業 Dental Practice <input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No
<b>第二部分</b> 日間醫療中心提供的服務規模及範圍 <b>Section II</b> <i>Scale and Scope of Services provided in the Day Procedure Centre</i>	
<b>日間醫療中心提供的服務規模</b> <b>Scale of Services provided in the Day Procedure Centre</b>	
<b>房間種類 Room type</b>	<b>數目 Number</b>
手術室 Operating room	
指定用作醫療程序的房間 (診症室與手術室除外) Designated room for medical procedures (excluding consultation rooms and operating rooms)	
醫生診症室 Consultation room for doctor	
牙醫診症室 Consultation room for dentist	
<b>總數 Total</b>	

**第二部分 日間醫療中心提供的服務規模及範圍（續）**  
**Section II Scale and Scope of Services provided in the Day Procedure Centre (Cont.)**

日間醫療中心根據《條例》附表3所提供的專門服務種類及其特定醫療程序  
**Classes of specialized service(s) and its particular medical procedures provided in the day procedure centre according to Schedule 3 of the Ordinance**

可選多項 Check all that apply

☐ **外科程序 Surgical procedure**

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | (a) 製造外科創口，以進入主要的體腔或內臟，包括進入中央大關節<br>Creation of surgical wound to allow access to major body cavity or viscus, including access to central large joints   |
| <input type="checkbox"/> | (b) 抽取總量為 500 毫升或以上的組織或體液，或組織及體液<br>Removal of tissue or fluid, or both, of a total volume of 500 mL or above   |
| <input type="checkbox"/> | (c) 從未滿 12 歲兒童體內的深層器官，抽取任何分量的組織或體液，或組織及體液<br>Removal of tissue or fluid, or both, of any volume from deep seated organ in children under the age of 12 years  |
| <input type="checkbox"/> | (d) 從胸腔抽取任何分量的組織或體液，或組織及體液<br>Removal of tissue of fluid, or both, of any volume from thoracic cavity   |
| <input type="checkbox"/> | (e) 置入任何假體或植入物 Insertion of prosthesis or implant   |
| <input type="checkbox"/> | (f) 芯狀活組織檢查 Core biopsy   |
| <input type="checkbox"/> | (g) 深層器官的活組織檢查 Biopsy of deep-seated organ  |
| <input type="checkbox"/> | (h) 腰椎穿刺 Lumbar puncture  |
| <input type="checkbox"/> | (i) 移植任何細胞、組織或器官，包括自體移植物、同種異體移植物、異種移植物、經處理的組織或血液製品（包括高濃度血小板血漿）及皮瓣（包括面部皮膚提升拉緊術）<br>Transplant of any cell, tissue or organ, including autograft, allograft, xenograft, processed tissue or blood products (including platelet-rich plasma) and skin flap (including face lift) |
| <input type="checkbox"/> | (j) 終止妊娠 Termination of pregnancy   |
| <input type="checkbox"/> | (k) 擴張宮頸及刮宮手術 Dilation and curettage  |
| <input type="checkbox"/> | (l) 以皮膚縫合方式，為兒科病人進行包皮環切手術<br>Circumcision with use of skin sutures in paediatric patients   |

☐ **內窺鏡程序 Endoscopic procedure**

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | (a) 需要影像導航的內窺鏡程序 Endoscopic procedure requiring image guidance  |
| <input type="checkbox"/> | (b) 涉及入侵無菌體腔或腸胃管道的內窺鏡程序 –<br>Endoscopic procedures involving invasion of a sterile cavity or gastrointestinal tract – |
| <input type="checkbox"/> | (i) 涉及輻射 Involve radiation  |
| <input type="checkbox"/> | (ii) 不涉及輻射 Not involve radiation  |
| <input type="checkbox"/> | (c) 治療性的內窺鏡程序 Therapeutic endoscopic procedure  |

☐ **牙科程序 Dental procedure**

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | 超逾牙槽範圍的頤面手術程序，包括但不限於下列各項—<br>Maxillofacial surgical procedure that extends beyond dento-alveolar process, including but not limited to— |
| <input type="checkbox"/> | (a) 上頤骨切骨術及下頤骨切骨術（包括縮小下頤骨角）<br>Maxillary osteotomies and mandibular osteotomies (including angle reduction)                             |
| <input type="checkbox"/> | (b) 複雜的頤面骨折開放性復位術及固定術 Open reduction and fixation of complex maxillofacial fracture   |
| <input type="checkbox"/> | (c) 惡性腫瘤外科手術治療 Surgical treatment of diagnosed malignancies   |
| <input type="checkbox"/> | (d) 複雜的血管瘤手術 Surgical treatment of complex haemangioma  |
| <input type="checkbox"/> | (e) 涉及主唾液腺的手術 Surgery involving major salivary glands   |
| <input type="checkbox"/> | (f) 開放式顳下頤關節手術 Open surgery of temporomandibular joint  |
| <input type="checkbox"/> | (g) 口腔外自體骨移植手術 Harvesting of autogenous bone from outside oral cavity   |
| <input type="checkbox"/> | (h) 一期的兔唇和裂脣手術 Primary cleft lip and palate surgery   |

<b>第二部分 日間醫療中心提供的服務規模及範圍（續）</b> <b>Section II Scale and Scope of Services provided in the Day Procedure Centre (Cont.)</b>	
<b>日間醫療中心根據《條例》附表3所提供的專門服務種類及其特定醫療程序（續）</b> <b>Classes of specialized service(s) and its particular medical procedures provided in the day procedure centre according to Schedule 3 of the Ordinance (Cont.)</b>	
<input type="checkbox"/> <b>化學療法 Chemotherapy</b> 通過注射途徑施行的化學療法（細胞毒素），不論治療目的為何 Administration of chemotherapy (cytotoxic) through parenteral routes regardless of therapeutic indication	
<input type="checkbox"/> <b>血液透析 Haemodialysis</b>	
<input type="checkbox"/> <b>介入放射及碎石術 Interventional radiology and lithotripsy</b>	
<input type="checkbox"/>	(a) 需要影像導航的體外震波碎石術 Extracorporeal shock wave lithotripsy (ESWL) requiring image guidance
<input type="checkbox"/>	(b) 需要影像導航的芯狀活組織檢查 Image-guided core biopsy
<input type="checkbox"/> <b>麻醉程序 Anaesthetic procedure</b>	
<input type="checkbox"/>	(a) 全身麻醉 General anaesthesia
<input type="checkbox"/>	(b) 神經軸阻塞（包括脊椎、硬膜外及脊椎尾端）Neuroaxial blocks (including spinal, epidural and caudal)
<input type="checkbox"/>	(c) 主要神經叢阻塞（包括頸、臂、腰椎及骶）Major plexus block (including cervical, brachial, lumbar and sacral)
<input type="checkbox"/>	(d) 經靜脈注射區域麻醉 Intravenous regional anaesthesia
<input type="checkbox"/>	(e) 肋間神經阻塞 Intercostal nerve block
<input type="checkbox"/>	(f) 主要神經阻塞 Major nerve block—
	i. 舌咽神經、迷走神經或其終末分支（包括喉上、喉下及喉返神經） Glossopharyngeal nerve, vagus nerve or their terminal branches (including superior, inferior and recurrent laryngeal nerves)
	ii. 坐骨及股神經 Sciatic and femoral nerves
	iii. 脛後神經、陰部神經或子宮頸旁阻塞 Posterior tibial nerve, pudendal nerve or para-cervical block
<input type="checkbox"/>	(g) 使用鎮靜或鎮痛藥物，而按所使用方式，有合理預期會導致相當大比率的病人處於深度鎮靜狀態 Use of sedative or analgesic drugs with reasonable expectation that it will, in the manner used, result in deep sedation for a significant percentage of a group of patients
<input type="checkbox"/>	(h) 腫脹麻醉 Tumescence anaesthesia
<input type="checkbox"/> <b>放射治療 Radiotherapy</b>	
<input type="checkbox"/>	(a) 外放射治療 External beam radiotherapy
<input type="checkbox"/>	(b) 放射性核素治療 Radionuclide therapy—
<input type="checkbox"/>	i. 用於治療甲狀腺功能亢進症，最高400兆貝可的放射性碘-131治療 Iodine-131 therapy for treatment of thyrotoxicosis up to 400 MBq
<input type="checkbox"/>	ii. 用於治療末期前列腺癌的鐳-223治療 Radium-223 therapy for treatment of advanced prostate cancer
<input type="checkbox"/>	iii. 放射性滑膜切除術 Radiosynoviothetesis therapy

**第二部分 日間醫療中心提供的服務規模及範圍（續）**  
**Section II Scale and Scope of Services provided in the Day Procedure Centre (Cont.)**

**日間醫療中心提供的其他臨牀及臨牀支援服務**

**Details of other clinical and clinical supporting service(s) provided in the Day Procedure Centre**

可選多項 Check all that apply

- ☐ 藥劑或配藥服務 Pharmacy or dispensing service
- ☐ 醫務化驗服務 Medical laboratory service
- ☐ 職業治療服務 Occupational therapy service
- ☐ 視光服務 Optometry service
- ☐ 放射診斷或造影服務 Radiology or imaging service
- ☐ 物理治療服務 Physiotherapy service
- ☐ 脊醫服務 Chiropractic service
- ☐ 中醫服務 Chinese medicine service
- ☐ 其他 Others  
 (例子 e.g. 聽力學服務 Audiology service、言語治療服務 Speech therapy service、營養治療服務 Dietetic service、  
 臨牀心理學服務 Clinical psychology service)

**本申請所指的日間醫療中心（“本中心”）是否符合以下的牌照規定？**

**Does the Day Procedure Centre under this application (“this Centre”) comply with the following licensing requirements?**

是 否  
 Yes No

- ☐ ☐ 本中心不會為任何人提供須於本中心持續逗留超過12小時的醫療程序  
 This Centre does not provide to any person a medical procedure that requires the person's continuous confinement within the Centre for more than 12 hours
- ☐ ☐ 接受本中心提供醫療程序的病人於中心內持續逗留的時間只會在同一公曆日內  
 The period of continuous confinement for patients treated with medical procedures at this Centre must be within the same calendar day
- ☐ ☐ 只可在醫院進行的醫療程序不會在本中心內施行  
 Hospital-only medical procedures are not performed in this Centre
- ☐ ☐ 本中心有直接而分開的入口，該入口並非與其他處所共用，而進入本中心亦不需通過其他處所  
 This Centre has a direct and separate entrance not shared with, or involving passing through other premises

**請述明以下情況是否適用於本中心所設置的醫療設施**

**Please state if the following medical facilities are applicable to this Centre**

是 否  
 Yes No

- ☐ ☐ 本中心設置除手術室外的關鍵醫護區（例如復甦區）  
 Critical care area(s) other than operating room is/are set up in this Centre (e.g. recovery area)
- ☐ ☐ 本中心設置供應醫療氣體的管道系統  
 Medical gas pipeline system is installed in this Centre

**第三部分 申請人資料**  
**Section III Particulars of the Applicant**

申請人是 The applicant is a: (只選一項 Check ONE item only)

- (A) ☐ 獨資經營人 Sole Proprietor  
☐ 合夥 Partnership
- (B) ☐ 公司/團體 Company / Organisation

(A) 申請人如以獨資經營人或合夥名義提出申請，請填報下列資料 (請根據 PHF 23 提交指定文件)  
*Particulars to be completed if the applicant is a sole proprietor or partnership* (Please provide required documents as set out in PHF 23)

申請人 (獨資經營人/ 獲授權合夥人) 姓名 (須與香港身份證 / 護照所示姓名相同)  
**Name of the Applicant (Sole proprietor / Authorized partner) (As stated on Hong Kong Identity Card / Passport)**

姓名(中文) Name in Chinese		姓(英文) Surname in English	
		名(英文) 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	
		護照號碼 及 簽發地點 Passport Number and Place of Issue (只適用於非香港居民 For non-Hong Kong resident ONLY)	

**申請人通訊 Applicant's Correspondence**

**地址 Address** (不接受郵政信箱 P.O. box not accepted) ☐ 地址與日間醫療中心地址相同 Same as the premises address

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:	Floor:	Flat/Room /Shop:
電話號碼 Telephone number	辦公室 Office	傳真號碼 Fax number	
	手提 Mobile	電郵地址 E-mail address	

**第三部分(A) 申請人資料 (獨資經營人 / 合夥) (續)****Section III(A) Particulars of the Applicant (which is a Sole Proprietor / Partnership) (Cont.)****其他合夥人資料 Information of other partners—合夥人(2) Partner (2)****姓名 Name** (須與香港身份證 / 護照所示姓名相同 As stated on Hong Kong Identity Card / Passport)

姓名(中文) Name in Chinese		姓(英文) Surname in English	
		名(英文) 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	
		護照號碼及簽發地點 Passport Number and Place of Issue (只適用於非香港居民 For non-Hong Kong resident ONLY)	

**其他合夥人資料 Information of other partners—合夥人(3) Partner (3)****姓名 Name** (須與香港身份證 / 護照所示姓名相同 As stated on Hong Kong Identity Card / Passport)

姓名(中文) Name in Chinese		姓(英文) Surname in English	
		名(英文) 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	
		護照號碼及簽發地點 Passport Number and Place of Issue (只適用於非香港居民 For non-Hong Kong resident ONLY)	

**其他合夥人資料 Information of other partners—合夥人(4) Partner (4)****姓名 Name** (須與香港身份證 / 護照所示姓名相同 As stated on Hong Kong Identity Card / Passport)

姓名(中文) Surname in Chinese		姓(英文) Surname in English	
		名(英文) 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	
		護照號碼及簽發地點 Passport Number and Place of Issue (只適用於非香港居民 For non-Hong Kong resident ONLY)	

**其他合夥人資料 Information of other partners—合夥人(5) Partner (5)#****姓名 Name** (須與香港身份證 / 護照所示姓名相同 As stated on Hong Kong Identity Card / Passport)

姓名(中文) Name in Chinese		姓(英文) Surname in English	
		名(英文) 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	
		護照號碼及簽發地點 Passport Number and Place of Issue (只適用於非香港居民 For non-Hong Kong resident ONLY)	

#請另頁提供其他合夥人的資料。Please use a separate sheet to provide the information of other partners.

第三部分(A) 申請人資料 (獨資經營人 / 合夥) (續)

Section III(A) *Particulars of the Applicant (which is a Sole Proprietor / Partnership) (Cont.)*

◆以下聲明是否正確描述申請人？

Do the following statements correctly describe the applicant?

是 否  
Yes No

- ☐ ☐ (1) 本人/吾等過去5年沒有在香港或其他地方被裁定觸犯刑事罪行而被判處監禁（不論是否獲判緩刑）。

I/We **have not** been convicted in Hong Kong or elsewhere of any criminal offence with a sentence to imprisonment (whether suspended or not) in the past 5 years.

- ☐ ☐ (2) 本人/吾等過去3年在香港或其他地方沒有在囚紀錄。

I/We have **no** history of imprisonment in Hong Kong or elsewhere in the past 3 years.

- ☐ ☐ (3) 本人/吾等並非正在接受非囚禁刑罰，如感化令或社會服務令。

I am/We are **not** currently on non-custodial sentence e.g. probation order or community service order.

- ☐ ☐ (4) 本人/吾等過去5年沒有被裁定觸犯《條例》所訂罪行而被判處監禁（不論是否獲判緩刑）。

I/We **have not** been convicted of any offence under the Ordinance with a sentence to imprisonment (whether suspended or not) in the past 5 years.

- ☐ ☐ (5) 本人/吾等過去3年沒有被裁定觸犯《條例》所訂罪行而被判處第6級或以上罰款。

I/We **have not** been convicted of any offence under the Ordinance with a fine at level 6 or above in the past 3 years.

- ☐ ☐ (6) 本人/吾等並無破產，或已與其債權人訂立《破產條例》（第6章）所指的自願安排。

I/We **have not** become bankrupt or made a voluntary arrangement with the individual's creditors within the meaning of the Bankruptcy Ordinance (Cap. 6).

- ☐ ☐ (7) 過去5年，本人/吾等沒有作為任何私營醫療機構的持牌人（不論以獨資經營人、合夥人、或以公司/團體的董事/高級人員/成員/幹事形式）或醫務行政總監。

In the past 5 years, I was/we were **neither** a licensee (no matter in the form of a sole proprietor, a partner of a partnership, or as a director/officer/member/office-bearer of a company/organisation) **nor** a chief medical executive of any private healthcare facility.

如“是”，請跳至第四部分。If “Yes”, please proceed to Section IV.

- ☐ ☐ (8) 過去5年，本人/吾等作為私營醫療機構的持牌人（不論以獨資經營人、合夥人、或以公司/團體的董事/高級人員/成員/幹事形式）或醫務行政總監期間，該私營醫療機構沒有被衛生署署長暫時吊銷或撤銷私營醫療機構牌照。

In the past 5 years, the private healthcare facilities during which I was/we were the licensee(s) (no matter in the form of a sole proprietor, a partner of a partnership, or as a director/officer/member/office-bearer of a company/organisation) or the chief medical executive(s), have **neither** had their licence suspended **nor** cancelled by the Director of Health.

◆即使事件正在上訴，亦須申報。The matter should be reported even it is under appeal.

<b>第三部分(B) 申請人資料 (公司 / 團體申請人)</b> <b>Section III(B) Particulars of the Applicant (which is a Company / Organisation)</b>				
申請人所屬公司 / 團體類別 (只選一項，並根據 PHF 23 提供指定文件) <b>Type of Company / Organisation</b> (Check ONE item only and provide the required documents as set out in PHF 23)				
<input type="checkbox"/> 公司 Company		商業登記號碼 Business Registration Number:		
<input type="checkbox"/> 非公司的法人團體 Body Corporate other than a Company 請述明 Please specify: _____		商業登記號碼 Business Registration Number:		
		成立法人團體所依據的法例 (如適用) The Ordinance under which the Body Corporate is established (if applicable):		
<input type="checkbox"/> 社團 Society		社團註冊編號 Registration Number of Society:		
<b>公司 / 團體名稱 Name of the Company / Organisation</b>				
中文 Chinese		英文 English		
<b>公司 / 團體地址 Address of the Company / Organisation</b> <input type="checkbox"/> 地址與日間醫療中心地址相同 Same as the premises address				
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:	Floor:	Flat/Room /Shop:
電話號碼 Telephone number		傳真號碼 Fax number		
		電郵地址 E-mail address		
<b>申請人授權代表的資料 Particulars of the Authorized Representative of the Applicant</b>				
<b>姓名 Name</b> (須與香港身份證 / 護照所示姓名相同 As stated on Hong Kong Identity Card / Passport)				
姓名(中文) Name in Chinese		姓(英文) Surname in English		
		名(英文) 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		
		護照號碼及簽發地點 Passport Number and Place of Issue (只適用於非香港居民 For non-Hong Kong resident ONLY)		
在公司 / 團體的職位 Position in the Company / Organisation				
電話號碼 Telephone number	辦公室 Office		電郵地址 E-mail address	
	手提 Mobile			

**第三部分(B) 申請人資料 (公司 / 團體申請人) (續)****Section III(B) Particulars of the Applicant (which is a Company / Organisation) (Cont.)****董事 / 高級人員 / 成員 / 幹事名單 List of Directors / Officers / Members / Office-bearers ‡****董事 / 高級人員 / 成員 / 幹事為自然人 Director / Officer / Member / Office-bearer being a Natural Person**

姓名須與香港身份證 / 護照所示姓名相同 Name must be as stated on Hong Kong Identity Card / Passport)

	姓(英文) Surname (in English)	名(英文) Given Names (in English)	中文姓名 Name (in Chinese)	香港身份證號碼 Hong Kong Identity Card Number	只適用於非香港居民 For non-Hong Kong resident ONLY	
					護照號碼 Passport Number	護照簽發國家 / 地區 Passport Issuing Country / Region
1						
2						
3						
4						
5						
6						
7						
8						
9						
10#						

**董事 / 高級人員 / 成員為法人團體 Director / Officer / Member being a Body Corporate**

	法人團體名稱 (英文) Name of Body Corporate (in English)	法人團體名稱 (中文) Name of Body Corporate (in Chinese)	商業登記號碼 Business Registration Number
1			
2			
3#			

‡如申請人屬公司，請列出公司董事名單。If the applicant is a company, please list out all directors of the company.

如申請人屬並非公司的法人團體，請列出團體董事、及關涉管理團體的成員或高級人員名單。

If the applicant is a body corporate other than a company, please list out all directors, and all members or officers of the body concerned in the management of the body.

如申請人屬社團，請列出幹事名單。If the applicant is a society, please list out all office-bearers of the society.

#請另頁提供其他董事 / 高級人員 / 成員 / 幹事的資料。Please use a separate sheet to provide the information of other directors / officers / members / office-bearers.

第三部分(B) 申請人資料 (公司 / 團體申請人) (續)

Section III(B) *Particulars of the Applicant (which is a Company / Organisation) (Cont.)*

◆以下聲明是否正確描述申請人？

Do the following statements correctly describe the applicant?

是 否

Yes No

- ☐ ☐ (1) 申請人及申請人的董事/高級人員/成員/幹事 (包括董事為公司/法人團體) (下稱“吾等”) 過去5年沒有在香港或其他地方被裁定觸犯刑事罪行而被判處監禁 (不論是否獲判緩刑)。

The applicant and the directors/officers/members/office-bearers of the applicant (including any director which is a company/body corporate)(hereinafter referred to as “We”) **have not** been convicted in Hong Kong or elsewhere of any criminal offence with a sentence to imprisonment (whether suspended or not) in the past 5 years.

- ☐ ☐ (2) 吾等過去3年在香港或其他地方沒有在囚紀錄。

We have **no** history of imprisonment in Hong Kong or elsewhere in the past 3 years.

- ☐ ☐ (3) 吾等並非正在接受非囚禁刑罰，如感化令或社會服務令。

We are **not** currently on non-custodial sentence e.g. probation order or community service order.

- ☐ ☐ (4) 吾等過去5年沒有被裁定觸犯《條例》所訂罪行而被判處監禁 (不論是否獲判緩刑)。

We **have not** been convicted of an offence under the Ordinance with a sentence to imprisonment (whether suspended or not) in the past 5 years.

- ☐ ☐ (5) 吾等過去3年沒有被裁定觸犯《條例》所訂罪行而被判處第6級或以上罰款。

We **have not** been convicted of any offence under the Ordinance with a fine at level 6 or above in the past 3 years.

- ☐ ☐ (6) (公司申請人適用) 本公司並無開始清盤。

(For applicant which is a **company**) This company **has not** commenced to be wound up.

☐ 不適用 Not applicable

- ☐ ☐ (7) 過去5年，吾等沒有作為任何私營醫療機構的持牌人 (不論以獨資經營人、合夥人、公司/機構或以公司/團體的董事/高級人員/成員/幹事形式) 或 醫務行政總監。

In the past 5 years, we were **neither** a licensee (no matter in the form of a sole proprietor, a partner of a partnership, a company/organisation or as a director/officer/member/office-bearer of a company/organisation) **nor** a chief medical executive of any private healthcare facility.

如“是”，請跳至第四部分。If “Yes”, please proceed to Section IV.

- ☐ ☐ (8) 過去5年，吾等作為私營醫療機構的持牌人 (不論以獨資經營人、合夥人、公司/機構或以公司/團體的董事/高級人員/成員/幹事形式) 或 醫務行政總監期間，該私營醫療機構沒有被衛生署署長暫時吊銷或撤銷私營醫療機構牌照。

In the past 5 years, the private healthcare facilities during which we were the licensee(s) (no matter in the form of a sole proprietor, a partner of a partnership, a company/organisation or as a director/officer/member/office-bearer of a company/organisation) or the chief medical executive(s), have **neither** had their licence suspended **nor** cancelled by the Director of Health.

◆即使事件正在上訴，亦須申報。The matter should be reported even it is under appeal.

**第四部分 獲委任的醫務行政總監的資料**  
**Section IV Particulars of the Chief Medical Executive appointed**

**醫務行政總監姓名**（須與香港身份證所示姓名相同）

**Name of the Chief Medical Executive** (As stated on Hong Kong Identity Card)

姓名(中文) Name in Chinese		姓(英文) Surname in English	
		名(英文) 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	
適用於只有牙科執業的日間醫療中心 <i>For day procedure centre with <u>dental practice</u> ONLY</i>		註冊編號 Registration Number	
		首次註冊年份 Year of First Registration	
根據《牙醫註冊條例》（第 156 章）的註冊編號及首次註冊年份 Registration Number and Year of First Registration under Dentists Registration Ordinance (Cap. 156)			
電話號碼 Telephone number	辦公室 Office	傳真號碼 Fax number	
	手提 Mobile	電郵地址 E-mail address	
<b>醫務行政總監的職責</b> <b>Duties of the Chief Medical Executive</b>			
醫務行政總監全權負責本中心所有服務的日常運作。 The Chief Medical Executive is responsible for the day to day operation of all services provided in this Centre.			<input type="checkbox"/> 是Yes <input type="checkbox"/> 否No

**第五部分(A) 申請人聲明 (申請人為獨資經營人 / 合夥)**  
**Section V(A) Declaration of Applicant (which is a Sole Proprietor / Partnership)**

本人/吾等謹此聲明: -

I/We hereby declare that -

1. 此處所用作日間醫療中心是符合相關政府租契的條款。本人/吾等明白此乃本人/吾等的責任確保此處所的用途符合任何有關條例及規例。  
The use of the Premises as a day procedure centre complies with the conditions of Government lease concerned and I/we understand that it is my/our responsibility to ascertain that the use of the Premises is in compliance with any relevant Ordinances and Regulations.
2. 本人/吾等已閱讀並同意「收集個人資料聲明」。  
I/We have read and agree to the “Personal Information Collection Statement”.
3. 本人/吾等明白本中心的持牌人(即申請人),須為本中心的運作負上全部責任,包括確保本中心遵守或遵從《條例》、有關牌照的條件、日間醫療中心實務守則及衛生署署長就日間醫療中心發出的指示。  
I/We understand that the licensee (i.e. the applicant) of this Centre is wholly responsible for the operation of this Centre, including ensuring this Centre’s compliance with the Ordinance, conditions of the licence, code of practice for day procedure centres and any directions given by the Director of Health for day procedure centres.
4. 根據《條例》領有私營醫療機構有效牌照的期間,如本人/任何合夥人在香港或其他地方被裁定犯刑事罪行而被判處監禁,不論是否獲判緩刑或事件正在上訴,本人/吾等會於得悉被定罪後的1個月內,將有關詳情(包括但不限於被定罪人姓名、身份證號碼及定罪日期)以書面通知衛生署私營醫療機構規管辦公室。  
I/We undertake that while being a licensee of a private healthcare facility under the Ordinance, if I am/any partner is convicted of a criminal offence with a sentence to imprisonment in Hong Kong or elsewhere, no matter if the sentence is suspended or the case is under appeal, I/we will notify the Office for Regulation of Private Healthcare Facilities (ORPHF) of the Department of Health in writing the relevant details (including but not limited to the name and identity number of the offender and the date of conviction) within 1 month after I/we become aware of the conviction.
5. 如本人/任何合夥人在領有私營醫療機構有效牌照的期間破產或與其債權人訂立《破產條例》(第6章)所指的自願安排,本人/吾等會於得悉該情況後的1個月內,將有關詳情(包括但不限於被裁定破產人的姓名、身份證號碼、及被裁定破產日期或訂立自願安排日期)以書面通知衛生署私營醫療機構規管辦公室。  
I/We undertake that if I am/any partner is in bankruptcy or have made a voluntary arrangement with the individual’s creditor within the meaning of the Bankruptcy Ordinance (Cap. 6) while being a licensee of a private healthcare facility under the Ordinance, I/we will notify ORPHF in writing the relevant details (including but not limited to the name and identity number of the person in bankruptcy, date of bankruptcy or voluntary arrangement made) within 1 month after I/we become aware of such situation.
6. 本人/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。本人/吾等聲明,據本人/吾等所知,上述填報的所有資料均屬真確無訛。另外,本人/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。  
I/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. I/We declare that all information provided above is true and correct to the best of my/our knowledge. I/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 my/our possession or not) are true, up-to-date, accurate and complete in all respects.

第五部分(A) 申請人聲明 (申請人為獨資經營人 / 合夥) (續)  
Section V(A) Declaration of Applicant (which is a Sole Proprietor / Partnership) (Cont.)

7. (只適用於合夥申請人)

本人/吾等同意「獲授權合夥人」代表本合夥處理所有關於牌照申請及日後本中心牌照的事宜。

(For Applicant which is a Partnership)

I/We agree that the Authorized Partner represents this partnership to handle all matters related to the application and all subsequent matters related to the licence of this Centre.

獨資經營人/獲授權合夥人簽署  
Signature of the Sole Proprietor / Authorized Partner

合夥人(2)簽署 Signature of the Partner (2)

合夥人(3)簽署 Signature of the Partner (3)

合夥人(4)簽署 Signature of the Partner (4)

合夥人(5)簽署 Signature of the Partner (5)#

日期 Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
日 DD 月 MM 年 YYYY

#請另頁提供其他合夥人的聲明及簽署。

Please use a separate sheet to provide the declarations and signatures of other partners.

**第五部分(B) 申請人聲明 (申請人為公司/團體)**  
**Section V(B) Declaration of Applicant (which is a company/organisation)**

本人代表申請人及申請人的董事/高級人員/成員/幹事(下稱“吾等”)聲明 –

I hereby, on behalf of the applicant and the directors/officers/members/office-bearers of the applicant (hereinafter referred to as “We”), declare that –

1. 此處所用作日間醫療中心是符合相關政府租契的條款。吾等明白此乃吾等的責任確保此處所的用途符合任何有關條例及規例。

The use of the Premises as a day procedure centre complies with the conditions of Government lease concerned and we understand that it is our responsibility to ascertain that the use of the Premises is in compliance with any relevant Ordinances and Regulations.

2. 吾等已閱讀並同意「收集個人資料聲明」。

We have read and agree to the “Personal Information Collection Statement”.

3. 吾等明白本中心的持牌人(即申請人),須為本中心的運作負上全部責任,包括確保本中心遵守或遵從《條例》、有關牌照的條件、日間醫療中心實務守則及衛生署署長就日間醫療中心發出的指示。

We understand that the licensee (i.e. the applicant) of this Centre is wholly responsible for the operation of this Centre, including ensuring this Centre’s compliance with the Ordinance, conditions of the licence, code of practice for day procedure centres and any directions given by the Director of Health for day procedure centres.

4. 根據《條例》領有私營醫療機構有效牌照的期間,如本公司/團體任何一位董事/高級人員/成員/幹事在香港或其他地方被裁定犯刑事罪行而被判處監禁,不論是否獲判緩刑或事件是否正在上訴,吾等會於得悉被定罪後的1個月內,將有關詳情(包括但不限於被定罪人姓名、身份證號碼及定罪日期)以書面通知衛生署私營醫療機構規管辦公室。

We undertake that while being a licensee of a private healthcare facility under the Ordinance, if any of the directors/members/officers/office-bearers of our company/organisation is convicted of a criminal offence with a sentence to imprisonment in Hong Kong or elsewhere, no matter if the sentence is suspended or the case is under appeal, we will notify the Office for Regulation of Private Healthcare Facilities (ORPHF) of the Department of Health in writing the relevant details (including but not limited to the name and identity number of the offender, and the date of conviction) within 1 month after we become aware of the conviction.

**5. (公司申請人適用)**

如本公司在領有私營醫療機構有效牌照的期間開始清盤,本公司會於得悉後的1個月內,將有關詳情(包括但不限於公司名稱及商業登記號碼)以書面通知衛生署私營醫療機構規管辦公室。

**(For applicant which is a company)**

If our company has commenced to be wound up while being a licensee of a private healthcare facility under the Ordinance, we will notify ORPHF in writing the relevant details (including but not limited to the company name and business registration number) within 1 month after we become aware of the commencement of the winding-up proceedings.

6. 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,上述填報的所有資料均屬真確無訛。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(不論是否吾等管有),在各方面均屬真實、最新、準確及完整。

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 above 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.

日期 Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
日 DD 月 MM 年 YYYY

獲公司/團體授權代表簽署(代表申請人及申請人的董事/高級人員/成員/幹事)  
Signature of the Authorized Representative of the Company/Organisation (for and on behalf of the applicant and directors/officers/members/office-bearers of the applicant)



《私營醫療機構條例》(第 633 章) 日間醫療中心牌照申請  
Application for Day Procedure Centre Licence  
under the Private Healthcare Facilities Ordinance (Cap. 633)

文件清單  
Checklist of Documents

請在適當的方格內填上 ☐ 號並提供相關的文件  
Please tick as appropriate and provide the relevant documents

甲部 – 有關申請人的資料  
Part A – Information relating to the applicant

適用於所有申請人	Applicable to <u>all</u> Applicants
<input type="checkbox"/> 日間醫療中心牌照申請表 <b>PHF 22</b>	Application Form for Day Procedure Centre Licence <b>PHF 22</b>
<input type="checkbox"/> 日間醫療中心醫務行政總監的聲明書 <b>PHF 24</b>	Declaration by the Chief Medical Executive of the day procedure centre <b>PHF 24</b>
申請人為獨資經營人或合夥	Applicant is a <u>Sole Proprietor</u> or a <u>Partnership</u>
<input type="checkbox"/> 顯示/提供申請人/各合夥人香港身份證/護照副本	Show/Provide copy of Hong Kong Identity card/Passport of the applicant/all partners
申請人為公司/團體	Applicant is a <u>Company/Organisation</u>
<input type="checkbox"/> 申請人發出的證明文件，授權該代表處理所有關於牌照申請及日後該中心牌照的事宜	Documentation substantiating authorization in respect of the authorized representative to represent the applicant to handle all matters related to the application for licence and all subsequent matters related to the licence of the Centre

乙部 – 有關日間醫療中心的資料

**Part B – Information relating to the Day Procedure Centre**

適用於所有申請人	Applicable to <u>all</u> Applicants
<input type="checkbox"/> 日間醫療中心處所的平面佈置圖 (圖則比例不小於1:100)	Layout plan of the premises of the day procedure centre (drawn to the scale of not less than 1:100)
<input type="checkbox"/> 日間醫療中心牌照申請報告 <b>PHF 25</b>	Report for Application for Day Procedure Centre Licence <b>PHF 25</b>
<input type="checkbox"/> *護士及輔助護理人員於每項服務開始後的兩星期值勤表(包含員工姓名)	*2-week duty roster of nursing staff and supporting care staff (with staff name) after commencement of each service
<input type="checkbox"/> *護士的專業資格或培訓記錄	*Specialty qualification or training record of nurse

註：\*於實地視察至少 10 個工作天前提交

Note: \*Submission at least 10 working days before site inspection.

## 丙部 – 有關日間醫療中心內醫療工程系統的資料

### Part C – Information relating to the Healthcare Engineering Systems in Day Procedure Centre

此部份只適用於裝有指定醫療工程系統（即關鍵醫護區（例如手術室、復甦區）的電力裝置、手術室的特殊通風系統、醫療氣體管道系統）的日間醫療中心。作為過渡安排，日間醫療中心實務守則第 1.6 節訂明的醫療工程系統要求將於 **2028 年 1 月 1 日** 起生效。

This part is **ONLY** applicable for the day procedure centre with specific healthcare engineering systems, i.e. **electrical installation for critical care area (e.g. operating room, recovery area), specialized ventilation system of operating room, medical gas pipeline system**. As a transitional arrangement, the requirements of the healthcare engineering systems as specified in Section 1.6 of Code of Practice for Day Procedure Centres will take effect from **1 January 2028**.

適用於涉及醫療工程系統的服務	Applicable to services involving healthcare engineering systems
<input type="checkbox"/> 醫療工程系統的文件清單 <b>PHF 212</b> 及相關文件	Checklist of Documents of Healthcare Engineering Systems <b>PHF 212</b> and relevant documents
<input type="checkbox"/> *由相關界別的註冊專業工程師以指定表格簽發的證明書，證明醫療工程系統根據訂明的國際認可標準及符合日間醫療中心實務守則的要求而設計、安裝及完成  (符合規格證明書參考範本可參閱衛生署私營醫療機構規管辦公室網頁)	*Certificate(s) of compliance in prescribed form issued by a registered professional engineer of the relevant discipline certifying that the healthcare engineering systems have been designed, installed and completed in accordance with the specified internationally acceptable standard(s) and in compliance with the requirements of the Code of Practice for Day Procedure Centres  (Samples of the certificate of compliance are available at ORPHF website)

註：\*於實地視察至少 10 個工作天前提交

Note：\*Submission at least 10 working days before site inspection.