



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

日間醫療中心更改服務 / 資料申請表
Application Form for Variation of Service / Particulars
of Day Procedure Centre (DPC)

注意：

1. **不適用**於搬遷日間醫療中心處所
2. 填寫本表格前，及有關牌照修訂 / 更改服務的收費詳情，請參閱申請指引 **PHF(E) 26A** (只備英文版)
3. 提交申請時，必須同時提交所需文件
4. 請在適當的方格內填上☐
5. *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:

1. **NOT** applicable for relocation of DPC premises
2. Please read the Guidance Notes **PHF(E) 26A** for fees payable for the application for Amendment / Variation of Service and the application details
3. Submission of application must be accompanied by all required documents stated
4. Please tick the appropriate box☐
5. *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	DP _ _ _ _ _				
日間醫療中心名稱 Name of DPC					
持牌人聲明 Declaration by the Licensee					
本人/本人代表持牌人謹此聲明 – I / I, on behalf of the licensee, hereby declare that –					
<table border="0"><tr><td>1. 本人/吾等已閱讀並同意「收集個人資料聲明」。</td><td>1. I / We have read and agree to the “Personal Information Collection Statement”.</td></tr><tr><td>2. 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，本申請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。</td><td>2. 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 in this application 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.</td></tr></table>		1. 本人/吾等已閱讀並同意「收集個人資料聲明」。	1. I / We have read and agree to the “Personal Information Collection Statement”.	2. 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，本申請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。	2. 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 in this application 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.
1. 本人/吾等已閱讀並同意「收集個人資料聲明」。	1. I / We have read and agree to the “Personal Information Collection Statement”.				
2. 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，本申請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。	2. 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 in this application 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.				
<div>姓名 Name</div>	<div>簽署 Signature</div>				
持牌人/持牌人授權代表姓名 (獨資經營人/獲授權合夥人/獲公司或團體授權代表) Name of the Licensee / Licensee's Authorized Representative (Sole Proprietor / Authorized Partner / Authorized Representative of Company or Organisation)	持牌人/持牌人授權代表簽署 (獨資經營人/獲授權合夥人/獲公司或團體授權代表) Signature of the Licensee / Licensee's Authorized Representative (Sole Proprietor / Authorized Partner / Authorized Representative of Company or Organisation)				
日期 Date: _ / _ / _ 日 DD 月 MM 年 YYYY					

更改日間醫療中心服務/資料項目 Type of Variation of Service / Particulars of DPC

本人之日間醫療中心欲申請以下的更改

I would like to apply for the following variation(s) for my DPC

可選多項 Check all that apply	須填寫部分 Section to be completed
<input type="checkbox"/> 修訂日間醫療中心資料 Change of DPC Particulars	A1
<input type="checkbox"/> 修訂現有持牌人資料 Change of Particulars of Existing Licensee	A2
<input type="checkbox"/> 修訂授權合夥人 / 公司或團體授權代表資料 Change of Particulars of Authorized Partner / Authorized Representative of Company or Organisation	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"/> 更改日間醫療中心服務（暫准牌照 <u>不適用</u> ） Variation of DPC Service (NOT applicable for provisional licence)	A5

A1 修訂日間醫療中心資料 Change of DPC Particulars

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

☐ 修訂後日間醫療中心名稱 DPC Name after Amendment

中文名稱 Chinese name	
英文名稱 English name	

☐ 修訂後日間醫療中心的聯絡資料 Contact Information of DPC after Amendment

電話號碼 Telephone number		傳真號碼 Fax number	
電郵地址 E-mail address			

☐ 修訂後日間醫療中心地址（只適用於街道/大廈易名、樓層/室/舖重新編號）

DPC Address after Amendment (for renaming of road/street/building, re-numbering of floor/flat/room/shop ONLY)

街道名稱 及號碼		Number and Name of Road/Street	
大廈/座		Building /Block	
樓層		Floor	
	室/舖		Flat/Room /Shop

須提交文件
Document to
be submitted

有關更改地址的證明文件副本，如物業管理處的通知
Copy of address proof e.g. Notice from the properties management company

A2 修訂現有持牌人資料
Change of Particulars of Existing Licensee

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

☐ **修訂現有持牌人名稱 Change of Name of Existing Licensee**

只適用於現有持牌人更改其資料 Only applicable to change of particulars of existing licensee

☐ **獨資經營人 Sole proprietor**

☐ **合夥人 Partners**

姓名 (中文)	由 :	改為 :
Surname in English	From:	To:
Given names in English	From:	To:
須提交文件 Document to be submitted	更改後證明副本, 如香港身份證 / 護照副本 Copy of document proof e.g. Hong Kong identity card / passport	

☐ **公司 Company / 團體 Organisation**

修訂後公司 / 團體名稱	
Name of Company / Organisation after amendment	

☐ **合夥人退出 (只適用於合夥人) Retirement from Partnership (for Partnership ONLY)**

退出合夥人名稱 Name of Retired Partner

姓名 (中文)		Surname in English	
		Given names in English	

☐ **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/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		

A3 修訂授權合夥人 / 公司或團體授權代表資料 Change of Particulars of Authorized Partner / Authorized Representative of Company or Organisation		Effective Date: ____/____/____ 生效日期 日 DD 月 MM 年 YYYY	
<input type="checkbox"/> #更換授權合夥人 / 持牌人授權代表 Change of authorized partner / authorized representative of company or organisation			
<input type="checkbox"/> 修訂現時授權合夥人 / 持牌人授權代表資料 Change of particulars of existing authorized partner / authorized representative of company or organisation			
授權合夥人 / 公司或團體授權代表姓名 (須與香港身份證所示姓名相同) Name of Authorized Partner / Authorized Representative of Company or Organisation (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	
<u>For Company / Organisation ONLY</u> 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 (只適用於非香港居民 <i>For non-Hong Kong resident ONLY</i>)	
電話號碼 Telephone number	辦公室 Office		電郵地址 E-mail address
	手提 Mobile		
須提交文件 Document to be submitted		#持牌人授權的證明文件 (見 申請指引 PHF(E) 26A 附表 III) Documentation substantiating the authorization by the licensee (see Annex III of Guidance Notes PHF(E) 26A)	

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		
適用於只有牙科執業的日間醫療中心 For DPC with <u>dental practice</u> ONLY 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)		註冊編號 Registration Number		
		首次註冊年份 Year of First Registration		
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	
須提交文件 Document to be submitted		#日間醫療中心醫務行政總監聲明書（PHF 24） Declaration by CME of DPC (PHF 24)		

<p>A5 更改日間醫療中心服務（暫准牌照<u>不適用</u>） Variation of DPC Service (<u>NOT</u> applicable for provisional licence)</p>
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請列出更改服務的內容 Please list out the variation details

例：新增牙科執業及1間牙醫診症室；將消毒室分為清潔室及污染室；將手術室改為治療室；將儲物房改作配藥房
E.g. Addition of dental practice and a consultation room for dentist; modification of the sterilisation room into a clean room and a dirty room; change of the operating room into a treatment room; change of the store room into a drug dispensing room

更改内容	Description of variation

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, or water treatment and distribution system	<input type="checkbox"/> 沒有更改 No change <input type="checkbox"/> 供應醫療氣體的管道系統 Medical gas pipeline system <input type="checkbox"/> 供應後備電源予關鍵醫護區的電力裝置 Electrical installations of back-up power supplies for critical care areas <input type="checkbox"/> 特殊通風系統 Specialized ventilation system <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)
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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, or water treatment and distribution system	<input type="checkbox"/> 沒有更改 No change <input type="checkbox"/> 供應醫療氣體的管道系統 Medical gas pipeline system <input type="checkbox"/> 供應後備電源予關鍵醫護區的電力裝置 Electrical installations of back-up power supplies for critical care areas <input type="checkbox"/> 特殊通風系統 Specialized ventilation system <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)
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更改處所臨床/臨床支援服務平面佈置圖 Change in layout plan of clinical / clinical supporting services of the premises	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
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更改處所臨床/臨床支援服務平面佈置圖 Change in layout plan of clinical / clinical supporting services of the premises	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
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須提交文件 Document to be submitted	處所平面佈置圖並標示更改範圍 Layout plan of DPC premises indicating the areas of variations
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須提交文件 Document to be submitted	處所平面佈置圖並標示更改範圍 Layout plan of DPC premises indicating the areas of variations
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可選多項 Check all that apply	須填寫部分 Part to be completed
<input type="checkbox"/> 更改執業類別 Change of type of practice	5.1
<input type="checkbox"/> 更改房間數目 Change in the number of rooms	5.2
<input type="checkbox"/> 更改專門服務種類或其特定醫療程序 Change of class of specialized service or its particular medical procedures	5.3
<input type="checkbox"/> 更改其他臨床及臨床支援服務種類 Change of type of other clinical and clinical supporting service	5.4
<input type="checkbox"/> 就上述申請而更改日間醫療中心地址 Change of DPC address as a result of the above variations	5.5

☐ 5.1 更改執業類別 Change of type of practice

醫科執業 Medical Practice	<input type="checkbox"/> 新增 Addition	<input type="checkbox"/> 結束 Cessation
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醫科執業 Medical Practice	<input type="checkbox"/> 新增 Addition	<input type="checkbox"/> 結束 Cessation
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醫科執業 Medical Practice	<input type="checkbox"/> 新增 Addition	<input type="checkbox"/> 結束 Cessation
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牙科執業 Dental Practice	<input type="checkbox"/> 新增 Addition	<input type="checkbox"/> 結束 Cessation
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牙科執業 Dental Practice	<input type="checkbox"/> 新增 Addition	<input type="checkbox"/> 結束 Cessation
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牙科執業 Dental Practice	<input type="checkbox"/> 新增 Addition	<input type="checkbox"/> 結束 Cessation
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□ 5.2 ※新增或減少醫生/牙醫診症室、指定用作醫療程序的房間或手術室數目

Number of consultation rooms for doctor / dentist, designated rooms for medical procedures or operating rooms increased or decreased	
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房間種類 Room type	新增或減少房間數目 Number of rooms increased or decreased 例如 e.g. +1, -2
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	

須提交文件 Document to be submitted	※牌照申請報告 (PHF 25) – B (相關專門服務) Report for Application (PHF 25) – Part B (Relevant class(es) of specialized services)
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須提交文件 Document to be submitted	※牌照申請報告 (PHF 25) – B (相關專門服務) Report for Application (PHF 25) – Part B (Relevant class(es) of specialized services)
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A5 更改日間醫療中心服務（續） Variation of DPC Service (Cont.)		
<input type="checkbox"/> 5.3 ※更改專門服務種類及其特定醫療程序 Change of class of specialized service and its particular medical procedures		
新增 Addition	結束 Cessation	可選多項 Check all that apply
<input type="checkbox"/>	<input type="checkbox"/>	外科程序 Surgical procedure
<input type="checkbox"/>	<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 Creation of surgical wound to allow access to major body cavity or viscus, including access to central large joints
<input type="checkbox"/>	<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 Removal of tissue or fluid, or both, of a total volume of 500 mL or above
<input type="checkbox"/>	<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 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"/>	<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 Removal of tissue or fluid, or both, of any volume from thoracic cavity
<input type="checkbox"/>	<input type="checkbox"/>	(e) 置入任何假體或植入物 Insertion of prosthesis or implant
<input type="checkbox"/>	<input type="checkbox"/>	(f) 芯狀活組織檢查 Core biopsy
<input type="checkbox"/>	<input type="checkbox"/>	(g) 深層器官的活組織檢查 Biopsy of deep-seated organ
<input type="checkbox"/>	<input type="checkbox"/>	(h) 腰椎穿刺 Lumbar puncture
<input type="checkbox"/>	<input type="checkbox"/>	(i) 移植任何細胞、組織或器官，包括自體移植、同種異體移植、異種移植、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） 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"/>	<input type="checkbox"/>	(j) 終止妊娠 Termination of pregnancy
<input type="checkbox"/>	<input type="checkbox"/>	(k) 擴張宮頸及刮宮手術 Dilation and curettage
<input type="checkbox"/>	<input type="checkbox"/>	(l) 以皮膚縫合方式，為兒科病人進行包皮環切手術 Circumcision with use of skin sutures in paediatric patients
<input type="checkbox"/>	<input type="checkbox"/>	內窺鏡程序 Endoscopic procedure
<input type="checkbox"/>	<input type="checkbox"/>	(a) 需要影像導航的內窺鏡程序 Endoscopic procedure requiring image guidance
<input type="checkbox"/>	<input type="checkbox"/>	(b) 涉及入侵無菌體腔或腸胃管道的內窺鏡程序 – Endoscopic procedures involving invasion of a sterile cavity or gastrointestinal tract –
<input type="checkbox"/>	<input type="checkbox"/>	(i) 涉及輻射 Involve radiation
<input type="checkbox"/>	<input type="checkbox"/>	(ii) 不涉及輻射 Not involve radiation
<input type="checkbox"/>	<input type="checkbox"/>	(c) 治療性的內窺鏡程序 Therapeutic endoscopic procedure
<input type="checkbox"/>	<input type="checkbox"/>	牙科程序 Dental procedure
<input type="checkbox"/>	<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 – Maxillofacial surgical procedure that extends beyond dento-alveolar process, including but not limited to –
<input type="checkbox"/>	<input type="checkbox"/>	(a) 上頤骨切骨術及下頤骨切骨術（包括縮小下頤骨骨角） Maxillary osteotomies and mandibular osteotomies (including angle reduction)
<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	(c) 惡性腫瘤外科手術治療 Surgical treatment of diagnosed malignancies
<input type="checkbox"/>	<input type="checkbox"/>	(d) 複雜的血管瘤手術 Surgical treatment of complex haemangioma
<input type="checkbox"/>	<input type="checkbox"/>	(e) 涉及主唾液腺的手術 Surgery involving major salivary glands
<input type="checkbox"/>	<input type="checkbox"/>	(f) 開放式顳下頤關節手術 Open surgery of temporomandibular joint
<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	(h) 一期的兔唇和裂腭手術 Primary cleft lip and palate surgery
須提交文件 Document to be submitted		※牌照申請報告（PHF 25）– B (相關專門服務) Report for Application (PHF 25) – Part B (Relevant class(es) of specialized services)

A5 更改日間醫療中心服務（續） Variation of DPC Service (Cont.)		
<input type="checkbox"/> 5.3 ※更改專門服務種類及其特定醫療程序 Change of class of specialized service and its particular medical procedures		
新增 Addition	結束 Cessation	可選多項 Check all that apply
<input type="checkbox"/>	<input type="checkbox"/>	化學療法 Chemotherapy 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"/>	<input type="checkbox"/>	血液透析 Haemodialysis
<input type="checkbox"/>	<input type="checkbox"/>	介入放射及碎石術 Interventional radiology and lithotripsy
<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>	麻醉程序 Anaesthetic procedure
<input type="checkbox"/>	<input type="checkbox"/>	(a) 全身麻醉 General anaesthesia
<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	(c) 主要神經叢阻塞（包括臂、腰椎及骶） Major plexus block (including brachial, lumbar and sacral)
<input type="checkbox"/>	<input type="checkbox"/>	(d) 經靜脈注射區域麻醉 Intravenous regional anaesthesia
<input type="checkbox"/>	<input type="checkbox"/>	(e) 肋間神經阻塞 Intercostal nerve block
<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>	(h) 腫脹麻醉 Tumescant anaesthesia
<input type="checkbox"/>	<input type="checkbox"/>	放射治療 Radiotherapy
<input type="checkbox"/>	<input type="checkbox"/>	(a) 外放射治療 External beam radiotherapy
<input type="checkbox"/>	<input type="checkbox"/>	(b) 放射性核素治療 Radionuclide therapy—
<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>	iii. 放射性滑膜切除術 Radiosynoviothetis therapy
須提交文件 Document to be submitted		※牌照申請報告（PHF 25）– B (相關專門服務) Report for Application (PHF 25) – Part B (Relevant class(es) of specialized services)

A5 更改日間醫療中心服務（續） Variation of DPC Service (Cont.)

☐ **5.4 更改其他臨牀及臨牀支援服務種類 Change of type of other clinical and clinical supporting service**

新增 Addition	結束 Cessation	可選多項 Check all that apply
<input type="checkbox"/>	<input type="checkbox"/>	藥劑或配藥服務 Pharmacy or dispensing service
<input type="checkbox"/>	<input type="checkbox"/>	醫務化驗服務 Medical laboratory service
<input type="checkbox"/>	<input type="checkbox"/>	職業治療服務 Occupational therapy service
<input type="checkbox"/>	<input type="checkbox"/>	視光服務 Optometry service
<input type="checkbox"/>	<input type="checkbox"/>	放射診斷或造影服務 Radiology or imaging service
<input type="checkbox"/>	<input type="checkbox"/>	物理治療服務 Physiotherapy service
<input type="checkbox"/>	<input type="checkbox"/>	脊醫服務 Chiropractic service
<input type="checkbox"/>	<input type="checkbox"/>	中醫服務 Chinese medicine service
<input type="checkbox"/>	<input type="checkbox"/>	其他 Others (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)
<div style="border: 1px solid black; height: 30px; width: 100%;"></div>		

☐ **5.5 就上述申請而更新日間醫療中心地址 Change of DPC address as a result of the above variations**

不適用於搬遷日間醫療中心處所 NOT for relocation of DPC premises

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	

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