



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

撤銷日間醫療中心牌照通知書
Notification Form for Cancellation of Day Procedure Centre Licence

注意：

- 填寫本通知書前，請參閱應持牌人要求撤銷日間醫療中心牌照指引 **PHF(E) 27A** (只備英文版) 及日間醫療中心實務守則 **PHF(C) 21A**。
- 本通知書**不適用**於持暫准牌照的日間醫療中心。
- 持牌人須在擬停止營辦日間醫療中心日期的 **6 個星期前**向衛生署提交撤銷日間醫療中心牌照通知書。
- 請在適當的方格內填上「✓」號。

Note:

- Please read the Guidance Notes for Cancellation of Day Procedure Centre Licence at Licensee's Request **PHF(E) 27A** and the Code of Practice for Day Procedure Centres **PHF(E) 21A** before filling this form.
- This notification form is **NOT** applicable to day procedure centre with provisional licence.
- Licensee shall submit this notification form to the Department of Health **not less than 6 weeks** before the intended date of cessation of operation of the day procedure centre.
- Please tick the appropriate box .

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.

| | |
|--|--|
| 私營醫療機構編號 PHF number | DP _____ |
| 日間醫療中心名稱 (下稱 “本中心”) Name of Day Procedure Centre (Referred to hereinafter as “this DPC”) | |
| 擬撤銷本中心牌照日期 Intended Date of Cancellation of DPC Licence | |
| 須提交文件 Document to be submitted | 停止營辦日間醫療中心計劃書 (詳情請參閱應持牌人要求撤銷日間醫療中心牌照指引 PHF(E)27A) (只備英文版) A closure plan (Refer to Guidance Notes for Cancellation of Day Procedure Centre Licence at Licensee's Request PHF(E)27A for details) |

撤銷日間醫療中心牌照原因**Reason for Cancellation of Day Procedure Centre Licence**只選一項 **Check one item only**

- 本中心將會搬遷 This DPC will be relocated to other premises
- 本中心將不提供任何附表醫療程序 This DPC will cease providing any scheduled medical procedure
- 本中心將更換持牌人 This DPC will change licensee
- 本中心將停止營辦 This DPC will cease operation
- 其他，請註明：
Others, please specify: _____

持牌人聲明 Declaration of Licensee

本人/本人代表持牌人謹此聲明 –

I / I, on behalf of the licensee, hereby declare that –

1. 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”.
2. 本人/吾等明白本中心須妥善安排受影響的病人，以確保他們在本中心停止營辦後，仍能持續獲得所需的護理。
I / We understand that this DPC must make proper arrangement where necessary for the patients affected to ensure the continuity of patient care after cessation of operation.
3. 本人/吾等明白本中心須遵從衛生署發出的程序，處理停辦事宜。
I / We understand that this DPC must follow the procedures as issued by the Department of Health for management of closure of this DPC.
4. 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 our possession or not) are true, up-to-date, accurate and complete in all respects.

姓名 Name

簽署 Signature

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

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