



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

日間醫療中心牌照續期申請表
Application Form for Renewal of Day Procedure Centre Licence

申請須知 Guidance Notes

- 持牌人須於牌照有效期屆滿前的 6 個星期申請日間醫療中心牌照續期。
Licensee shall apply for renewal of day procedure centre (DPC) licence not less than 6 weeks before the expiry of the licence.
- 日間醫療中心牌照續期申請費用為港幣\$2,180，請依繳款單上顯示的到期繳款日或之前繳交。所有已繳付的牌照申請費用，均不予退回。
Please settle the application fee of \$2,180 on or before the due date stated on the demand note. Any application fee paid is non-refundable.
- 衛生署只會在你已經遞交所須文件和繳付費用後才會接納你的申請。
Your application will only be accepted by the Department of Health when all the required documents are submitted and the application fee is settled.
- 處理牌照續期申請期間，本署或會視乎情況要求申請人遞交附加文件或修改申請。
The applicant may be required to submit additional documents or to amend their application where necessary.
- 當本署收畢相關資料並確認日間醫療中心符合有關之發牌要求後，衛生署署長將會在其認為適當的條件規限下，簽發日間醫療中心牌照。
Upon receipt of all documents required, a licence will be issued subject to compliance with the licensing requirements for DPC licence and the conditions that the Director of Health considers appropriate.
- 日間醫療中心牌照之有效期為不多於 3 年。
The DPC licence is valid for a period of not more than 3 years.

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 DPC (hereinafter referred as “this Centre”)	
持牌人名稱 Name of Licensee	
須提交文件 Document to be submitted	PHF 24 日間醫療中心醫務行政總監聲明書 Declaration by the Chief Medical Executive of a DPC

(1) 持牌人為獨資經營人 / 合夥
Licensee which is a Sole Proprietor / Partnership

持牌人聲明 (持牌人為獨資經營人 / 合夥)
Declaration of Licensee (which is a Sole Proprietor / Partnership)

本人/本人代表所有合夥人(下稱“吾等”)謹此聲明

I/I, on behalf of all partners (hereinafter referred to as “We”), hereby declare that –

1. 本中心處所的用途是符合相關政府租契的條款。本人/吾等明白此乃本人/吾等的責任確保本中心的處所用途符合任何有關條例及規例。

The use of the premises of this 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 of this Centre 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/吾等明白作為本中心的持牌人，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 as the licensee of this Centre, I am/we are wholly responsible for the operation of this Centre, including ensuring the compliance of this Centre 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. 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.

5. 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.

6. 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.

7. 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.

8. 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.

9. 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。

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 in the past 5 years.

持牌人聲明（持牌人為獨資經營人／合夥）（續）

Declaration of Licensee (which is a Sole Proprietor / Partnership) (Cont.)

10. 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。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 have not become bankrupt or made a voluntary arrangement with the individual's creditors within the meaning of the Bankruptcy Ordinance (Cap. 6). 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 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 person in bankruptcy, date of bankruptcy or voluntary arrangement made) within 1 month after I/we become aware of such situation.

11. 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 ORPHF 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.

12. 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.

姓名 Name

簽署 Signature

持牌人姓名（獨資經營人／獲授權合夥人）

Name of the Licensee (Sole Proprietor / Authorized Partner)

持牌人簽署（獨資經營人／獲授權合夥人）

Signature of the Licensee (Sole Proprietor / Authorized Partner)

日期 Date: ____ / ____ / ____
日 DD 月 MM 年 YYYY

(2) 持牌人為公司 / 團體
Licensee which is a Company / Organisation

持牌人的董事 / 高級人員 / 成員 / 幹事名單 **List of Directors / Officers / Members / Office-bearers of the Licensee ‡**

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)	姓名(中文) 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#			

‡如持牌人屬公司，請列出公司董事名單。If the licensee is a company, please list out all directors of the company.

如持牌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 licensee 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.

如持牌人屬社團，請列出幹事名單。If the licensee 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.

持牌人聲明（持牌人為公司／團體）

Declaration of Licensee (which is a Company / Organisation)

本人代表持牌人及其董事／高級人員／成員／幹事（下稱“吾等”）謹此聲明－

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

1. 本中心的處所用途是符合相關的政府租契的條款。吾等明白此乃持牌人的責任確保本中心的處所用途符合任何有關條例及規例。

The use of the premises of this Centre complies with the conditions of the Government lease concerned and we understand that it is the licensee’s responsibility to ascertain that the use of the premises of this Centre 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，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 of this Centre is wholly responsible for the operation of this Centre, including ensuring the compliance of this Centre 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. 吾等過去 5 年沒有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）。

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

5. 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.

6. 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.

7. 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 any offence under the Ordinance with a sentence to imprisonment (whether suspended or not) in the past 5 years.

8. 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.

9. 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。

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 in the past 5 years.

持牌人聲明（持牌人為公司／團體）（續）

Declaration of Licensee (which is a Company / Organisation) (Cont.)

10. （持牌人為公司適用）

本公司並無開始清盤。

如本公司在領有私營醫療機構有效牌照的期間開始清盤，吾等會於得悉後的 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 licensee which is a company)

This company has not commenced to be wound up.

If our company has commenced to be wound up while being a licensee of a private healthcare facility under the Ordinance, 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 company name and business registration number) within 1 month after we become aware of the commencement of the winding up proceedings.

11. 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。

While being a licensee of a private healthcare facility under the Ordinance, if any of the directors/officers/members/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 ORPHF 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.

12. 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.

姓名 Name

簽署 Signature

持牌人授權代表姓名
Name of the Authorized Representative of Licensee

獲持牌人授權代表簽署（代表持牌人及持牌人的董事／高級人員／成員／幹事）
Signature of the Authorized Representative of the Licensee (for and on behalf of the Licensee and Directors/Officers/Members/Office-bearers of the Licensee)

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
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