



CERVICAL SCREENING PROGRAMME

Registration Form
for Service Providers

(Please read Notes to Applicant, Terms and Conditions and Personal Information Collection Statement overleaf and fill in this form in BLOCK letters)

Personal Particulars of Service Provider

English name*: <i>Surname</i> _____ <i>Given name</i> _____ <small>(As on HKID/passport)</small>		Chinese name*: _____ <small>(If any, as on HKID/passport)</small>
HKID no.*: _____	Date of birth: ____/____/____ <small>Day Month Year</small>	HKMC/HKNC registration no.*: _____
Profession*: <input type="checkbox"/> Specialist: _____ <input type="checkbox"/> General Practitioner <input type="checkbox"/> Nurse <small>(Please specify specialty)</small>		
Gender*: <input type="checkbox"/> Male <input type="checkbox"/> Female	Title*: <input type="checkbox"/> Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms	
Mobile Tel. no.:	Wish to display clinic information on CSP website? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Preferred means of correspondence*: <input type="checkbox"/> Post <input type="checkbox"/> E-mail	E-mail address: _____	
Type of practice: <input type="checkbox"/> Private <input type="checkbox"/> Subvented non-governmental organization <input type="checkbox"/> Government <input type="checkbox"/> Hospital Authority <input type="checkbox"/> Others: _____		
Clinic/Hospital where you take cervical smear for your clients (for correspondence and tracing test results)	1. Clinic/Hospital Name* _____	
	Address* _____	
	Tel. no.* _____ Fax no. _____ <input type="checkbox"/> HK <input type="checkbox"/> KLN <input type="checkbox"/> NT	
	2. Clinic/Hospital Name* _____	
Address* _____		
Tel. no.* _____ Fax no. _____ <input type="checkbox"/> HK <input type="checkbox"/> KLN <input type="checkbox"/> NT		
Test results submission in the future*: (Please select one) <input type="checkbox"/> by yourself <input type="checkbox"/> by laboratories listed below (if they also register with CSP)		
Laboratory to which you send cervical smears* (for tracing test results)	1. Laboratory Name* _____	
	Address* _____	
	Contact Person* _____ <input type="checkbox"/> HK <input type="checkbox"/> KLN <input type="checkbox"/> NT	
	Tel. no.* _____ Fax no. _____	
	2. Laboratory Name* _____	
	Address* _____	
	Contact Person* _____ <input type="checkbox"/> HK <input type="checkbox"/> KLN <input type="checkbox"/> NT	
	Tel. no.* _____ Fax no. _____	

Declaration

- I confirm that the information given is correct and complete.
- I agree to take part in the Cervical Screening Programme (CSP) as a service provider and will provide the CSP with clients' information who have registered with CSP.
- I fully understand the Personal Information Collection Statement overleaf and I agree to let my personal data to be used as stated.
- I have read and understand the Terms and Conditions overleaf.
- I agree that the above mentioned laboratories can transfer the result of smears taken by me to the CSP (if I choose my labs to submit data).

Applicant's signature: _____ Date: _____

Thank you for your participation

Delete as appropriate
* indicates a mandatory field and must be provided

Please send this completed form to the Cervical Screening Programme by mail to:



Cervical Screening Programme
Department of Health
18/F, Wu Chung House, 213 Queen's Road East, Wanchai, Hong Kong

Photocopy of the blank form is allowed. Registration can also be done on-line through the website www.csis.gov.hk

Cervical Screening Programme Registration Form – Service Providers

Notes to Applicant

1. Eligibility: medical practitioners, registered nurses and enrolled nurses registered with the Hong Kong Medical Council or Nursing Council who perform cervical screening.
2. Registration to Cervical Screening Programme is free of charge.
3. With the smear result of clients provided to CSIS by you and the laboratories, privileges of joining the Programme include the following:
 - have clinic information displayed on the CSP website (www.cervicalscreening.gov.hk)
 - access your clients' past cervical smear results online (www.csis.gov.hk), if authorized by your clients
 - reminder letters will be sent to your registered clients to remind them to attend for regular smears
 - have a free training kit containing education VCDs, cervical screening manual and pamphlets
 - have feedback on the quality of smears taken by you

Terms and Conditions

1. Women's personal information and test results stored in the CSIS are confidential. You may only access and use this data for health care of the women.
2. You should recruit women to join the CSP and send their completed Registration Form to the CSP.
3. You should complete and send us the paper / online Smear Record Form which lists out women who have received cervical screening from you.
4. You should provide women's smear results and follow-up information to us.
5. You should inform us of any change of personal information by completing the paper / online Information Update Form.

Personal Information Collection Statement

We shall keep your personal data confidential at all times. Our policies and practices with respect to the collection, use, retention, disclosure, transfer, security and access of personal data will be in accordance with the Personal Data (Privacy) Ordinance (Cap. 486).

Purpose of Collection

Your personal data provided to the Cervical Screening Information System (CSIS), which is maintained by the Department of Health (DH), will be used for the following purposes:

- a. Record-linking and transfer of clients' information on examination, test results, diagnosis and treatment or reference by relevant medical professionals and laboratories;
- b. Sending you lists of women overdue for follow-up;
- c. Tracing defaulter for follow-up and treatment;
- d. Preparing statistics for carrying out research or teaching purpose;
- e. For quality assurance of the programme;
- f. Investigating and following up matters related to the programme; and

The provision of personal data is voluntary. If you do not provide sufficient information, we may not be able to prove that you have enrolled in the programme and cannot provide / coordinate services for you and your clients.

Classes of Transferees of Personal Data

The personal data you provide are mainly for use within DH but they may also be disclosed to other health care providers, including doctors and pathology laboratories, Government bureaux/departments or relevant parties for the purposes mentioned above, if required. Apart from this, the data may only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

Access to Personal Data

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

Enquiries

Written enquiries concerning the personal data provided, including the making of access and corrections, should be addressed to Cervical Screening Programme, Department of Health, 18/F Wu Chung House, 213 Queen's Road East, Wanchai, Hong Kong. You may also visit our website: www.cervicalscreening.gov.hk.