



RESTRICTED WHEN ENTERED WITH DATA

CERVICAL SCREENING INFORMATION SYSTEM (CSIS)

Information Update Form
for Laboratory Professional

Please read Personal Information Collection Statement overleaf and fill in this form in BLOCK letters.

(*Mandatory field)

Laboratory Particulars TO BE UPDATED

*Lab English Name:	
*Lab Chinese Name:	*E-mail Address:
*Address: _____ <div style="text-align: right;"><input type="checkbox"/> HK <input type="checkbox"/> KLN <input type="checkbox"/> NT</div>	
*Tel. no.:	Fax no.:

Personal Information TO BE UPDATED

	Person in-charge	Staff	Staff
English Name Surname Given name <small>(As on HKID card)</small>	_____	_____	_____
Chinese Name <small>(As on HKID card)</small>			
Title	<input type="checkbox"/> Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms	<input type="checkbox"/> Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms	<input type="checkbox"/> Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Ms
Profession		<input type="checkbox"/> Pathologist <input type="checkbox"/> Cytotechnologist <input type="checkbox"/> Medical laboratory technologist	<input type="checkbox"/> Pathologist <input type="checkbox"/> Cytotechnologist <input type="checkbox"/> Medical laboratory technologist
Preferred Means of Correspondence	<input type="checkbox"/> E-mail <input type="checkbox"/> Post	<input type="checkbox"/> E-mail <input type="checkbox"/> Post	<input type="checkbox"/> E-mail <input type="checkbox"/> Post
E-mail Address			
Others			
*Declaration	1. I / We confirm that the information given is correct and complete. 2. I / We fully understand the Personal Information Collection Statement overleaf and I/We agree to let my/our personal data to be disclosed by the relevant parties listed in the Statement to the Department of Health for the stated purposes. A copy of this consent is valid as the original. This consent shall remain valid unless and until written notice of my/our revocation is/are received by the said relevant parties which actually have in their possession my/our personal data and which have been authorized to provide such data.		
*Signature			

Endorsed by: _____
(Signature of the person in-charge with company chop)

Date: _____



Please send the completed form by post to the **Cervical Screening Programme Office, Department of Health**
Room 10, 5/F, 134 Queen's Road West, Sai Ying Pun, Hong Kong
Photocopy of the blank form is accepted. Information update can also be done online at www.csis.gov.hk

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Cervical Screening Information System Information Update Form (Laboratory Professional)

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) and are as set out in this Statement.

Purpose of Collection

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

1. Record-linking and transferring of clients' information on examination, test results, diagnosis and treatment or reference by relevant medical professionals and laboratories;
2. Preparing statistics for research or teaching purposes;
3. For quality assurance of the CSIS;
4. Investigating and following up matters related to the CSIS; and
5. Facilitating organisation of activities related to cervical screening.

The provision of personal data is voluntary. If you do not provide sufficient information, we may not be able to prove that you have registered with the CSIS and cannot provide / coordinate services for you.

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 healthcare 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

Enquiries concerning the personal data provided, including the making of access and corrections, should be addressed to Cervical Screening Programme Office, Department of Health, Room 10, 5/F, 134 Queen's Road West, Sai Ying Pun, Hong Kong. You may also visit our website: www.cervicalscreening.gov.hk.