



RESTRICTED WHEN ENTERED WITH DATA

# CERVICAL SCREENING INFORMATION SYSTEM (CSIS)

Information Update Form

for Service Provider

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

(\*Mandatory field)

## \*Personal Particulars

*English Name: <i>(As on HKID)</i>	<i>Surname</i>	<i>Given name</i>	*Chinese Name: <i>(If any, as on HKID)</i>
*HKID Number:			

## Information TO BE UPDATED

Daytime Contact Telephone Number: _____			
Preferred Means of Correspondence: <input type="checkbox"/> Post <input type="checkbox"/> E-mail: _____ <i>(Please select one. If "E-mail" is chosen, "E-mail address" must be provided.)</i>			
Type of Practice:	<input type="checkbox"/> Private	<input type="checkbox"/> Subvented Non-governmental Organisation	<input type="checkbox"/> University
	<input type="checkbox"/> Government	<input type="checkbox"/> Hospital Authority	<input type="checkbox"/> Others: _____
Clinic/Hospital Information			
Clinic/Hospital Name: _____			
Address: _____			
Tel. no.: _____	Fax no.: _____	<input type="checkbox"/> HK	<input type="checkbox"/> KLN <input type="checkbox"/> NT

### This part is not applicable to doctors or nurses of the Department of Health.

Wish to display clinic information on our website? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Test results submission in the future: <input type="checkbox"/> by yourself <i>(Please select one.)</i> <input type="checkbox"/> by laboratory listed below <i>(if they are registered with CSIS)</i>			
Laboratory to which you send cervical screening: <i>(for tracing test results)</i>			
Laboratory Name: _____			
Address: _____			
Contact Person: _____		<input type="checkbox"/> HK	<input type="checkbox"/> KLN <input type="checkbox"/> NT
Tel. no.: _____	Fax no.: _____		

Others: _____
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## \* Declaration

<ol style="list-style-type: none"> <li>I confirm that the information given is correct and complete.</li> <li>I fully understand the Personal Information Collection Statement overleaf and I agree to let my 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 revocation is received by the said relevant parties which actually have in their possession my personal data and which have been authorized to provide such data.</li> <li>I agree that the above mentioned laboratory can transfer the result of screening taken by me to the CSIS (if I choose my laboratory to submit data).</li> </ol>
Signature: _____ 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](http://www.csis.gov.hk)

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## **Cervical Screening Information System Information Update Form (Service Provider)**

### **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 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; and
4. Investigating and following up matters related to the CSIS.

The provision of personal data is voluntary. If you do not provide sufficient information, we shall not be able to prove that you have registered with the CSIS 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**

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](http://www.cervicalscreening.gov.hk).