



RESTRICTED WHEN ENTERED WITH DATA

CERVICAL SCREENING PROGRAMME

Information Update Form

for Service Providers & Laboratory Professionals

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

Personal Particulars*

English name*: Surname Given names Chinese name*: (As on HKID) (If any, as on HKID)
HKID no.*:
User type*: [] Service provider [] Laboratory professional

Information to be updated

Daytime contact telephone no.:
Preferred means of correspondence: [] Post [] E-mail:
Type of practice: [] Private [] Subvented non-governmental organisation [] University [] Government [] Hospital Authority [] Others:
Clinic/Hospital information:
Clinic/Hospital Name:
Address:
Tel. no.: Fax no.: [] HK [] KLN [] NT

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

Wish to display clinic information on CSP website? [] Yes [] No
Test results submission in the future: [] by yourself [] by laboratory listed below (if they are registered with CSP)
Laboratory to which you send cervical smears: (for tracing test results)
Laboratory Name:
Address:
Contact Person: [] HK [] KLN [] NT
Tel. no.: Fax no.:

Others:

Declaration

1. I confirm that the information given is correct and complete.
2. I fully understand the Personal Information Collection Statement overleaf and I agree to let my personal data to be used as stated.
3. I agree that the above mentioned laboratory can transfer the result of smears taken by me to the CSP (if I choose my laboratory to submit data).
Signature: Date:

* Mandatory field must be provided.

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



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 allowed. Information update can also be done on-line through the website www.csis.gov.hk.

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Cervical Screening Programme Information Update Form – Service Providers & Laboratory Professionals

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. Tracing defaulter for follow-up and treatment;
- c. Preparing statistics for carrying out research or teaching purpose;
- d. For quality assurance of the programme; and
- e. Investigating and following up matters related to the programme.

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.