



RESTRICTED WHEN ENTERED WITH DATA

Ref no.:

Registration Form
for Service Providers

CERVICAL SCREENING PROGRAMME

(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>(As on HKID)</i>		Surname		Given name		Chinese name*: <i>(If any, as on HKID)</i>	
HKID no.*:				Daytime contact telephone no.:			
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			
Profession*: <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse				HKMC/HKNC registration no.*#:			
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 where you take cervical smear for your clients*: <i>(for correspondence and tracing test results)</i>							
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							

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

Wish to display clinic information on CSP 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 CSP)</i>	
Laboratory to which you send cervical smears*: <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.: _____	

Declaration

<ol style="list-style-type: none"> 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 laboratory can transfer the result of smears taken by me to the CSP (if I choose my laboratory to submit data).
Applicant's signature: _____ Date: _____

* Mandatory field must be provided

Delete as appropriate

Please send the completed form with a photocopy of your **Practising Certificate** to the following address by mail to:

 **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. Registration can also be done on-line through the website www.csis.gov.hk

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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 cancer screening.
2. Registration 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 authorised by your clients
 - reminder letters will be sent to your registered clients to remind them to attend for regular smears
 - have a free health education resources kit

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 provide women's smear results and follow-up information to us.
4. 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. 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.

Provision of a photocopy of your **Practising Certificate** is necessary for identity verification purpose. If you do not provide sufficient information, we shall 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

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.