



RESTRICTED WHEN ENTERED WITH DATA

CERVICAL SCREENING INFORMATION SYSTEM (CSIS)

Registration Form

for Service Provider

Please read Notes to Applicant, Terms and Conditions and Personal Information Collection Statement overleaf and fill in this form in BLOCK letters.
(*Mandatory field; # Delete as appropriate)

Personal Particulars

*English Name: <i>Surname</i> _____ <i>Given name</i> _____ <small>(As on HKID)</small>		*Chinese Name: _____ <small>(If any, as on HKID)</small>
*HKID Number: _____		Daytime Contact Telephone Number: _____
*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		*MCHK/NCHK Registration Number #: _____
*Preferred Means of Correspondence: <input type="checkbox"/> Post <input type="checkbox"/> E-mail: _____ <small>(Please select one. If "E-mail" is chosen, "E-mail address" must be provided.)</small>		
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 screening 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 our website? ☐ Yes ☐ No

*Test results submission in the future: ☐ by yourself
(Please select one.) ☐ by laboratory listed below *(if they are registered with CSIS)*

*Laboratory to which you send cervical screening: *(for tracing test results)*

*Laboratory Name: _____
*Address: _____
*Contact Person: _____ ☐ HK ☐ KLN ☐ NT
*Tel. no.: _____ Fax no.: _____

* Declaration

1. I confirm that the information given is correct and complete.
2. I agree to register with the Cervical Screening Information System (CSIS) as a service provider and will provide the CSIS with information of CSIS registrants.
3. 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.
4. I have read and understand the Terms and Conditions overleaf.
5. 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).

Applicant's Signature: _____ Date: _____



Please send the completed form with a photocopy of your **Practising Certificate** 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. Registration can also be done online at www.csis.gov.hk

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Cervical Screening Information System Registration Form (Service Provider)

Notes to Applicant

1. The Cervical Screening Information System (CSIS) is a computerised registry for keeping and processing data related to cervical screening, including participants' personal information, screening results and next recommended screening date.
2. Eligibility: medical practitioners, registered nurses and enrolled nurses registered with the Medical Council of Hong Kong or the Nursing Council of Hong Kong who perform cervical cancer screening.
3. Registration is free of charge.
4. With the screening result of clients provided to the CSIS by you and the laboratories, privileges of joining the CSIS include the following:
 - have clinic information displayed on our website (www.cervicalscreening.gov.hk)
 - access your clients' past screening records on the CSIS (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 screening
 - receive a free health education resources kit

Terms and Conditions

1. Registered client's personal information and test results stored in the Cervical Screening Information System (CSIS) are confidential. You may only access and use this data for health care of the registered clients.
2. You should recruit clients to join the CSIS and send their completed Registration Form to our office.
3. You should provide registrants' screening results and follow-up information to us.
4. You should inform us of any change of personal information using the 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) 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.

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 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.