

## 《私營醫療機構條例草案》委員會

### 二零一八年一月十二日草案委員會會議的跟進事項 政府回應

#### 目的

本文件載述政府就二零一八年一月十二日《私營醫療機構條例草案》（《條例草案》）委員會會議的跟進事項所作的回應。

#### 免除對兩所大學的規管

2. 《條例草案》旨在規管為公眾提供醫療服務的私營醫療機構。我們的立法原意是為了配合不斷轉變的醫療環境（例如正冒起的日間醫療中心和診所市場）而改革現行規管架構，以擴大規管範圍。香港大學（港大）和香港中文大學（中大）都設有一些私營醫療機構，而這些機構主要目的是作教學和研究用途，而非提供服務。

3. 兩所大學已按機構性質和獨特的持份者群組<sup>1</sup>的需要，為其轄下的醫療機構設立穩健適切的管治架構。管治架構包括投訴管理制度及醫療事件呈報和處理制度，相關文件載於**附件A**。兩所大學在設立這些制度時，已參考醫院管理局及菲臘牙科醫院的有關制度。在有關制度下，兩所大學可成立委員會或小組調查投訴或事件，委員會或小組的組成則按每個個案的情況而定。就立法會CB(2)196/17-18(02)號文件附件所載的14間由兩所大學成立的現有機構而言，負責接收病人作出的投訴，以及接收醫療事件呈報的各方的名稱和聯絡資料載於**附件B**。

4. 我們認為，第3段所指的14間現有機構，都符合主要用於醫學或牙醫學的教學或研究的準則。就註冊醫生或註冊牙醫提供的服務而言，絕大部分（如非全部）病人都有涉及教學或研究活動。在這些機構接受服務的病人，須因應教學及／或研究的目的而填妥同意書。這些同意書的樣本載於**附件C**。

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<sup>1</sup> 這些持份者包括但不限於大學管理層、病人、教研人員、學生、政府和學術界。

## 對持牌人的要求

5. 根據《條例草案》第 14 條，醫院牌照的申請人須屬由一個董事會（不論如何稱述）營運的公司或其他法人團體。除了醫院和附表診所外，其他私營醫療機構牌照的申請人可屬個人、合夥、公司、並非公司的法人團體，以及社團。我們建議的安排是考慮到就醫院而言，其營運模式一般較為複雜，營運規模亦較為龐大。因此，我們認為確保醫院的持牌人設立嚴謹的企業管治制度，並由董事會監督該制度的執行是合適的安排。另一方面，由於其他類型的私營醫療機構的服務規模和範圍各異，我們認為應容許申請人為法人或自然人，以保留對這項要求的彈性。

6. 《條例草案》第 94 條是關於法人團體，或任何人以並非法團的團體的成員身分所犯的罪行。如法人團體犯《條例草案》所訂罪行，而該罪行經證明是在第 94 條指明的人的同意或縱容下犯的，或是可歸因於該條指明的人的疏忽或不作為的，則該名指明的人亦屬犯該罪行。該條指明的人包括該法人團體的董事、幕後董事、公司秘書、主要人員或經理，或關涉該法人團體的管理的任何其他人<sup>2</sup>。我們認為，《條例草案》第 94 條有助阻嚇持牌私營醫療機構（無論持牌人是否法人）在新規管制度下嚴重不遵從規定的行為。

7. 我們無意為作為法人的持牌人加設資本要求。在新規管制度下引入上述要求是不相稱的，並有可能會窒礙較小型的私營醫療機構提供醫療服務。其他以處所為本，為某些福利和教育機構而設的類似法定發牌制度，例如安老院、殘疾人士院舍和學校的發牌制度等，均無類似要求。

## 在進行美容紋身時使用局部麻醉劑

8. 食物及衛生局在 2012 年成立私營醫療機構規管檢討督導委員會（督導委員會）。督導委員會轄下的區分醫療程序和美容服務工作小組建議，豁免傳統紋身和穿環的程序被歸類為“醫療程序”，但在引致併發症風險較高的身體部位（如眼睛附近、舌頭等）施程序時，要格外小心。建議獲督導委員會通過。

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<sup>2</sup> 為避免令相關人士承受過度沉重的責任，《條例草案》第 95 條為《條例草案》所訂罪行，訂明已作應盡的努力，作為免責辯護。

9. 局部麻醉劑常見於外用軟膏或凝膠、噴劑、眼藥水和注射劑。不恰當使用局部麻醉劑，就算是外用，均可能出現過度的系統性吸收，並導致可致命的不良反應，例如心律不整、癲癇發作、呼吸困難和休克<sup>3</sup>。局部麻醉劑只應在合資格的醫護專業人員的監督或建議下使用。

10. 局部麻醉劑屬於《藥劑業及毒藥條例》（第 138 章）所規管的藥劑製品。任何人只可從註冊醫生，或從註冊藥劑師監督下的獲授權毒藥銷售商（即藥房）取得含第 1 部毒藥（例如利多卡因，一種常用於局部麻醉劑的有效成份）的外用麻醉劑，並供該人使用。非法管有第 1 部毒藥屬刑事罪行，最高罰則為罰款 100,000 元及監禁兩年。另一方面，只作外用而其利多卡因（或利多卡因的鹽類）的含量不多於 0.7% 的製品，則可從第 1 部毒藥的銷售限制中獲得豁免。這類製品只要取得註冊，便能作一般銷售。現時，共有 45 款具不同用途而含有利多卡因成份的外用產品在香港註冊。該些藥品的利多卡因含量為 0.5% 至 10% 不等。

11. 就美容服務提供者而言，在 2012 至 2017 年期間，因觸犯第 138 章有關非法管有第 1 部毒藥或未經註冊的藥劑製品，並涉及局部麻醉劑的定罪個案共有五宗。當中兩宗定罪個案涉及麻醉藥膏，而被定罪的人士為同一人。因觸犯《醫生註冊條例》（第 161 章）有關非法行醫而被定罪的則有四人，當中一人同時因非法管有第 1 部毒藥和未經註冊的藥劑製品（包括麻醉藥膏）而被定罪。

12. 有見於美容業界就麻醉藥膏的供應和使用提出的關注，我們研究了相關海外做法和現行第 138 章之下的規管架構。在規管架構與香港相類似的司法管轄區，衛生監管機構和相關組織會向紋身服務提供者發出指引，提醒他們不能向顧客供應局部麻醉劑；而局部麻醉劑則應由顧客自行從註冊醫生或註冊藥房取得<sup>4</sup>。在香港，衛生署透過發出

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<sup>3</sup> 美國食品及藥物管理局於 2007 年，就美容程序中使用外用麻醉劑而引起危害生命的副作用發出警告；並錄得兩宗於脫毛程序中使用外用麻醉劑（利多卡因和丁卡因）而導致死亡的個案。

<sup>4</sup> 例子為：

- (a) “Beauty treatment – hygiene standards (Fact sheet)” (澳洲新南威爾斯州政府 NSW Health, 2016 年 2 月)；
- (b) “What business need to know about personal appearance services - Public Health (Infection Control for Personal Appearance Services) Act 2003” (澳洲昆士蘭州政府 Queensland Health, 2014 年 8 月)；
- (c) “The Civic Government (Scotland) Act 1982 (Licensing of Skin Piercing and Tattooing) Order 2006 - Local Authority Implementation Guide” (Scottish Licensing of Skin Piercing and Tattooing Working Group, 2018 年 1 月)；以及

新聞稿和文件（例如包括有關紋身等美容程序的單張），以及舉辦不同活動，讓公眾和美容業界知悉有關美容程序的風險和注意事項。

## **香港病理學專科學院的建議**

13. 現時，除根據《輔助醫療業條例》（第 359 章）獲得豁免的人士（如註冊醫生作其專業執業）外，任何從事醫務化驗師專業的人士均須根據第 359 章註冊；而任何經營從事醫務化驗師專業業務的公司，須至少有一名董事為已註冊的第 I 部分醫務化驗師。再者，作為根據第 359 章成立的法定機構，醫務化驗師管理委員會負責處理醫務化驗師的註冊事宜，並促進全港所有註冊醫務化驗師在專業實務及專業操守方面達到足夠水準。任何醫務化驗師如違反其註冊的條件，均有可能面臨研訊或紀律行動。第 359 章亦禁止醫務化驗師，在醫務化驗師管理委員會認為不適宜從事其專業的處所內執業。

14. 香港病理學專科學院建議，在上述現有的規管架構以外，於《條例草案》為醫務化驗所引入以處所為本的規管制度。我們備悉香港病理學專科學院的建議。在改革後的規管制度下，我們將集中規管註冊醫生和註冊牙醫執業的處所。我們認為現時無需在《條例草案》下規管醫務化驗所。然而，在新的規管制度下，於持牌私營醫療機構的處所內提供病理服務，會被視為機構服務的一部分並受到規管。

**食物及衛生局**

**衛生署**

**二零一八年二月**

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(d) “Tattooing and body piercing guidance: toolkit” (英格蘭一個跨組織工作小組，2013 年 7 月)。



## **Standard Operating Policy**

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### **Feedback / Complaint Handling**

#### **Introduction**

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- 1.0** This policy details the protocol for handling comments, concerns, compliments and complaints from patients or their carers about any aspects of the care, treatment and service provided by HKU Health System direct service units.

#### **Objective**

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- 2.0** To establish a standard overall approach to handling of feedback/complaints across the HKU Health System direct service units that will help to:
- resolve comments, concerns/complaints as quickly and effectively as possible, through an informal response by a frontline member of staff; and if this is not possible, then through a more formal investigation and conciliation in an open and non-defensive way; and
  - improve quality of service by identifying lessons learned and by implementing corresponding improvements in service.

#### **Scope**

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**3.0 Scope**

- 3.1** This policy is applicable to all direct services units within the HKU health system.
- 3.2** This policy refers to the handling of all comments, concerns, compliments and complaints from patients or their carers.

#### **Policy**

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**4.0 Policy**

- 4.1** HKU health System is committed to an effective and fair feedback/complaints handling system and supports a culture of openness and willingness to learn from incidents including complaints. The complaints process should also be linked to the incident and risk management process.
- 4.2** A patient has the right to make a complaint and to have their complaint dealt with promptly and fairly. Patients are also encouraged to provide other feedback, be they comments, concerns, compliments or feedback on our complaints handling process to:
- tell us what is working;
  - help identify potential service problems;
  - help identify risks and prevent them from getting worse;
  - highlight opportunities for staff improvement; and
  - provide the information we need to review our services and procedures effectively.

## 4.0 Policy

- 4.3 A staff must be assigned as the contact to handle feedback / complaints in each unit/clinic.
- 4.4 A notice on the channels for receiving comments, concerns, compliments and complaints must be posted up in each unit/clinic for patients' information.
- 4.5 A record of the details of the complaints received, investigation findings and actions taken is to be kept.
- 4.6 Personal information in individual complaints is to be kept secure with restricted access and confidential and only be made available to those who need it to deal with the complaint.
- 4.7 A complaint digest is to be provided by each unit/clinic to their Board and copied to the HKU health System at least annually.

## 4.8 Procedure

- 4.8.1 Feedback/complaints may be received in person, over the telephone or in writing. Staff at all levels must accept feedback/complaints and know what action they can take to resolve them.
- 4.8.2 An overview flowchart of the HKU health System three tier feedback/complaints handling procedure is shown at Appendix 1.

### 4.8.3 Tier 1: Service Delivery level

It has generally been recognized that the most effective and efficient way to handle complaints is to resolve them at the Service Delivery level. Therefore, all complaints should initially be handled at the service delivery level. For this purpose all HKU Health System direct service units/clinics are required to have in place a mechanism to handle feedback/complaints which complies with this protocol.

Clinicians and other staff at the Service Delivery level are expected to attempt resolution of complaints and concerns at the point of service, wherever possible and within the scope of their role and responsibility.

### 4.8.4 Tier 2: Faculty: HKU health System

If a complainant is dissatisfied with the handling of their complaint at the service delivery level, the unit/clinic in-charge may escalate the complaint, or the complainant can directly take their complaint, to the Faculty level (Tier 2) for further review. For this purpose, the complainant should be advised by staff of the following contact information:

Tier 2, Faculty level, contact information:

*Clinical Director, HKU Health System,  
LKS Faculty of Medicine, HKU  
Telephone number: 3917 9981  
Email: adawylai@hku.hk  
Fax number: 2855 9742*

## 4.0 Policy

### 4.8.5 Tier 3: University Level

If a complainant continues to be dissatisfied with the handling of their complaint following further review at the Faculty level, the unit/clinic in-charge may escalate the complaint, or the complainant can directly take their complaint, to the University level (Tier 3) for further review. For this purpose, they should be advised by staff of the following contact information:

Tier 3, University level, contact information:

*Registrar, Registry  
The University of Hong Kong  
10/F, Knowles Building  
Pokfulam Road, Hong Kong  
Tel. No. 2859 2222  
Email: registry@hku.hk  
Fax. No. 2546 0456*

## Guideline

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### 5.0 Guidelines

- 5.1 Listening to, understanding and acting to improve the patient experience are essential to the delivery of high quality care.
- 5.2 The emphasis for all forms of feedback, comments and concerns should be on early and local resolution. Staff should always respond positively and appropriately to anyone who provides feedback, comments or concerns and:
- acknowledge the feedback, comment or concern in an open and honest way demonstrating sensitivity and understanding;
  - ensure that the patient's immediate health care needs are being met as appropriate before dealing with the issue;
  - clarify the nature of the feedback, comment or concern using the appropriate method of communication for the situation and the individual whilst demonstrating that the information has been listened to and understood;
  - establish the expected outcome of the person providing the feedback comment or concern; and
  - provide an honest and objective response.
- 5.3 To assist in the investigation stage of complaint handling, the responsible officer may establish a committee of experts or other appropriate persons.

## Reference

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### 6.0 References

#### 6.1 Legislation and Regulations

- 6.1.1 Code of Practice For Private Hospitals, Nursing Homes and Maternity Homes, Chapter 7, pages 31-32.

## 6.2 Definitions

- 6.2.1** Complaint: A complaint is an expression of dissatisfaction about a service offered by the clinical unit. It may be made by a patient or a person on behalf of a patient or visitor and a formal investigation is undertaken. Complaints may be lodged verbally or in writing (by letter, fax or email).
- 6.2.2** Complainant: the person making the complaint, whether on behalf of themselves or another.
- 6.2.3** Concern usually where the patient or a person on behalf of the patient is requesting further information about the patient's treatment or care.
- 6.2.4** Comments usually requests for further information such as appointment times.
- 6.2.5** Compliment may be expressed by a person who is happy with any part of a service they receive.

## Appendix

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### 7.0 Appendix

#### 7.1 HKU Health System Feedback and Complaint Handling Flowchart



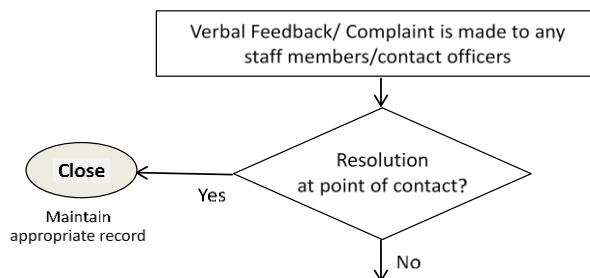
# HKU Health System Feedback and Complaint Handling Flowchart

## Tier 1: Service Delivery Level

### Local Resolutions

#### Time Frames:

**Acknowledge** verbal complaint  
Immediately or within 24 hours



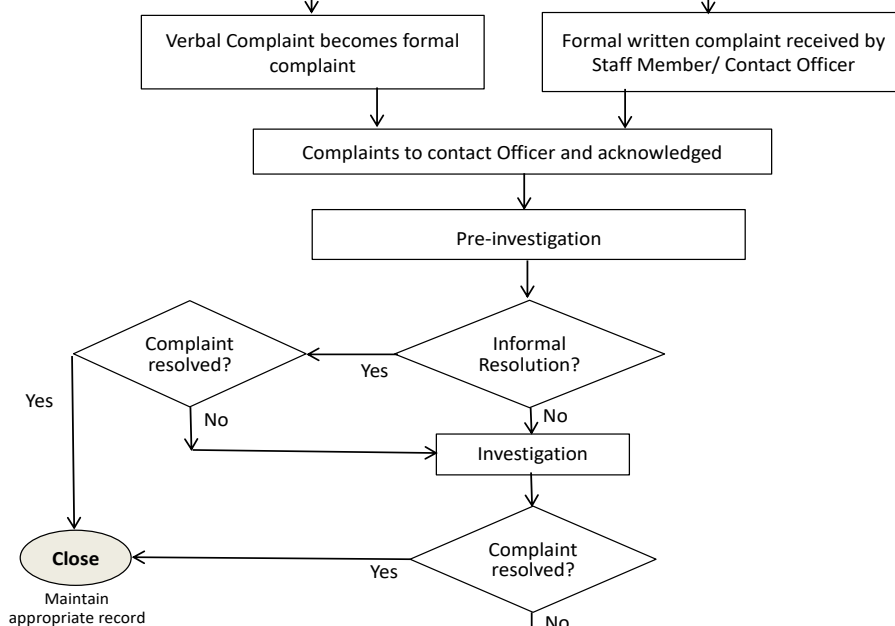
## Local Investigation

### Time Frames:

**Acknowledge** within 5 working days from receipt of complaint

**Investigate** within 30 working days or

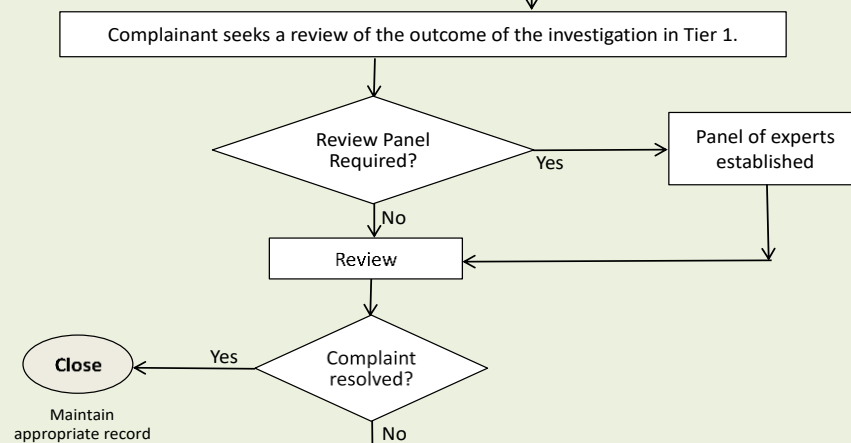
**Communicate** progress report within 30 working days with updates every 20 working days



## Tier 2: Faculty Level

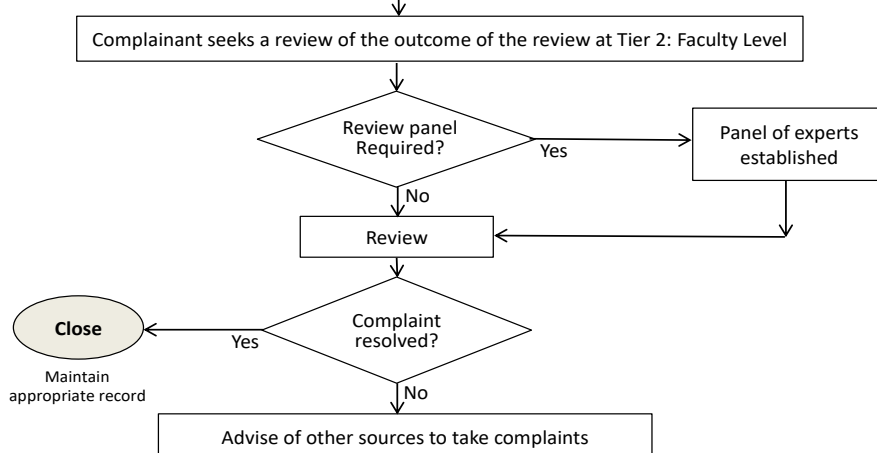
### HKU Health System

Clinical Director, HKU Health System,  
LKS Faculty of Medicine, HKU  
Telephone number: 3917 9326



## Tier 3: University Level

Registrar 教務長  
Registry 教務處  
The University of Hong Kong  
10/F, Knowles Building  
鈕魯詩樓  
Pokfulam Road, Hong Kong  
Tel. No. 2859 2222





## **Standard Operating Policy**

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### **Incident Reporting**

#### **Introduction**

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- 1.0** This policy details the protocol for reporting an incident, adverse event or near-miss that involves patients, visitors or staff.

#### **Objective**

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**2.0 Objective**

- 2.1** Its aim is to ensure a consistent and coordinated approach to incident management including the identification, notification, investigation and analysis of incidents/events resulting in appropriate improvement action.
- 2.2** It provides the framework for an open, non-punitive system of reporting actual incidents, near misses and unsafe conditions with the aim to decrease the probability of incurring adverse outcomes and prevent recurrences. The investigation/analysis will also identify areas for system or process improvement.

#### **Scope**

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- 3.0** This policy is applicable to all staff working in HKU Health System direct service units/clinics.

It provides the framework for the reporting of any incident which involves:

- Clinical safety issues;
- Infection control issues;
- Injuries sustained by visitors; and
- Work related injury sustained by staff.

#### **Policy**

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**4.0 Policy**

- 4.1** It is the responsibility of every unit/clinic head to establish a mechanism for the reporting of incidents and to encourage their staff to report incidents that they become aware of.
- 4.2** Every staff member is encouraged to report any adverse incident, regardless of whether or not the person suffers an adverse outcome, or was a 'near miss', to the unit/clinic head.
- 4.3** All Incident Reports shall be kept strictly confidential and are raised for the purpose of monitoring, process review and continuous improvement.
- 4.4** The Head of Department (HoD) is responsible for ensuring lessons learnt from incidents are acted upon and appropriate measures put in place to minimise the risk of similar incidents taking place.

## Guideline

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### 5.0 Guidelines

#### 5.1 Incidents to report

**5.1.1** Any incident that puts any person (patient, visitor, or staff) in the unit/clinic at risk shall be reported regardless of whether or not the person suffers an adverse outcome.

**5.1.2** Each reported incident must be analysed and the severity of harm classified by Severity Index (SI):

SI = 0, Incident occurred but stopped before reaching patient; no consequence.

SI = 1, Incident occurred and reached patient but no injury sustained.

SI = 2, Minor injury without change in vital signs.

SI = 3, Temporary morbidity with some change in vital signs.

SI = 4, Significant morbidity with significant changes in vital signs.

SI = 5, Major permanent loss of function/disability.

SI = 6, Death.

**5.1.3** The staff member involved in the incident and knowing most about the incident will make the report:

SI = 0 – 1, the incident must be reported through within 48 hours.

SI = 2 – 6, the incident must be reported through within 24 hours.

**5.1.4** Additionally, significant incidents (includes SI = 4-6) resulting in the patient, visitor or staff suffering an adverse clinical outcome or serious injury, shall be immediately reported (verbally) to HoD.

#### 5.2 Investigation/Review

**5.2.1** The purpose of the investigation/review is to determine:

- what happened;
- how it happened;
- why it happened; and
- whether there are learning points for the unit/clinic or wider organisation.

**5.2.2** The HoD will consult with the Clinical Director, HKU Health System to decide on the need to form a Clinical Incident Review panel to conduct Root Cause Analysis (RCA) (mini or full) in accordance with the following guideline:

- SI < 4, investigation is not mandatory.
- SI = 4, mini-RCA is conducted with report completed in 4 weeks and submitted to Clinical Director, HKU Health System.
- SI > 4, will require full RCA is conducted with report completed in 6 weeks and submitted to Clinical Director, HKU Health System.

## 5.0 Guidelines

- 5.2.3 Where a clinical incident review panel to conduct a full Root Cause Analysis is to be formed, this review will be spearheaded by HKU Health System.
- 5.2.4 The investigation/review should follow the principles of a just culture and take a systems approach, meaning that it should not focus on individuals.
- 5.2.5 If the review team considers that there are any issues about the performance of an individual member of staff, this should be referred to the appropriate line manager and HR Department for their action and this aspect should not be the focus of the review.

### 5.3 Feedback of findings and learning

- 5.3.1 Relevant staff must ensure that feedback is given to patients and families where appropriate, and staff, either individually or collectively.

### 5.4 Making improvements

- 5.4.1 Responsible staff at the relevant level must ensure that improvements identified as part of the review are completed. This includes escalating outstanding issues to an appropriate channel for further action, if required.

### 5.5 Accountability Reporting

- 5.5.1 Statistics and nature of all clinical incidents, aggregate review and results from investigations should be reported to the unit/clinic Board and copied to Clinical Director, HKU Health System annually.

## Reference

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### 6.0 References

#### 6.1 Legislation and Regulations

- 6.1.1 *Code of Practice issued by DH under Cap165 Private Hospitals, Nursing Homes and Maternity Homes*
- 6.1.2 *DH Sentinel Event and Serious Untoward Event reporting requirements*

#### 6.2 Definitions

- 6.2.1 Adverse event an incident that results in harm to a patient, staff or a visitor where harm includes disease, injury, suffering, disability and death, which may or may not have been preventable.
- 6.2.2 Clinical incident an event or circumstance during healthcare which could have resulted, or did result, in harm to a patient of the hospital, and includes a feedback/complaint to that effect.

## 6.0 References

- 6.2.3** Near Miss      an incident that had the potential to cause harm, loss or damage, or result in an adverse outcome but was averted by luck or some form of timely intervention.
- 6.2.4** Root Cause Analysis (RCA)      a quality improvement tool; a systematic process for analysing serious clinical incidents to identify:
- What happened?
  - Why it happened?
  - How could it be prevented?
  - What can be learned?

## Appendix

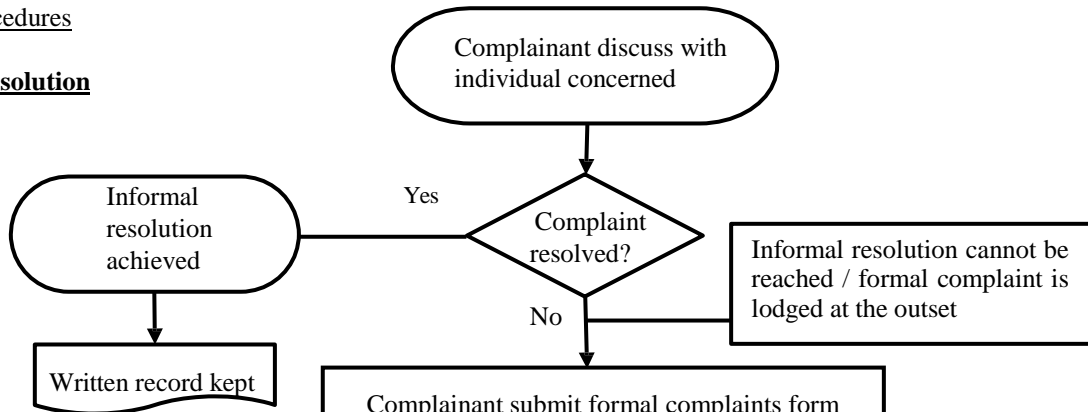
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- 7.0** NA

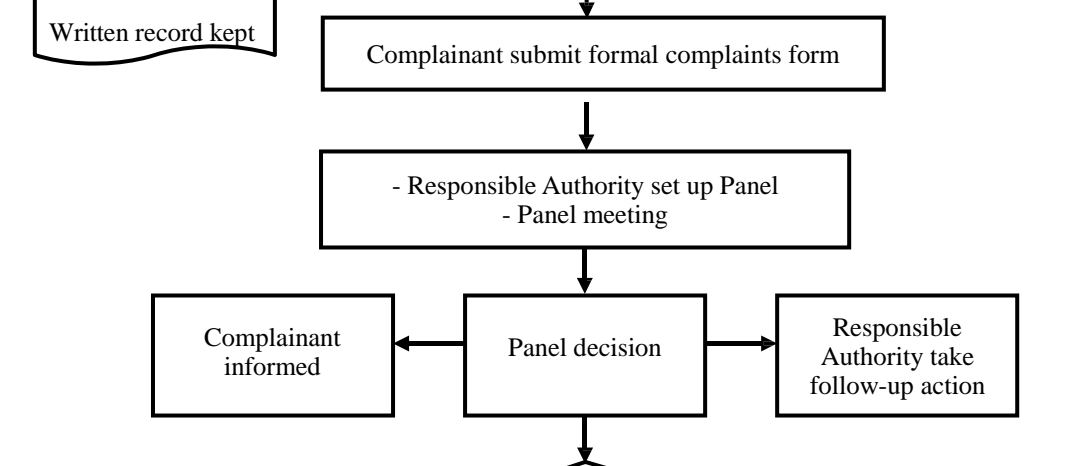
**Procedures for dealing with Complaints/Incident Handling Procedures**

Stage of Procedures

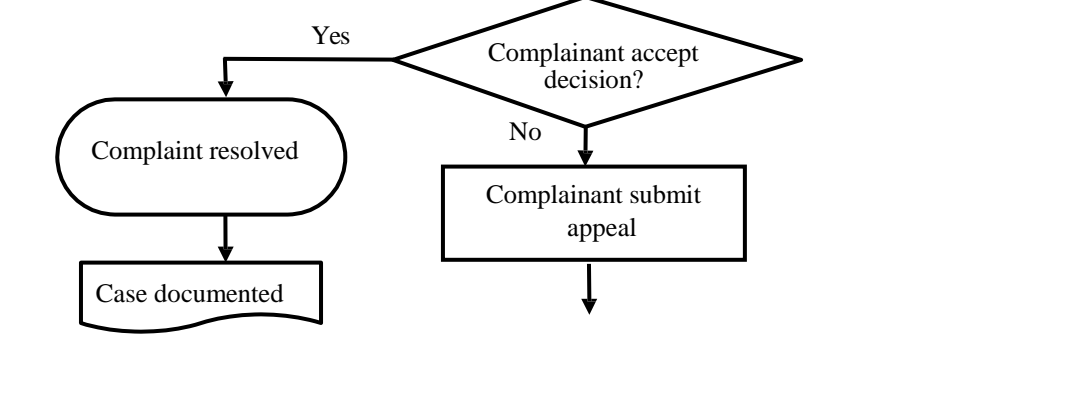
**Informal Resolution**



**Stage 1**  
**Formal Complaint at Dept/ Centre Level**



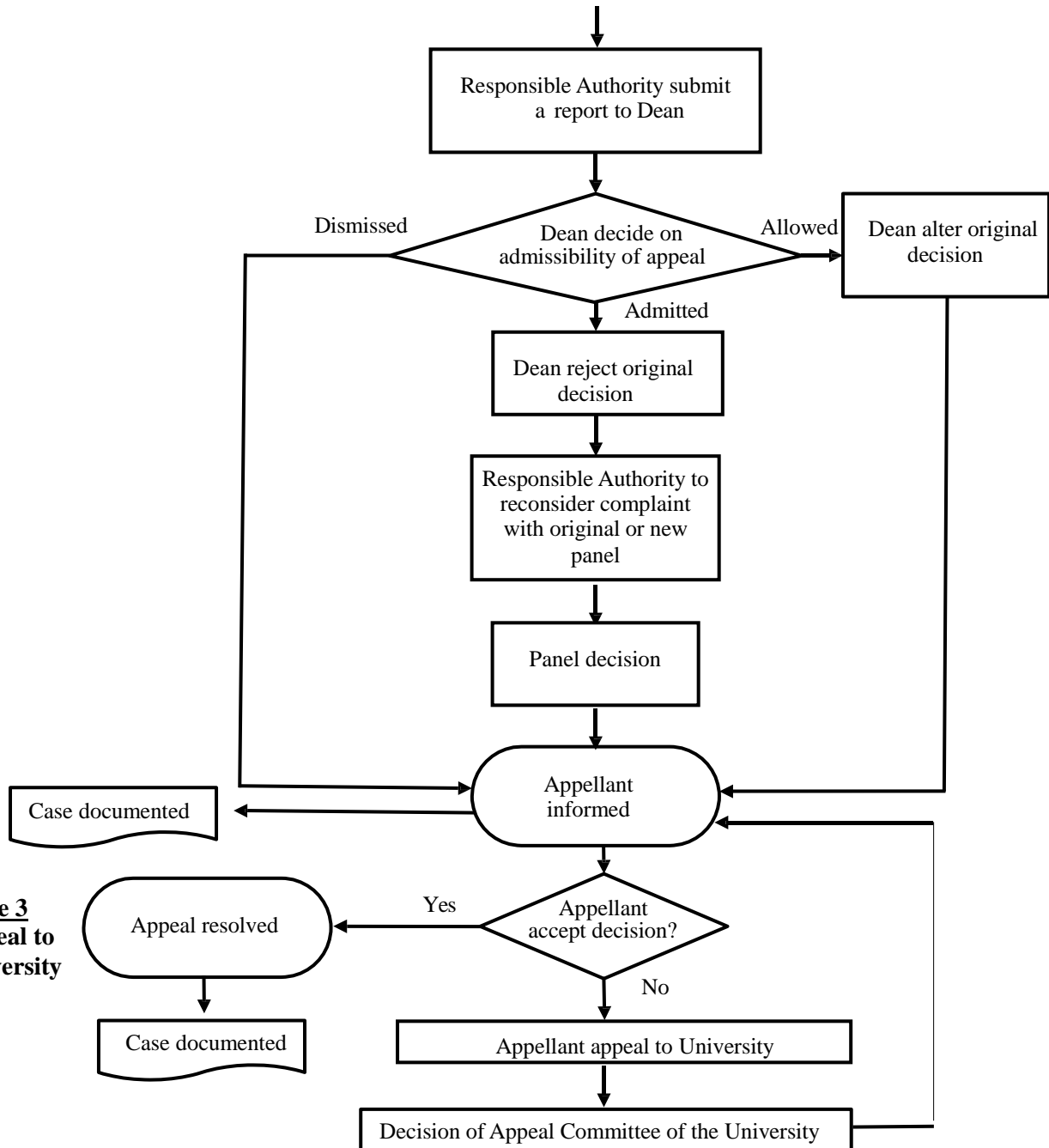
**Stage 2**  
**Appeal to Dean of Faculty of Medicine**



to be continued...

...continued

**Stage 2**  
**Appeal to**  
**Dean of**  
**Faculty of**  
**Medicine**



**Stage 3**  
**Appeal to**  
**University**

**Notes:**

1. Where a case is substantiated as staff misconduct, it will be referred to the University for possible investigation and disciplinary proceedings. If at any point in time, it is believed that the case may involve any breach of law, the University has the right to refer the case to the relevant law enforcement agencies in its absolute discretion.
2. The decision of the University made under this Procedure will be final.
3. This Procedure is administrative guideline adopted by the University and is subject to change by the University from time to time.

## 就現有機構而言，接收病人投訴和事件呈報的聯絡資料

	機構名稱	地址	病人提出投訴的聯絡資料 -			事件呈報的聯絡資料 <sup>1</sup>
			服務提供者層面	學院層面	大學層面	
1.	香港大學放射診斷學系 正電子 - 電腦掃描部 (香港大學)	瑪麗醫院正院新翼 D 座地下	陳潔沁女士 技術經理 電話: 2255 5917 傳真: 2817 5391 電郵: <a href="mailto:kitsum80@hku.hk">kitsum80@hku.hk</a>	雷操爽教授 香港大學李嘉誠 醫學院 香港大學醫療系 統臨床總監 電話: 3917 9981 傳真: 2855 9742 電郵: <a href="mailto:adawylai@hku.hk">adawylai@hku.hk</a>	韋永庚先生 教務長 電話: 2859 2222 傳真: 2546 0456 電郵: <a href="mailto:registry@hku.hk">registry@hku.hk</a>	陳潔沁女士 技術經理 電話: 2255 5917 傳真: 2817 5391 電郵: <a href="mailto:kitsum80@hku.hk">kitsum80@hku.hk</a>
2.	香港大學 3T 磁力共振 掃描部 (香港大學)	沙宣道 5 號香港賽 馬會跨學科研究大 樓 LG3	謝兆棠先生 高級技術經理 電話: 2817 0373/2831 5005 傳真: 2817 4013 電郵: <a href="mailto:tsest@hku.hk">tsest@hku.hk</a>	同上	同上	謝兆棠先生 高級技術經理 電話: 2817 0373/2831 5005 傳真: 2817 4013 電郵: <a href="mailto:tsest@hku.hk">tsest@hku.hk</a>
3.	胡寶星夫人婦女診斷治 療中心 (香港大學)	贊育醫院 2 樓東翼	顏婉嫦教授 香港大學婦產科講座教授 及系主任 電話: 2255 4260 傳真: 2855 0947 電郵: <a href="mailto:lsmlai@hku.hk">lsmlai@hku.hk</a>	同上	同上	顏婉嫦教授 香港大學婦產科講座教授 及系主任 電話: 2255 4260 傳真: 2855 0947 電郵: <a href="mailto:lsmlai@hku.hk">lsmlai@hku.hk</a>

<sup>1</sup> 就名單中的首六間機構而言，本欄列出的聯絡資料是給職員呈報事件的。如病人欲向當中其中一間機構呈報事件，他／她應接洽該機構的職員。該職員將糾正有關情況，並在認為適當的情況下，正式向本欄中列出的聯絡人呈報事件。如病人想親自呈報事件，他／她可透過投訴處理制度進行。

至於餘下的機構，病人可直接向本欄列出的聯絡人呈報事件。



	機構名稱	地址	病人提出投訴的聯絡資料 -			事件呈報的聯絡資料 <sup>1</sup>
			服務提供者層面	學院層面	大學層面	
4.	香港大學瑪麗醫院輔助生育中心 (香港大學)	瑪麗醫院 K 座 5 樓 528 室	張惠敏女士 瑪麗醫院婦產科 註冊護士 電話: 2255 1098 傳真: 2255 4842 電郵: <a href="mailto:hkuivf@hku.hk">hkuivf@hku.hk</a>	同上	同上	吳鴻裕教授 香港大學婦產科教授 電話: 2255 4700 傳真: 2817 5374 電郵: <a href="mailto:ssklau@hku.hk">ssklau@hku.hk</a>
5.	香港大學一期臨床試驗中心 (香港大學)	瑪麗醫院 K 座 2 樓	游廣智先生 香港大學臨床試驗中心 執行總監 電話: 2255 4664 電郵: <a href="mailto:ctcentre@hku.hk">ctcentre@hku.hk</a>	同上	同上	參與臨床試驗之研究者/ 研究護士 電話: 2255 6920
6.	香港大學先進牙醫學研究所 - 專科診所 (香港大學)	菲臘牙科醫院 A 座六樓	高級牙科手術助理員 電話: 2859 0326 傳真: 2549 6708 電郵: <a href="mailto:complaint.iad@hku.hk">complaint.iad@hku.hk</a>	牙醫學院院長 電話: 2859 0342 傳真: 2547 6257 電郵: <a href="mailto:dental@hku.hk">dental@hku.hk</a>	同上	高級牙科手術助理員 電話: 2859 0326 傳真: 2549 6708 電郵: <a href="mailto:complaint.iad@hku.hk">complaint.iad@hku.hk</a>

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	機構名稱	地址	病人提出投訴的聯絡資料 -			事件呈報的聯絡資料 <sup>1</sup>
			服務提供者層面	學院層面	大學層面	
7.	婦女健康促進及研究中心 (香港中文大學)	沙田瀝源街9號 瀝源健康院4樓 421-425室	黃嘉雯教授 主任 電話: 2609 5100 傳真: 2609 5600 電郵: <a href="mailto:crpwh@cuhk.edu.hk">crpwh@cuhk.edu.hk</a>	根據香港中文大學 網站:  <a href="http://www.med.cuhk.edu.hk/tch/about_us/Contact_Us/contact_us.jsp">http://www.med.cuhk.edu.hk/tch/about_us/Contact_Us/contact_us.jsp</a>  或  <a href="http://www.med.cuhk.edu.hk/tch/about_us/faculty_management/Deanery/list.jsp">http://www.med.cuhk.edu.hk/tch/about_us/faculty_management/Deanery/list.jsp</a>	大學熱線 電話: 3943 7000 / 3943 6000 傳真: 2603 5544	黃嘉雯教授 主任 電話: 2609 5100 傳真: 2609 5600 電郵: <a href="mailto:crpwh@cuhk.edu.hk">crpwh@cuhk.edu.hk</a>
8.	香港中文大學眼科研究中心 (香港中文大學)	香港眼科醫院3樓 350-353, 382-383, 385-389室	彭智培教授 主任 電話: 3943 5855 傳真: 2715 9490 電郵: <a href="mailto:deptovs@cuhk.edu.hk">deptovs@cuhk.edu.hk</a>	同上	同上	彭智培教授 主任 電話: 3943 5855 傳真: 2715 9490 電郵: <a href="mailto:deptovs@cuhk.edu.hk">deptovs@cuhk.edu.hk</a>

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9.	香港中文大學賽馬會骨質疏鬆預防及治療中心 (香港中文大學)	威爾斯親王醫院賽馬會公共衛生及基層醫療學院 325 室	郭志銳教授 主任 電話: 2252 8833 傳真: 2649 2447 電郵: <a href="mailto:info@jococ.org">info@jococ.org</a>	同上	同上	郭志銳教授 主任 電話: 2252 8833 傳真: 2649 2447 電郵: <a href="mailto:info@jococ.org">info@jococ.org</a>
10.	香港中西醫結合醫學研究所 (香港中文大學)	威爾斯親王醫院日間診療大樓 4 樓 4L	林志秀教授 所長 電話: 2873 3100 傳真: 2873 3613 電郵: <a href="mailto:hkiim@cuhk.edu.hk">hkiim@cuhk.edu.hk</a>	同上	同上	林志秀教授 所長 電話: 2873 3100 傳真: 2873 3613 電郵: <a href="mailto:hkiim@cuhk.edu.hk">hkiim@cuhk.edu.hk</a>
11.	香港健康情緒中心 (香港中文大學)	沙田鄉事會路 138 號 新城市中央廣場 1 座 1511-1512 室	李誠教授 主任 電話: 2144 6004 傳真: 2144 5129 電郵: <a href="mailto:hmdc@cuhk.edu.hk">hmdc@cuhk.edu.hk</a>	同上	同上	李誠教授 主任 電話: 2144 6004 傳真: 2144 5129 電郵: <a href="mailto:hmdc@cuhk.edu.hk">hmdc@cuhk.edu.hk</a>
12.	一期臨床研究中心 (香港中文大學)	威爾斯親王醫院特別座 (EF 座) 11 樓	陳德章教授 總監 電話: 3505 4276 傳真: 3505 4794 電郵: <a href="mailto:p1ctc@cuhk.edu.hk">p1ctc@cuhk.edu.hk</a>	同上	同上	陳德章教授 總監 電話: 3505 4276 傳真: 3505 4794 電郵: <a href="mailto:p1ctc@cuhk.edu.hk">p1ctc@cuhk.edu.hk</a>

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			服務提供者層面	學院層面	大學層面	
13.	何善衡腸胃健康中心 (香港中文大學)	威爾斯親王醫院日間 診療大樓4樓4M	胡志遠教授 主任 電話: 3505 4316 傳真: 3505 4798 電郵: <a href="mailto:digestivehealth@cuhk.edu.hk">digestivehealth@cuhk.edu.hk</a>	同上	同上	胡志遠教授 主任 電話: 3505 4316 傳真: 3505 4798 電郵: <a href="mailto:digestivehealth@cuhk.edu.hk">digestivehealth@cuhk.edu.hk</a>
14.	陳慧慧基金身心認知 運動中心 (香港中文大學)	沙田石門安群街3號 京瑞廣場一期19樓 L室	林翠華教授 主任 電話: 2831 4305 傳真: 2447 6669 電郵: <a href="mailto:cwwpmex@cuhk.edu.hk">cwwpmex@cuhk.edu.hk</a>	同上	同上	林翠華教授 主任 電話: 2831 4305 傳真: 2447 6669 電郵: <a href="mailto:cwwpmex@cuhk.edu.hk">cwwpmex@cuhk.edu.hk</a>

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**Department of Diagnostic Radiology**  
**The University of Hong Kong**  
**香港大學放射診斷學系**



**傳送放射醫療記錄同意書**  
**Transfer of Radiological Records Consent Form**

病人姓名

Name of Patient

英文(English)

中文(Chinese)

香港身份證/出世紙/護照號碼  
HKID/HKBC/Passport No.性別  
Sex出生日期(日/月/年)  
Date of Birth (DD/MM/YY)聯絡電話  
Contact Tel.**病人請簽署此欄 To be signed by patient**

- 本人明白香港大學磁力共振掃描部人員所作之解釋，並授權香港大學磁力共振掃描部將本人之放射醫療記錄傳送給醫院管理局以便日後作診症及治療之用。  
 I understand the explanation given to me by staff members of the MRI Unit of the University of Hong Kong. I authorize the MRI Unit of The University of Hong Kong to transfer my radiological records to Hospital Authority for diagnosis and management of my illness.
- 本人同意將本人之磁力共振掃描影像或作研究及教學之用。  
 I understand that my MRI imaging data may be used for the purpose of research and teaching and I have consented for such use

病人簽署

Patient's

Signature

日期

Date

申請者 (即病人之監護人或年齡未滿十八歲病人之父母)，請簽署此欄

**To be signed by applicant (legal guardian of patient or parent of patient under 18 years old):**

- 本人為申請者，明白香港大學磁力共振掃描部人員所作之解釋，並授權香港大學磁力共振掃描部將病人之放射醫療記錄傳送給醫院管理局以便日後作診症及治療之用。  
 I, the applicant, understand the explanation given to me by staff members of the MRI Unit of The University of Hong Kong. I authorize the MRI Unit of The University of Hong Kong to transfer the patient's radiological records to Hospital Authority for diagnosis and management of my illness.

申請人姓名

Applicant's Name

申請人簽署

Applicant's Signature

申請人香港身份證/護照號碼  
Applicant's HKID/Passport No.聯絡電話  
Contact Tel.

與病人關係

Relationship with the Patient

日期

Date

**For Official Use Only**

(To be completed by the MRI staff receiving the application and checking the original copy of the patient/applicant's identity document)

Name

Signature

Department of Diagnostic Radiology  
The University of Hong Kong  
香港大學放射診斷學系



傳送放射醫療記錄同意書  
Transfer of Radiological Records Consent Form

病人姓名  
Name of Patient

英文(English)

中文(Chinese)

香港身份證/出世紙/護照號碼  
HKID/HKBC/Passport No.

性別  
Sex

出生日期(日/月/年)  
Date of Birth (DD/MM/YY)

聯絡電話  
Contact Tel.

病人請簽署此欄 To be signed by patient

- 本人明白香港大學正電子及電腦掃描部人員所作之解釋，並授權香港大學正電子及電腦掃描部將本人之放射醫療記錄傳送給醫院管理局以便日後作診症及治療之用。  
I understand the explanation given to me by staff members of the PET-CT Unit of The University of Hong Kong. I authorize the PET-CT Unit of The University of Hong Kong to transfer my radiological records to Hospital Authority for diagnosis and management of my illness.
- 本人同意將本人之正電子及電腦掃描影像或作研究及教學之用。  
I understand that my PET-CT imaging data may be used for the purpose of research and teaching and I have consented for such use

病人簽署  
Patient's  
Signature

日期  
Date

申請者(即病人之監護人或年齡未滿十八歲病人之父母)，請簽署此欄  
To be signed by applicant (legal guardian of patient or parent of patient under 18 years old):

- 本人為申請者，明白香港大學正電子及電腦掃描部人員所作之解釋，並授權香港大學正電子及電腦掃描部將病人之放射醫療記錄傳送給醫院管理局以便日後作診症及治療之用。  
I, the applicant, understand the explanation given to me by staff members of the PET-CT Unit of The University of Hong Kong. I authorize the PET-CT Unit of The University of Hong Kong to transfer the patient's radiological records to Hospital Authority for diagnosis and management of my illness.

申請人姓名  
Applicant's Name

申請人簽署  
Applicant's Signature

申請人香港身份證/護照號碼  
Applicant's HKID/Passport No.

聯絡電話  
Contact Tel.

與病人關係  
Relationship with the Patient

日期  
Date

For Official Use Only

(To be completed by the PET-CT staff receiving the application and checking the original copy of the patient/applicant's identity document)

Name

Signature



傳送醫療記錄同意書  
Transfer of Medical Records Consent Form

病人姓名

Name of Patient \_\_\_\_\_ (英文 English) \_\_\_\_\_ (中文 Chinese)

香港身份證/出世紙/護照號碼

HKID/HKBC/Passport No. \_\_\_\_\_

性別

Sex \_\_\_\_\_

出生日期 (日/月/年)

Date of Birth (DD/MM/YY) \_\_\_\_\_

聯絡電話

Contact Tel. \_\_\_\_\_

病人請簽署此欄 To be signed by patient

- 本人明白香港大學胡寶星夫人婦女診斷治療中心人員所作之解釋，並授權香港大學胡寶星夫人婦女診斷治療中心將本人之醫療記錄傳送給醫院管理局以便日後作診症及治療之用。

I understand the explanation given to me by staff members of the Lady Helen Woo Women's Diagnostic and Treatment Centre of the University of Hong Kong. I authorize the Lady Helen Woo Women's Diagnostic and Treatment Centre of the University of Hong Kong to transfer my medical records to Hospital Authority for diagnosis and management of my illness.

- 本人同意將本人之醫療記錄或作研究及教學之用。

I understand that my medical records may be used for the purpose of research and teaching and I have consented for such use.

病人簽署

Patient's Signature \_\_\_\_\_

日期

Date \_\_\_\_\_

申請者 (即病人之監護人或年齡未滿十八歲病人之父母)，請簽署此欄

To be signed by applicant (legal guardian of patient or parent of patient under 18 years old):

- 本人為申請者，明白香港大學胡寶星夫人婦女診斷治療中心人員所作之解釋，並授權香港大學胡寶星夫人婦女診斷治療中心將病人之醫療記錄傳送給醫院管理局以便日後作診症及治療之用。

I, the applicant, understand the explanation given to me by staff members of the Lady Helen Woo Women's Diagnostic and Treatment Centre of the University of Hong Kong. I authorize the Lady Helen Woo Women's Diagnostic and Treatment Centre of the University of Hong Kong to transfer the patient's medical records to Hospital Authority for diagnosis and management of the patient's illness.

申請人姓名

Name of Applicant \_\_\_\_\_

申請人簽署

Applicant's Signature \_\_\_\_\_

香港身份證/護照號碼

HKID/Passport No. \_\_\_\_\_

聯絡電話

Contact Tel. \_\_\_\_\_

與病人關係

Relationship with the Patient \_\_\_\_\_

日期

Date \_\_\_\_\_

For Official Use Only

(To be completed by the Staff of Lady Helen Woo Women's Diagnostic and Treatment Centre receiving the application and checking the original copy of the patient/applicant's identity document)

Name \_\_\_\_\_

Signature \_\_\_\_\_



**PATIENT CONSENT FORM**

I \_\_\_\_\_ (Patient’s Name) with HKID No.: \_\_\_\_\_ do hereby consent to and authorize Centre of XXXX of the Faculty of Medicine (Faculty) at The Chinese University of Hong Kong (CUHK), to use all or any personal information and medical record of me, for the purposes of medical education and research carried out by the Faculty. I also understand and accept the fact that the Centre is a training ground for medical students, therefore authorize students of presence during my consultation and medical procedure.

*If the person is a minor:*

I \_\_\_\_\_ (Name) with HKID No.: \_\_\_\_\_ the undersigned, hereby warrant that I am the present or guardian of \_\_\_\_\_ (Patient’s Name) and having read the foregoing, do hereby consent to those matters stated above.

**Signature:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

\*\*\*\*\*

**病人同意書**

本人\_\_\_\_\_ (病人姓名) 香港身分證號碼為\_\_\_\_\_ 茲同意及授權香港中文大學（中大）醫學院旗下 XXXX 中心，使用本人之個人資料及醫療紀錄作中大醫學院教學或研究之用。本人亦了解此中心為訓練醫科生的基地，同意及授權診療期間有醫科學生在場上課。

未成年病人：

本人\_\_\_\_\_ (姓名) 香港身分證號碼為\_\_\_\_\_ 茲證明  
\_\_\_\_\_ (病人姓名)之家長/監護人。現經細讀上述各項，特表同意。

**簽名：** \_\_\_\_\_  
**地址：** \_\_\_\_\_  
**日期：** \_\_\_\_\_