

Bills Committee on Private Healthcare Facilities Bill

Government's response to the follow-up issues raised at the Bills Committee meeting on 12 January 2018

Purpose

This paper sets out the Government's response to the follow-up issues raised at the meeting of the Bills Committee on Private Healthcare Facilities Bill (the Bill) held on 12 January 2018.

Exclusion for the Two Universities

2. The Bill aims at regulating private healthcare facilities (PHFs) providing medical services to the public. The legislative intent is to revamp the current framework to broaden the regulatory scope amid the evolving landscape of healthcare services, such as the emerging market of ambulatory day procedure centres and clinics. On the other hand, whilst The University of Hong Kong (HKU) and The Chinese University of Hong Kong (CUHK) have set up certain PHFs, it is noted that the primary purpose of such facilities is for teaching and research rather than service provision.

3. The two universities have already put in place a robust governance structure that is fit-for-purpose with due regard to the nature of their facilities and their unique cohort of stakeholders¹. The governance structure comprises, among others, a complaints management system as well as a medical incidents reporting and handling system. Supporting documents on these systems are at **Annex A**. These systems are established with reference to those of the Hospital Authority and The Prince Philip Dental Hospital accordingly. Committees / panels may be formed to investigate the complaint / incident concerned under the systems, with membership considered on a case-by-case basis. In respect of the 14 existing facilities set up by the two universities as set out in the Annex to LC

¹ Such stakeholders include but are not limited to the universities management, patients, teaching and research staff, students, the Government and the academia.

Paper No. CB(2)196/17-18(02), the name and contact information of the parties responsible for receiving complaints by patients, as well as receiving incident reports can be found at **Annex B**.

4. We consider that the 14 existing facilities mentioned in paragraph 3 above meet the criteria of being primarily used for teaching or research relating to medicine or dentistry. In respect of the services provided by registered medical practitioners or registered dentists, the great majority of patients, if not all of them, are involved in teaching or research. Patients receiving services in these facilities are requested to complete a consent form for the purpose of teaching and / or research. Examples of the consent forms can be found at **Annex C**.

Requirements for Licensees

5. Under clause 14 of the Bill, an applicant for a hospital licence must be a company, or other body corporate, operated by a board of directors (however described). For PHFs other than a hospital or a scheduled clinic, the applicant for the relevant PHF licence could be an individual, a partnership, a company, a body corporate other than a company or a society. We propose such arrangement because for hospitals, the mode of operation tends to be more sophisticated and the scale of operation tends to be larger. It would be appropriate to ensure that the licensee of a hospital would put in place a rigorous corporate governance mechanism overseen by a board of directors. On the other hand, the scale and scope of services provided in other types of PHFs may vary, and there should be flexibility for the applicant concerned to be either a legal person or a natural person.

6. Clause 94 of the Bill deals with offences committed by bodies corporate or persons as members of unincorporated bodies. If an offence under the Bill is committed by a body corporate, and it is proved that the offence has been committed with the consent or connivance of, or is attributable to the neglect or omission of a person specified in that clause, that person also commits the offence. Such person includes a director, shadow director, company secretary, principal officer or manager, or any

other person concerned in the management, of the body corporate². We consider that clause 94 is conducive to deterring serious non-compliance by licensed PHFs under the new regulatory regime, even if the licensee concerned is a legal person.

7. We do not intend to impose a capital requirement on licensees that are legal persons. Introducing such a requirement under our regulatory regime is disproportionate and may hamper the provision of healthcare services by those PHFs which are of smaller sizes. There are no such requirements in similar premises-based statutory licensing schemes for certain welfare and education institutions, such as the licensing schemes for residential care homes for the elderly, residential care homes for persons with disabilities and schools.

Use of Local Anaesthetics in Cosmetic Tattooing

8. In 2012, the Food and Health Bureau established a Steering Committee on Review of Regulation of Private Healthcare Facilities (Steering Committee). Set up under the Steering Committee, the Working Group on Differentiation between Medical Procedures and Beauty Services recommended that traditional body tattooing and piercing should be exempted from being considered as a “medical procedure”, but special care should be taken for those performed on body parts which were of higher risk of complications (e.g. near the eyes or tongue). This recommendation was endorsed by the Steering Committee.

9. For local anaesthetics, they can be found in various forms such as topical cream or gel, spray, eye drops and injection. Inappropriate use of local anaesthetics, even in topical form, may lead to excessive systemic absorption and may cause life-threatening adverse effects such as irregular heartbeat, seizures, breathing difficulties and coma³. They should only be

² To avoid placing unduly onerous responsibilities on the persons concerned, clause 95 provides a defence of due diligence for an offence under the Bill.

³ In 2007, the United States Food and Drug Administration issued a warning on life-threatening side effects with the use of topical anaesthetics for cosmetic procedures. Two deaths after application of topical anaesthetics (lignocaine and tetracaine) during hair removal procedures were reported.

used by, or under the supervision or advice of, qualified healthcare professionals.

10. Local anaesthetics are pharmaceutical products regulated under the Pharmacy and Poisons Ordinance (Cap. 138). A person may only obtain topical anaesthetics containing Part 1 poisons (such as lignocaine, an active ingredient commonly used in local anaesthetics) for his / her own use from a registered medical practitioner or an authorized seller of poisons (i.e. pharmacy) under the supervision of a registered pharmacist. Illegal possession of Part 1 poisons is a criminal offence, and the maximum penalty is a fine of \$100,000 and two years' imprisonment. On the other hand, products intended for external application only and containing not more than 0.7% of lignocaine (or its salts) are exempted from the sales restrictions applicable to Part 1 poisons. These products may be sold over the counter as long as they are registered. There are 45 types of topical products containing lignocaine currently registered in Hong Kong for various indications. The lignocaine content of these products ranges from 0.5% to 10%.

11. In respect of beauty services providers, in the period from 2012 to 2017, there were five convictions of illegal possession of Part 1 poisons or unregistered pharmaceutical products involving local anaesthetics under Cap. 138. Two of these convictions involved local anaesthetic cream, and were against the same person. There were four persons convicted of illegal practice of medicine under the Medical Registration Ordinance (Cap. 161), with one of them being convicted concurrently of illegal possession of Part 1 poisons and unregistered pharmaceutical products including local anaesthetic cream.

12. Given the concerns raised by the beauty sector on the supply and use of local anaesthetic cream, we have studied the relevant overseas practices and the current regulatory regime under Cap. 138. In jurisdictions with relevant regulatory regimes similar to that in Hong Kong, guidelines are issued by health authorities and relevant organizations to tattoo service providers, so as to remind them of the prohibition of supplying local anaesthetics to clients, who should obtain the local anaesthetics from

medical practitioners or licensed pharmacies by themselves⁴. Locally, the Department of Health has issued press releases and documents (e.g. fact sheets on cosmetic procedures including tattooing), and has conducted various activities to inform the public and beauty sector of the risks concerning and the precautions for cosmetic procedures.

Suggestion Raised by The Hong Kong College of Pathologists

13. At present, apart from persons who are exempted from the Supplementary Medical Professions Ordinance (Cap. 359) (such as registered medical practitioners while practising medicine), any person who practises the profession of medical laboratory technologist (MLT) must be registered under Cap. 359, and any company carrying on the business of practising the profession of MLT must have at least one director who is a registered Part I MLT. Moreover, the Medical Laboratory Technologists Board (the Board), a statutory body established under Cap. 359, is responsible for handling the registration of, as well as promoting adequate standards of professional practice and professional conduct of, all registered MLTs in Hong Kong. Any MLT who breaches any condition of his / her registration may be subject to inquiries, and may be liable to disciplinary actions. Cap. 359 also prohibits a MLT practising his / her profession in premises which are considered by the Board to be unsuitable for such practice.

14. We noted The Hong Kong College of Pathologists' suggestion to introduce premises-based regulation on medical laboratories under the Bill, in addition to the existing regulatory framework mentioned above. Under the revamped regulatory framework, we focus on regulating premises where

⁴ Examples include –

- (a) “Beauty treatment - hygiene standards (Fact sheet)” by NSW Health, New South Wales Government, Australia (February 2016);
- (b) “What business needs to know about personal appearance services - Public Health (Infection Control for Personal Appearance Services) Act 2003” by Queensland Health, Queensland Government, Australia (August 2014);
- (c) “The Civic Government (Scotland) Act 1982 (Licensing of Skin Piercing and Tattooing) Order 2006 - Local Authority Implementation Guide” by Scottish Licensing of Skin Piercing and Tattooing Working Group (January 2018); and
- (d) “Tattooing and body piercing guidance: toolkit” by a multi-agency working group, England (July 2013).

registered medical practitioners and registered dentists practise. At the moment, we do not see a need to regulate medical laboratories under the Bill. Nonetheless, the pathology services provided in the premises of licensed PHFs will be regulated as part of the facility service under the new regulatory regime.

**Food and Health Bureau
Department of Health
February 2018**



Standard Operating Policy

Feedback / Complaint Handling

Introduction

- 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

- 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

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

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

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

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

7.0 Appendix

7.1 HKU Health System Feedback and Complaint Handling Flowchart

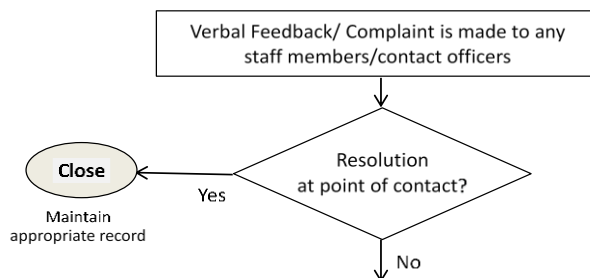
HKU Health System Feedback and Complaint Handling Flowchart

Tier 1: Service Delivery Level

Local Resolutions

Time Frames:

Acknowledge verbal complaint
Immediately or within 24 hours



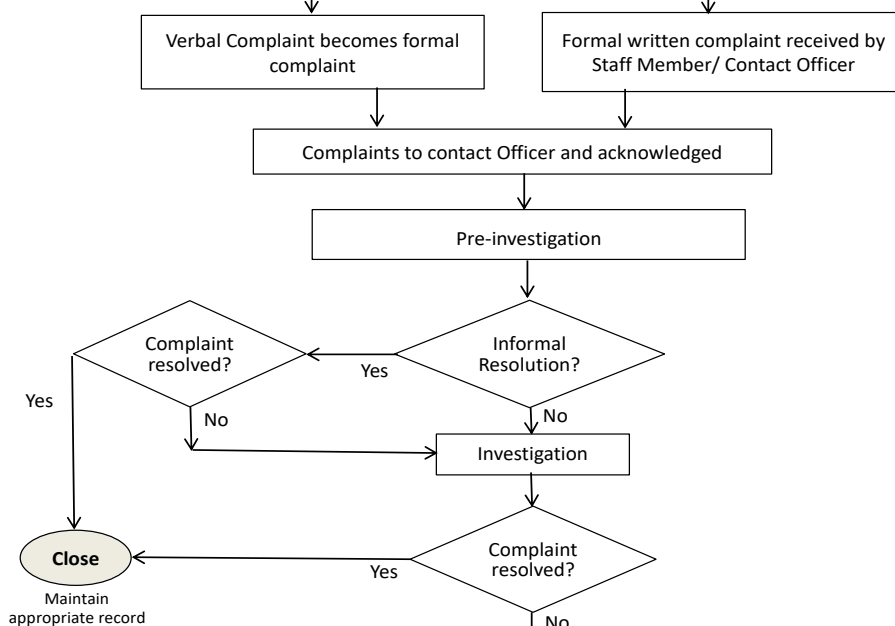
Local Investigation

Time Frames:

Acknowledge within 5 working days from receipt of complaint

Investigate within 30 working days or

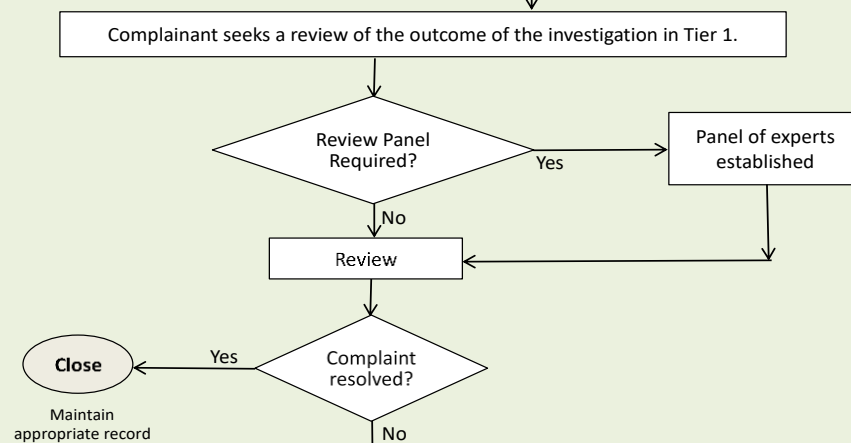
Communicate progress report within 30 working days with updates every 20 working days



Tier 2: Faculty Level

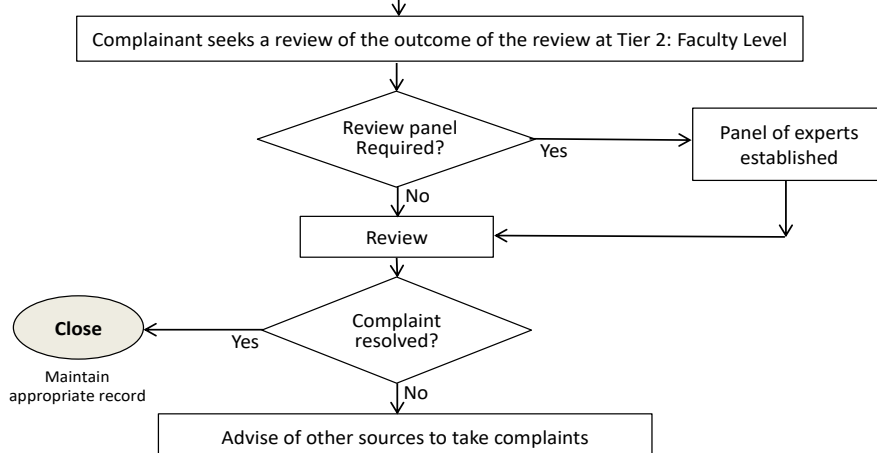
HKU Health System

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

Incident Reporting

Introduction

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

Objective

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

- 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

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

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

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?

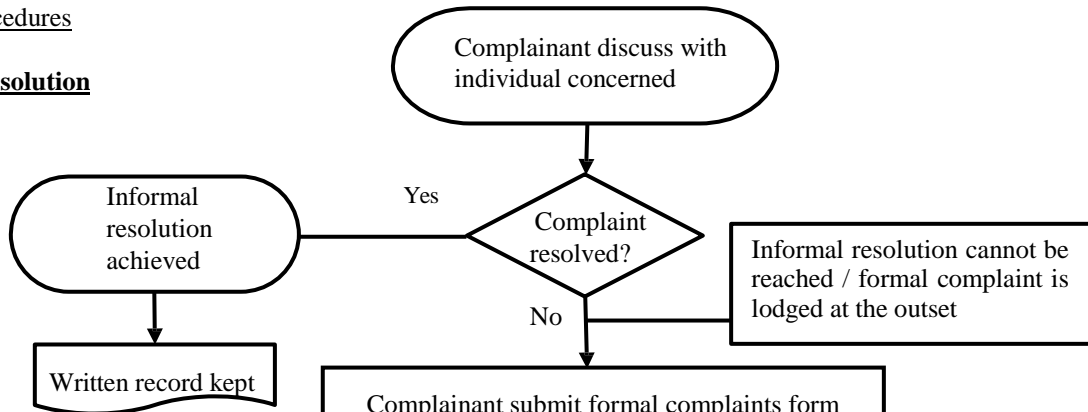
Appendix

- 7.0** NA

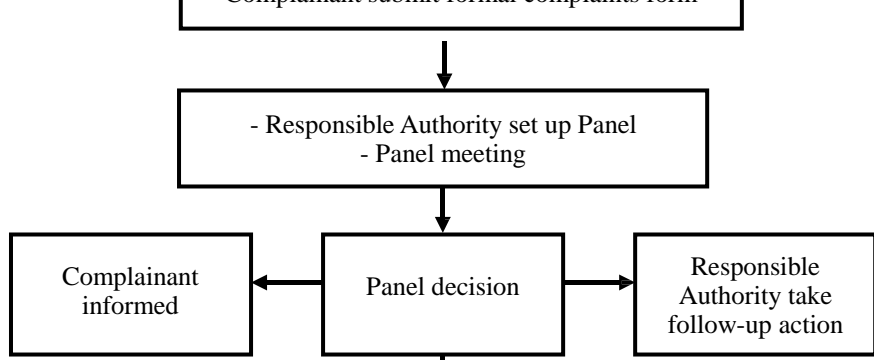
Procedures for dealing with Complaints/Incident Handling Procedures

Stage of Procedures

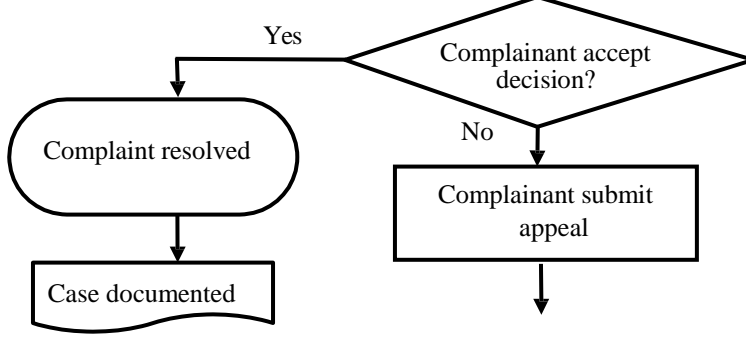
Informal Resolution



Stage 1
Formal Complaint
at Dept/
Centre
Level



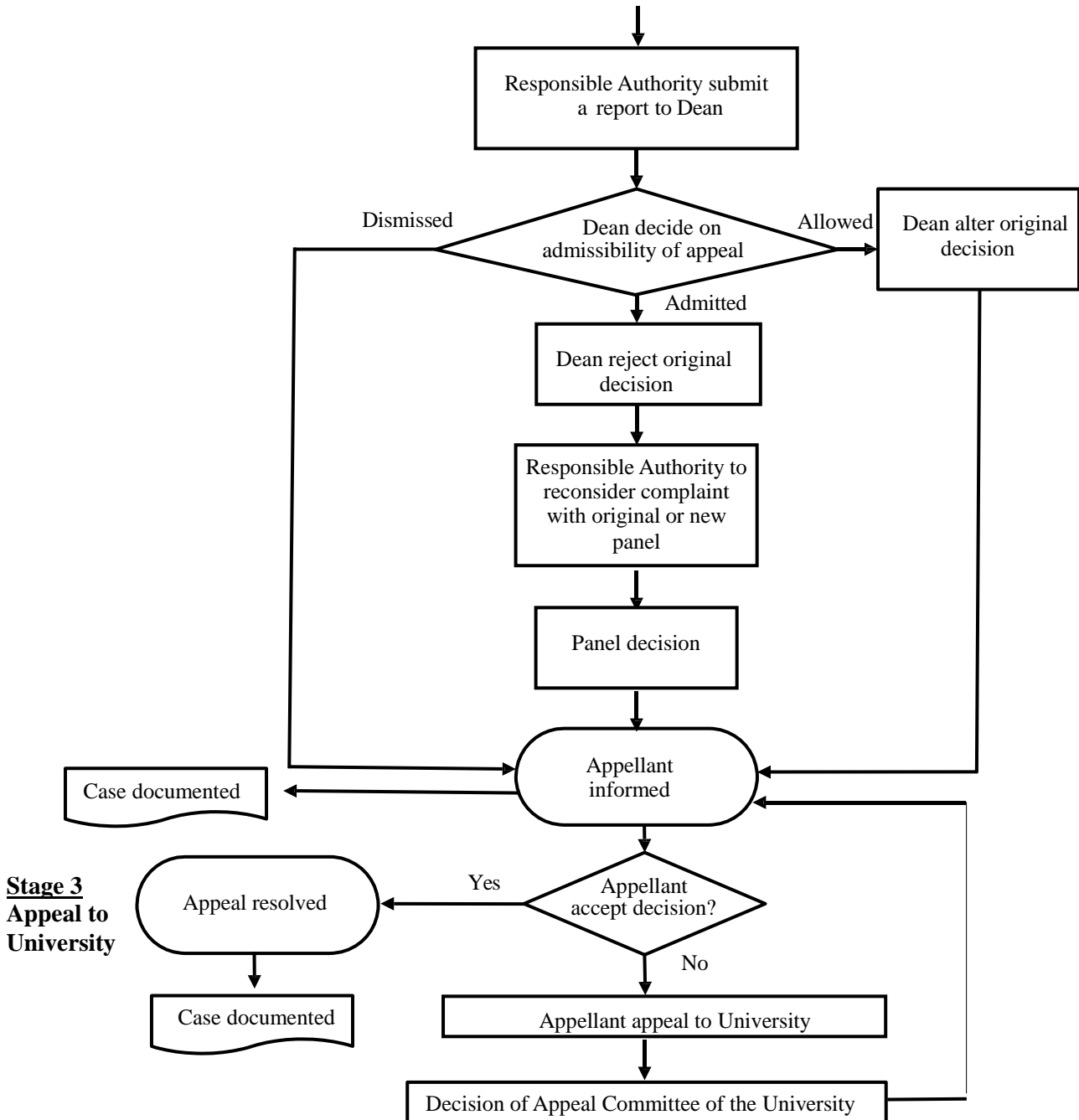
Stage 2
Appeal to
Dean of
Faculty of
Medicine



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.

Annex B

Contacts for Receiving Complaints and Incident Reports for the Existing Facilities

	Name of facility	Address	Contacts for lodging complaints by patients at -			Contacts for reporting incidents ¹
			Service delivery level	Faculty level	University level	
1.	HKU PET/CT Unit (HKU)	Ground Floor, New Wing D, Main Block, Queen Mary Hospital	Ms CHAN Kit-sum, Winnie Technical Manager Tel: 2255 5917 Fax: 2817 5391 Email: kisum80@hku.hk	Professor Joseph LUI Clinical Director, HKU Health System, LKS Faculty of Medicine, HKU Tel: 3917 9981 Fax: 2855 9742 Email: adawylai@hku.hk	Mr H.W.K. WAI Registrar Tel: 2859 2222 Fax: 2546 0456 Email: registry@hku.hk	Ms CHAN Kit-sum, Winnie Technical Manager Tel: 2255 5917 Fax: 2817 5391 Email: kisum80@hku.hk
2.	MRI & Ultrasound Units (HKU)	LG3, The Hong Kong Jockey Club Building for Interdisciplinary Research, 5 Sassoon Road	Mr TSE Siu-tong, Joseph Senior Technical Manager Tel: 2817 0373/2831 5005 Fax: 2817 4013 Email: tsest@hku.hk	Ditto	Ditto	Mr TSE Siu-tong, Joseph Senior Technical Manager Tel: 2817 0373/2831 5005 Fax: 2817 4013 Email: tsest@hku.hk

¹ For the top six facilities in the list, the contacts are for reporting incidents by staff members. If a patient would like to report an incident in one of these facilities, he/she should approach a staff member of the facility. The staff member will rectify the situation and, if considered appropriate, will report the incident formally to the contact set out in this column. If the patient would like to report the incident himself/herself, he/she may do so via the complaints handling system.

For the remaining facilities, the contacts set out in this column are for reporting incidents by patients direct.

	Name of facility	Address	Contacts for lodging complaints by patients at -			Contacts for reporting incidents ¹
			Service delivery level	Faculty level	University level	
3.	Lady Helen Woo Women's Diagnostic and Treatment Centre (HKU)	2/F, East Wing, Tsan Yuk Hospital	Professor Hextan Y.S. NGAN Chair Professor & Head Department of Obstetrics & Gynaecology The University of Hong Kong Tel: 2255 4260 Fax: 2855 0947 Email: lsmlai@hku.hk	Ditto	Ditto	Professor Hextan Y.S. NGAN Chair Professor & Head Department of Obstetrics & Gynaecology The University of Hong Kong Tel: 2255 4260 Fax: 2855 0947 Email: lsmlai@hku.hk
4.	Centre of Assisted Reproduction and Embryology (HKU)	Room 528, 5 th Floor, Block K, Queen Mary Hospital	Ms W.M. CHEUNG Registered Nurse Department of O&G Queen Mary Hospital Tel: 2255 1098 Fax: 2255 4842 Email: hkuivf@hku.hk	Ditto	Ditto	Professor Ernest H.Y. NG Professor Department of O&G The University of Hong Kong Tel: 2255 4700 Fax: 2817 5374 Email: ssklau@hku.hk
5.	HKU Phase 1 Clinical Trials Centre (HKU)	2/F, Block K, Queen Mary Hospital	Mr Henry YAU Managing Director, HKU CTC Tel: 2255 4664 Email: ctcentre@hku.hk	Ditto	Ditto	Principal investigator or research nurse of a clinical trial Tel: 2255 6920

¹ For the top six facilities in the list, the contacts are for reporting incidents by staff members. If a patient would like to report an incident in one of these facilities, he/she should approach a staff member of the facility. The staff member will rectify the situation and, if considered appropriate, will report the incident formally to the contact set out in this column. If the patient would like to report the incident himself/herself, he/she may do so via the complaints handling system.

For the remaining facilities, the contacts set out in this column are for reporting incidents by patients direct.

	Name of facility	Address	Contacts for lodging complaints by patients at -			Contacts for reporting incidents ¹
			Service delivery level	Faculty level	University level	
6.	Institute for Advanced Dentistry – Multi-Specialty Clinic (HKU)	Block A 6 th Floor, The Prince Philip Dental Hospital	Senior Certificated Dental Surgery Assistant Tel: 2859 0326 Fax: 2549 6708 Email: complaint.iad@hku.hk	Dean, Faculty of Dentistry Tel: 2859 0342 Fax: 2547 6257 Email: dental@hku.hk	Ditto	Senior Certificated Dental Surgery Assistant Tel: 2859 0326 Fax: 2549 6708 Email: complaint.iad@hku.hk
7.	Centre of Research and Promotion of Women's Health (CUHK)	Room 421-425, 4/F, Lek Yuen Health Centre, 9 Lek Yuen Street, Shatin	Professor Carmen WONG Director Tel: 2609 5100 Fax: 2609 5600 Email: crpwh@cuhk.edu.hk	According to CUHK's websites: http://www.med.cuhk.edu.hk/eng/about_us/Contact_Us/contact_us.jsp or http://www.med.cuhk.edu.hk/eng/about_us/faculty_management/Deanery/list.jsp	University Enquiry Hotline Tel: 3943 7000 / 3943 6000 Fax: 2603 5544	Professor Carmen WONG Director Tel: 2609 5100 Fax: 2609 5600 Email: crpwh@cuhk.edu.hk

¹ For the top six facilities in the list, the contacts are for reporting incidents by staff members. If a patient would like to report an incident in one of these facilities, he/she should approach a staff member of the facility. The staff member will rectify the situation and, if considered appropriate, will report the incident formally to the contact set out in this column. If the patient would like to report the incident himself/herself, he/she may do so via the complaints handling system.

For the remaining facilities, the contacts set out in this column are for reporting incidents by patients direct.

	Name of facility	Address	Contacts for lodging complaints by patients at -			Contacts for reporting incidents ¹
			Service delivery level	Faculty level	University level	
8.	CUHK Ophthalmic Research Centre (CUHK)	Room 350-353, 382-383, 385-389, 3/F, Hong Kong Eye Hospital	Professor Calvin PANG Director Tel: 3943 5855 Fax: 2715 9490 Email: deptovs@cuhk.edu.hk	Ditto	Ditto	Professor Calvin PANG Director Tel: 3943 5855 Fax: 2715 9490 Email: deptovs@cuhk.edu.hk
9.	CUHK Jockey Club Centre for Osteoporosis Care and Control (CUHK)	Room 325, The Jockey Club School of Public Health and Primary Care, Prince of Wales Hospital	Professor Timothy KWOK Director Tel: 2252 8833 Fax: 2649 2447 Email: info@jococ.org	Ditto	Ditto	Professor Timothy KWOK Director Tel: 2252 8833 Fax: 2649 2447 Email: info@jococ.org
10.	Hong Kong Institute of Integrative Medicine (CUHK)	4L, 4/F, Day Treatment Block, Prince of Wales Hospital	Professor LIN Zhixiu Director Tel: 2873 3100 Fax: 2873 3613 Email: hkiim@cuhk.edu.hk	Ditto	Ditto	Professor LIN Zhixiu Director Tel: 2873 3100 Fax: 2873 3613 Email: hkiim@cuhk.edu.hk
11.	Hong Kong Mood Disorders Centre (CUHK)	Room 1511-1512, Phase 1, Grand Central Plaza, 138 Shatin Rural Committee Road, N.T.	Professor LEE Sing Director Tel: 2144 6004 Fax: 2144 5129 Email: hmdc@cuhk.edu.hk	Ditto	Ditto	Professor LEE Sing Director Tel: 2144 6004 Fax: 2144 5129 Email: hmdc@cuhk.edu.hk

¹ For the top six facilities in the list, the contacts are for reporting incidents by staff members. If a patient would like to report an incident in one of these facilities, he/she should approach a staff member of the facility. The staff member will rectify the situation and, if considered appropriate, will report the incident formally to the contact set out in this column. If the patient would like to report the incident himself/herself, he/she may do so via the complaints handling system.

For the remaining facilities, the contacts set out in this column are for reporting incidents by patients direct.

	Name of facility	Address	Contacts for lodging complaints by patients at -			Contacts for reporting incidents ¹
			Service delivery level	Faculty level	University level	
12.	Phase 1 Clinical Trial Centre (CUHK)	11EF, Special Block (Wing E,F), Prince of Wales Hospital	Professor Anthony CHAN Chief Director Tel: 3505 4276 Fax: 3505 4794 Email: p1ctc@cuhk.edu.hk	Ditto	Ditto	Professor Anthony CHAN Chief Director Tel: 3505 4276 Fax: 3505 4794 Email: p1ctc@cuhk.edu.hk
13.	S H Ho Centre for Digestive Health (CUHK)	4M, 4/F, Day Treatment Block, Prince of Wales Hospital	Professor Justin WU Director Tel: 3505 4316 Fax: 3505 4798 Email: digestivehealth@cuhk.edu.hk	Ditto	Ditto	Professor Justin WU Director Tel: 3505 4316 Fax: 3505 4798 Email: digestivehealth@cuhk.edu.hk
14.	The Chen Wai Wai Vivien Foundation Therapeutic Physical Mental Exercise Centre (CUHK)	Room L, 19/F, Phase 1, Kings Wing Plaza, On Kwan Street, Shek Mun, Shatin, N.T.	Professor Linda LAM Director Tel: 2831 4305 Fax: 2447 6669 Email: cwwpmex@cuhk.edu.hk	Ditto	Ditto	Professor Linda LAM Director Tel: 2831 4305 Fax: 2447 6669 Email: cwwpmex@cuhk.edu.hk

¹ For the top six facilities in the list, the contacts are for reporting incidents by staff members. If a patient would like to report an incident in one of these facilities, he/she should approach a staff member of the facility. The staff member will rectify the situation and, if considered appropriate, will report the incident formally to the contact set out in this column. If the patient would like to report the incident himself/herself, he/she may do so via the complaints handling system.

For the remaining facilities, the contacts set out in this column are for reporting incidents by patients direct.

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: _____