

**Patient Registration Form 病人登記表**

**Personal Details 個人資料**

Title 稱呼： Mr 先生  Mrs 太太  Ms 女士

English name 英文姓名：  
\_\_\_\_\_ (Surname, Given Name)

Chinese name 中文姓名：  
\_\_\_\_\_

Gender 性別： Male 男  
 Female 女

HK Identity Card No. 香港身份證號碼：  
\_\_\_\_\_

Date of Birth 出生日期：  
\_\_\_\_\_ Day 日 \_\_\_\_\_ Month 月 \_\_\_\_\_ Year 年

For non HK ID holder, please fill in information of other identity  
如非香港身份證持有人，請填寫其他身份證明文件資料

Type 類別：  
\_\_\_\_\_ Issuing Country/Region 簽發國家/地區：  
\_\_\_\_\_ Document No. 證件號碼：  
\_\_\_\_\_

Contact Phone No. (At least provide one contact no. For non-local phone no., please provide country/area code(s))  
聯絡電話號碼 (至少提供一個號碼，如非本港電話號碼，請提供國家/地區代碼)

Mobile 手提電話：  
\_\_\_\_\_ Other Phone 其他電話：  
\_\_\_\_\_ ( ) \_\_\_\_\_ Email 電郵：  
\_\_\_\_\_

Address (Residence / Correspondence) 地址  
\_\_\_\_\_

**Medical Information 醫療細節**

Referring Doctor 轉診醫生：  
\_\_\_\_\_ Insurance Card / Panel 保險卡：  
\_\_\_\_\_

Drug or Food Allergy? 藥物 / 食物過敏：  
 No 沒有  Yes, please specify 有，請列明 \_\_\_\_\_

Medical History to note? 病歷記錄：  
 No 沒有  Yes, please specify 有，請列明 \_\_\_\_\_

**Emergency Contact 緊急聯絡人**

Name 姓名：  
\_\_\_\_\_ Phone 電話：  
\_\_\_\_\_ Relationship 關係：  
\_\_\_\_\_

**Statement 聲明**

I agree to receive service information, educational and promotional materials from Virtus Medical Group and it affiliates.  
本人同意接收由尚至醫療發送之服務資訊及宣傳資料

Please select your preferred communication channel for receiving service information and promotional materials  
請選擇以下其中一種通訊方式以收取有關尚至醫療的健康服務資訊及推廣活動

Whatsapp  Wechat 微信  Email 電子郵件  SMS 手機短訊

I refuse to receive service information, educational and promotional materials from Virtus Medical Group and it affiliates.  
本人拒絕接收由尚至醫療發送之服務資訊及宣傳資料

I have read and understood the contents of this form and the Statement of Collection of Personal Information ("Statement") and agree to be bound by its terms. I also understand and agree that any of my personal data collected by Virtus Medical Group and/or its associated companies will be held in its original, hard-copy and/or electronic form and may be disclosed to such parties in satisfying the specific purpose as stated in the Statement.

本人確認已細閱及完全明白本表格內容及背頁有關個人資料收集聲明(『聲明』)並謹代表本人同意受其約束。本人亦明白及同意任何由尚至醫療收集本人的個人資料均可以原本或印刷本形式及/或電子形式所持有，並可為符合在通知及張貼於醫療中心內的『病人個人資料收集聲明』內所列的目的向該等所列的人作出披露。

\_\_\_\_\_  
Patient or Guardian (if below 18 years of age) Signature  
病人或監護人簽署

\_\_\_\_\_  
Date  
日期

## Statement of Collection of Personal Information

1. Personal data of the patient (“you” or “your”) collected by Virtus Medical Group Limited (collectively “we”, “us”, or “our”) by means of this Patient Registration Form may be used for any of the following purposes or for any other purpose which you may from time to time agree.
  - a) verification of your identity
  - b) providing you with suitable medical treatment and/or related service
  - c) processing billing and payment from you and/or your insurer
  - d) collecting any outstanding amount from you
  - e) handling and following up enquiries/complaints made by you
  - f) provide you with updates and other information about the services, products and activities of marketing of services and/or products
  - g) meeting the requirements to make disclosure under any applicable law
  - h) fulfilling any other purposes relating thereto
2. The provision of data requested under this Patient Registration Form is obligatory. If you are not willing to supply such data, we will be unable to offer any diagnostic or treatment services to you.
3. Your personal data held by us in its original form, hardcopy and/or electronic form may be disclosed to any of the following parties (whether within or outside Hong Kong) where such disclosure is necessary to satisfy any of the above purposes.
  - a) any of the medical centres operated by any of us and staff (including but not limited to nurses, doctors, pharmacists and other health care professionals) who provide services to you at such medical centres
  - b) any agents, contractors or third party service providers if we need their services (such as clinical laboratory or technical services) in connection with services provided to you.
  - c) any doctors/healthcare professionals to whom you are referred to or by (in the case of referrals)
4. All our communication with you will be conducted through your personal mailing or email address, telephone as well as text messages. If there is any change in your mailing address, telephone numbers and/or email addresses, please inform our Customer Service Hotline at 8201 8833.
5. In accordance with the Personal Data (Privacy) Ordinance (Cap. 486, Laws of Hong Kong) (“Ordinance”), you have the right of access and correction with respect to personal data held by us, or to opt out from receiving any direct marketing materials from us. Your rights of access include the rights to obtain a copy of your personal data provided by you or related to you. Such request should be made by calling our Customer Service Hotline at 8201 8833. In accordance with the Ordinance, we are entitled to charge you a reasonable fee for processing any data access request.
6. This Statement is prepared in the English with a Chinese translation. In the event of any discrepancy between the two aforementioned versions, the English version prevails.

## 個人資料收集聲明

1. 透過此客戶登記表格由 尚至醫療有限公司 (統稱『本集團』) 收集的客戶/客戶父母/監護人/近親/看護人員 (『閣下』或『閣下的』) 個人資料可用於下列任何目的, 或閣下不時同意的任何其他目的:
  - a) 確認閣下的身份
  - b) 向閣下/客戶提供適當之醫療及/或有關服務;
  - c) 處理賬單及閣下/客戶及/或閣下/客戶的僱主/保險公司 (如適用) 的付款;
  - d) 向閣下/客戶追討任何拖欠賬款;
  - e) 處理及跟進閣下/客戶作出的查詢/投訴;
  - f) 向閣下/客戶不時更新本公司之業務、產品及活動之資料/推廣本集團所屬集團公司之服務/或產品;
  - g) 符合根據任何適用法例作出披露的規定; 以及
  - h) 履行任何與此有關的目的。
2. 閣下必須提供在此客戶登記表格要求提供的資料。如閣下不願意提供該等資料, 本集團將不能為閣下/客戶進行診斷或治療。
3. 凡為符合上述任何目的而需要作出披露, 本集團即可向下列任何一方 (不論在香港境內或境外) 披露以原本或印刷本形式及/或以電子形式所持有關於閣下/客戶的資料:
  - a) 本集團經營之任何醫療中心及於有關醫療中心向閣下/客戶提供服務之員工 (包括但不限於護士、醫生、藥劑師及其他醫護專業人員);
  - b) 任何代理商、承包商或第三方服務提供商, 若本集團就向閣下/客戶提供服務需要彼等之服務 (如診斷、化驗或技術服務);
  - c) 如閣下/客戶需轉介予其他醫生/醫護專業人員或由其他醫生/醫護專業人員;
4. 所有與閣下/客戶之通訊將以私人郵件、電子郵件、電話及短訊進行, 如閣下/客戶之地址、電話號碼及/或電郵已更改, 請致電 8201 8833 通知本公司客戶服務部。
5. 根據個人資料 (私隱) 條例 (香港法例第486章) (『條例』), 閣下/客戶有權查詢及更正本集團持有的閣下/客戶的個人資料, 或選擇不接收任何直接推廣資料。閣下/客戶的查詢權利包括有權索取由閣下提供或有關閣下/客戶的個人資料副本。有關要求可致電本公司的客戶服務熱線 8201 8833 或以書面向本公司客戶服務經理提出。根據『條例』, 我們有權就處理任何查閱資料的要求向閣下/客戶收取合理費用。
6. 本聲明以英文編製, 中文版本乃譯本。如英文版本與中文版本有任何歧義, 以英文版本為準。