



# CERVICAL SCREENING PROGRAMME

**Registration Form  
for Women**

(Please read Notes to Applicant, Terms and Conditions and Personal Information Collection Statement overleaf and fill in this form in BLOCK letters)

## Personal Particulars

Name: <small>Surname</small>	Name: <small>Given name</small>	Chinese name: <small>(If any, as on HKID/Passport)</small>
<small>(As on HKID/Passport)</small>		
#HKID/ Passport number:	Date of birth: _____ / _____ / _____ <small>Day Month Year</small>	
Correspondence address in Hong Kong <sup>@</sup> : _____		
<input type="checkbox"/> Hong Kong <input type="checkbox"/> Kowloon <input type="checkbox"/> New Territories		
Hong Kong home phone <sup>@</sup> :		Hong Kong mobile phone <sup>@</sup> :
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> <small>*Note: Under the existing IT infrastructure, a PC running on MS Windows platform with Internet Explorer (version 11) is required for access to the Cervical Screening Information System (CSIS)</small>		
Preferred language of correspondence: <small>(Please select one)</small>	If you have changed your name or HKID/Passport number, please provide the previously-reported information for record merging.	
<input type="checkbox"/> English <input type="checkbox"/> Chinese	Chinese name: _____ <small>Surname Given name</small> English Name: _____ HKID/Passport number: _____	

## Declaration

1. I confirm that the information given is correct and complete.
2. I agree to take part in the Cervical Screening Programme.
3. I fully understand the Personal Information Collection Statement overleaf and I agree to let my personal data and health information 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 understand that a single cervical smear is not 100% accurate, which means having regular cervical smears are necessary.
6. I understand that further investigation and treatment may be required if my cervical smear result turns out to be abnormal.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Delete as appropriate

<sup>@</sup> If Hong Kong address or contact telephone number is not provided, we will not be able to send letters to you by post or to contact you via phone call.

## For Clinic Staff use

New Registration     Verify Registration     Update Demographics     Update Status  
 (\*\*Mandatory field for having smear done)

Smear-taker's name :	** Hospital/Clinic :	
** Test date :	Laboratory :	
<b>** Purpose of this smear :</b> <input type="checkbox"/> Routine screening <input type="checkbox"/> Repeat for unsatisfactory smear <input type="checkbox"/> Follow-up of abnormal smear <small>(Please tick <b>ONE</b> only)</small> <input type="checkbox"/> Presence of symptoms (e.g. vaginal discharge/bleeding)		
<b>** Recommendation</b> (Please select <b>ONE</b> recommendation below)		
<input type="checkbox"/> Next screening in : <small>(Please tick <b>ONE</b> recommended period only)</small> <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> 3 years <input type="checkbox"/> Others, please specify: _____ months/years	<input type="checkbox"/> Temporarily suspend from routine screening <small>(Please tick <b>ONE</b> reason below)</small> <input type="checkbox"/> Under management for abnormal smear <input type="checkbox"/> Current pregnancy <input type="checkbox"/> Others, please specify: _____	<input type="checkbox"/> Exit from screening <small>(Please tick <b>ONE</b> reason below)</small> <input type="checkbox"/> Total hysterectomy done <input type="checkbox"/> Over 64 years old
<input type="checkbox"/> Lifelong screening (If select "Exit from screening" above, should not tick this field)		
<input type="checkbox"/> Others, please specify: _____		
<b>Clinical Notes:</b> _____		



Please send this completed form to Cervical Screening Programme by mail:

**Cervical Screening Programme, Department of Health, 18/F Wu Chung House, 213 Queen's Road East, Wan Chai, HK**

Photocopy of the blank form is allowed. Registration can also be done on-line through the website [www.csis.gov.hk](http://www.csis.gov.hk).

## Cervical Screening Programme Registration Form – Women

### Notes to Applicant

1. Eligibility: women who receive cervical screening may register with the Cervical Screening Programme.
2. Registration to Cervical Screening Programme is free of charge.
3. A charge will be collected by your Service Provider to perform a cervical smear test.
4. With your test results provided to Cervical Screening Information System (CSIS) by the service providers and laboratories, privileges of joining the Programme include the following:
  - reminder letters will be sent to you before your routine screening is due in the future
  - service providers may provide better care to you by having access to your previous test results
  - you can view your past test results in the CSIS through the internet ([www.csis.gov.hk](http://www.csis.gov.hk))
5. **Please note that you have to arrange for cervical screening or related tests yourself with your service providers after registering with the Cervical Screening Programme.**
6. If Hong Kong address is not provided, we will not be able to send letters to you by post (including Account Opening Letter, Reminder Letter, Password Retrieval Letter, etc.). We may call you to arrange collection of Account Opening Letter or Password Retrieval Letter at the office of Cervical Screening Programme by yourself. However, if you cannot provide a Hong Kong contact telephone number, we will not be able to call you.

### Terms and Conditions

1. You should inform us of any change of personal information using the Information Update Form.
2. **You should bring along your Authorization Code (which will be sent to you later) when you visit your service provider for cervical screening or related tests.** This may facilitate your service provider to view your past test results.
3. The Cervical Screening Information System is not meant to serve as a substitute for professional medical advice or to replace any relationship with your doctor. For any medical concerns, including follow-up and treatment plans, you should always consult your health service providers. The Department of Health is not liable for any damages or harms as a consequence of any misuse of the Cervical Screening Information System, or any errors or omissions in your records.

### 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.

By signing your agreement to this Statement in the Registration Form, you have authorized any Services within the Department of Health, the Hospital Authority and the public hospitals under its management, any entities (including subsidiaries) owned/controlled by the Hospital Authority, private hospitals and clinics, and any third parties as appropriate to provide your personal data (including health information) to the Cervical Screening Programme of the Department of Health. Such personal data will be used for the purposes stated below.

#### Purpose of Collection

Your personal data and health information provided to the Cervical Screening Information System, which is maintained by the Department of Health, will be used for the following purposes:

1. Recording and transferring of your personal data and health information (collected at anytime from your registration with this Programme until your withdrawal) for continuity of care or reference by other medical professionals who provide care to you (if you withdraw from this Programme, your record will be retained but only for internal use and access by the Department of Health);
2. Sending reminder letters to you;
3. Tracing defaulter for follow-up and treatment;
4. Preparing statistics for research or teaching purposes;
5. For quality assurance of the Programme; and
6. Investigating and following up matters related to the Programme.

The provision of personal data is voluntary. If you do not provide sufficient information, we may not be able to prove that you have enrolled in the programme and cannot provide/coordinate services for you.

#### Classes of Transferees of Personal Data

Besides internal use within DH, your personal data and health information may also be accessed by, disclosed and transferred to other health care providers, including doctors and pathology laboratories, Government bureaux/departments, the Hospital Authority, and any relevant third 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

Written enquiries concerning the personal data provided, including the making of access and corrections, should be addressed to Cervical Screening Programme, Department of Health, 18/F Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong. You may also visit our website: [www.cervicalscreening.gov.hk](http://www.cervicalscreening.gov.hk).