

# THE PRINCE PHILIP DENTAL HOSPITAL

## **Application for Access to Dental Health Information System<sup>#</sup> and Related Systems<sup>##</sup> and Patient Records of The Prince Philip Dental Hospital** *(for Staff and Students of Faculty of Dentistry / Dental House Officers of Department of Health)*

### **Part I : Application** *(to be completed by Applicant)*

Name of Applicant: Prof/ Dr/ Mr/ Mrs/ Ms\* \_\_\_\_\_  
Surname First name  
(in BLOCK LETTERS)

\* *Please delete whichever is inappropriate*

Staff/ Student No.: \_\_\_\_\_ Email: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Status of Applicant: *(For Staff)* Division \_\_\_\_\_ Functional \_\_\_\_\_  
/Unit: \_\_\_\_\_ Title: \_\_\_\_\_

*(For Student)* Class: \_\_\_\_\_ Group: \_\_\_\_\_

For the purposes of teaching, training, research and/or internship, I wish to apply for access to the Dental Health Information System (DHIS) and related systems, and Patient Records of The Prince Philip Dental Hospital (PPDH) during the period from \_\_\_\_\_ to \_\_\_\_\_  
*(dd/mm/yyyy)* *(dd/mm/yyyy)*

I agree to abide and be bound by the prevailing Rules Governing Patient Care and Handling of Patient Information, and its subsequent revised versions issued by the Director of The Prince Philip Dental Hospital from time to time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date *(dd/mm/yyyy)*

### **Part II : Recommendation/ Certification**

*(to be completed by Faculty of Dentistry, HKU or Dental Professional Unit, PPDH)*

(a) [For User Categories **D and E** only]: *(Please read the Note overleaf on the definitions of User Categories before completion)* I recommend that the above-named Applicant be granted access to DHIS and related systems, and Patient Records for the purposes of teaching, training, research and/or clinical service for the period specified above.

*[To be completed by a Division Coordinator (for staff) or a Primary Supervisor (for research postgraduate student). On completion, please send to the 6B Faculty Office for completion of (b) below.]*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date *(dd/mm/yyyy)*

(b) [For User Categories A - E]: This is to certify that the above-named Applicant belongs to User Category \_\_\_\_\_. *(To be completed by Faculty Office)*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date *(dd/mm/yyyy)*

(c) [For User Category F only]: *(Please read the Note overleaf on the definitions of User Categories before completion)* I recommend that the above-named Applicant be granted access to DHIS and related systems, and Patient Records for the purpose of internship at PPDH for the period specified above.

*[To be completed by a Senior Dental Officer or Hospital Dental Officer]*

	SDO/ HDO		
_____	_____	_____	_____
Name	Title	Signature	Date (dd/mm/yyyy)

<p><b>Part III : Creation/Reactivation of User Account</b>  <i>(to be completed by PPDH's IT Office)</i></p>
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The application is approved by:

_____	_____	_____	_____
Name	Title	Signature	Date (dd/mm/yyyy)

Remark: \_\_\_\_\_

DHIS User ID \_\_\_\_\_ is created / reactivated by:

_____	_____	_____	_____
Name	Title	Signature	Date (dd/mm/yyyy)

**User Categories**

A: Undergraduate students

B: Full-time/ Fractional clinical academic staff

C: Part-time clinical staff

D: Other staff (e.g. non-clinical staff, honorary staff and other staff such as Research Assistants, Research Associates on a strictly-need-to-know basis)

E: Other students (e.g. Research postgraduate students on a strictly-need-to-know basis)

F: Dental House Officers

# Dental Health Information System: refers to the Titanium System of PPDH.

## Related Systems: refers to all other systems of PPDH relating to patient information, including but not limited to the Dental Technology Unit System and Patient Record Tracking System.

## **Statement of Collection of Personal Information from Staff and Students**

- (1) Your personal data are mainly for use by the relevant staff of the Prince Philip Dental Hospital (“the Hospital”) and/or the University of Hong Kong (“HKU) for purposes related to teaching, training, research and/or internship in the Hospital.
- (2) The provision of personal data is obligatory. If you do not provide the information required or if the information provided is inaccurate or incomplete, the Hospital will be unable to accept your application for access to the related systems.
- (3) Your email addresses and contact telephone numbers will be deleted 12 months after completion of your employment, study or internship. However, your activity records within the Dental Health Information System and related systems as well as on the Patient Records will be retained indefinitely.
- (4) Please note that your personal data may be made available to:-
  - a. The Government of Hong Kong Special Administrative Region or any other relevant parties who require them for matters related to your study, employment and internship in the Hospital; or
  - b. any relevant Government departments or appropriate statutory authorities by virtue of law.
- (5) We shall only use, disclose or transfer the personal data you provide to us:-
  - a. for those purposes relating to your study, employment and internship or other related purposes; or
  - b. where permitted by law.
- (6) We will obtain your consent before using your Personal Data for any other purposes.
- (7) You have a right of access to and correction of your personal data as provided for in Sections 18 and 22, and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance.
- (8) If you wish to access to or change your Personal Data, please contact the Information Technology Office of the Hospital during office hours:-

Information Technology Office

7/F, The Prince Philip Dental Hospital

Telephone: 2859 0452

Email: [it@ppdh.org.hk](mailto:it@ppdh.org.hk)

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