

Committee on Complaints against Private Healthcare Facilities

Complaint Form

(You may return the duly completed complaint form, statutory declaration and information substantiates the complaint, if any, to the Secretariat of the Complaints Committee at Room 402, 4/F, Taikoo Wan Road, Taikoo Shing, Hong Kong by post.)

Points to note

1. The Committee on Complaints against Private Healthcare Facilities (“Complaints Committee”) is a statutory committee established under the Private Healthcare Facilities Ordinance (“the Ordinance”) (Cap. 633) to handle complaints against licensed private healthcare facilities (“PHFs”) related to matters happened after the licence is in force. The Complaints Committee will examine if the PHFs have complied with the Ordinance and the relevant code of practice to consider whether the complaint is substantiated. If the complaint involves PHFs which have not yet obtained the PHF licence, the Complaints Committee would not be able to handle the complaint.
2. In accordance with the Ordinance, we suggest that **the public may first provide feedback or make a complaint to the PHF concerned if they have any opinions or dissatisfaction on the PHF**. If the complainant is not satisfied with the handling and reply from the PHF concerned, the complainant may then make a further complaint to the Complaints Committee.
3. If the patient would like to authorize a person in writing to make the complaint, the patient needs to complete the authorization letter at **Annex 1** or attach a written authorization.
4. Please complete and submit the consent form at **Annex 2** to authorize the disclosure of information about the individual to whom the complaint relates or information relevant to the complaint. If the complaint case involves more than one PHF, please complete **one** consent form for **each PHF under complaint** to facilitate us in obtaining relevant information from the PHFs concerned.
5. If this complaint is lodged by an eligible person other than the patient and the person authorized by the patient in writing, the complainant has to provide relevant documents which show the relationship with the patient for authentication, if necessary.
6. The complainant’s and the patient’s particulars provided on this complaint form must be the same as those on the identity document(s).
7. In accordance with the Ordinance, a person who makes a false or misleading statement to the Complaints Committee commits an offence.
8. Please refer to the Personal Information Collection Statement at **Annex 3**.
9. If you have any enquiries, you can contact the Secretariat of the Complaints Committee by phone during office hours. You may also contact the Secretariat by fax or email.

Telephone: (852) 3107 2667

Fax: (852) 2117 1936

E-mail: ccphf@dh.gov.hk

For Official Use	CC/ _____
<p>Please complete in block letters</p> <p>* Please delete as appropriate</p> <p><input type="checkbox"/> Please put a “✓” in the appropriate box(es)</p>	
Part 1: Basic Information (Please refer to Points to note item 6)	
1.1 Complainant's Information	
Name in English (Surname First) Mr/Mrs/Ms/Miss*	
Name in Chinese (Surname First) 先生/太太/女士/小姐*	
Telephone No.	E-mail Address
Correspondence Address <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Room _____ Floor _____ Block _____ </div> <div style="margin-top: 5px;">Building _____</div> <div style="margin-top: 5px;">Estate/ Court/ Village _____</div> <div style="margin-top: 5px;">Street and District _____</div> <div style="margin-top: 5px;"> Region <input type="checkbox"/> Hong Kong <input type="checkbox"/> Kowloon <input type="checkbox"/> New Territories </div>	
Relationship with the patient in the complaint <div style="margin-top: 10px;"> <input type="checkbox"/> Self </div> <div style="margin-top: 10px;"> <input type="checkbox"/> A next of kin of the patient </div> <div style="margin-top: 10px;"> <input type="checkbox"/> A person authorized by the patient in writing to make a complaint (Please submit an authorization letter completed by the patient. Please refer to the form at Annex 1) </div> <div style="margin-top: 10px;"> <input type="checkbox"/> A substitute decision maker of the patient (<i>Note 1</i>) </div> <div style="margin-top: 10px;"> <input type="checkbox"/> The personal representative of the deceased patient (Please further tick one from the following three options:) <div style="margin-left: 20px; margin-top: 5px;"> <input type="checkbox"/> I have applied to be the personal representative or one of the personal representatives to administer the deceased's estate. <input type="checkbox"/> I have been appointed by the Court as the personal representative or one of the personal representatives to administer the deceased's estate. <input type="checkbox"/> I am entitled to be the personal representative of the deceased. </div> </div>	
<p><i>Note 1: Substitute decision maker of the patient is defined under section 8A of the Private Healthcare Facilities Ordinance (Cap. 633). For a patient who is aged below 16, please refer to section 8A(2) of Cap. 633 for the eligible persons who may lodge the complaint as a substitute decision maker of the patient. For a patient who is aged 16 or above and is any one of the descriptions as set out in section 8A(3) of Cap. 633, please refer to section 8A(4) of Cap. 633 for the eligible persons who may lodge the complaint as a substitute decision maker of the patient.</i></p>	

1.2 Patient's Information

If the complaint is made by the patient, it is not necessary to complete this section.

Name in English (Surname First)

Mr/Mrs/Ms/Miss*

Name in Chinese (Surname First)

先生/太太/女士/小姐*

1.3 Information of the Private Healthcare Facility under complaint

Name of the Private Healthcare Facility (*Note 2*)

Address of the Private Healthcare Facility (Except Private Hospital)

Note 2: The name of the private healthcare facility should be identical to that as stated in the Private Healthcare Facilities Register. For details, please refer to the website of the Office for Regulation of Private Healthcare Facilities (<https://www.directory.orphf.gov.hk/Directory/en/Home/Home>).

Part 2. Details of Complaint

(Please describe the event, including the date(s) on which it happened, person(s) involved, complaint issue(s), details of the event, and etc. Please use additional sheets or attach a complaint letter, if necessary)

Complainant’s Signature

Date

Checklist before submitting the complaint

- ☐ This Complaint Form
- ☐ Statutory Declaration
- ☐ Information to substantiate the complaint (if any)
- ☐ Consent Form

If the patient would like to authorize a person in writing to make this complaint, please complete this authorization letter.

(Please refer to Points to note items 3 and 6)

Authorization Letter

I _____ (- () /

(Patient's Name)

(*H.K. Identity Card No. (Prefix and the first 3 digits) /

_____) hereby authorize _____ to lodge this
Passport No.) (Complainant's Name)

complaint on my behalf.

(Patient's Signature)

(Date)

**Please delete as appropriate*

Complainant must submit the completed consent form (Please refer to Points to note items 4 and 6)

Consent Form

I am

- (1) ☐ the patient ☐ a substitute decision maker of the patient
- ☐ the personal representative of the deceased patient

(2) I hereby authorize the Committee on Complaints against Private Healthcare Facilities (“Complaints Committee”) to furnish _____
 _____ (Name of Private Healthcare Facility)
 with a duplicated copy of my complaint letter(s) and supplementary information provided in relation to the complaint; and

(3) I hereby authorize the above private healthcare facility to disclose the medical records and other relevant documents of _____ (_____ - _____) /
 (Name of the Patient) (*H.K. Identity Card No. (Prefix and first 3 digits) /
 _____) in relation to the complaint to the following organizations/ persons:
 Passport No.)

- (i) the Complaints Committee;
- (ii) a regulatory authority, medical professional or other expert appointed by the Complaints Committee to assist in investigating this complaint;
- (iii) the Director of Health; and
- (iv) a public officer authorized by the Director of Health under section 98 of the Private Healthcare Facilities Ordinance.

(4) I have read and agreed to the “Personal Information Collection Statement” (**Annex 3**).

Name of the patient/ substitute decision maker of the patient/ personal representative of the deceased : _____
 patient*

Signature of the patient/ substitute decision maker of the patient/ personal representative of the deceased : _____
 patient*

Date : _____

*Please delete as appropriate ☐ Please tick the box as appropriate

Personal Information Collection Statement

Purpose of Collection

The personal data you provide to the Committee on Complaints against Private Healthcare Facilities (“Complaints Committee”) will be used for one or more of the following purposes:

- (1) Performing the functions set out under section 73(1) of the Private Healthcare Facilities Ordinance (Cap.633):
 - to advise the Director of Health on the policies on complaints management for private healthcare facilities;
 - to receive and consider facility complaints;
 - to make recommendations to the Director of Health on matters relating to facility complaints, including whether to take any regulatory action against the private healthcare facilities concerned;
 - to refer, in appropriate cases, facility complaints to regulatory authorities for any follow-up action;
 - to make recommendations to private healthcare facilities on any improvement measures;
 - to report to the Director of Health any general regulatory issue arising from the facility complaints handled by the Complaints Committee;
 - to publish on a regular basis summary reports on the facility complaints handled by the Complaints Committee; and the recommendations made by the Complaints Committee to the Director of Health and the private healthcare facilities concerned;
 - to publicize how complaints may be made to the public; and
- (2) If deemed necessary, to refer the subject matter of your enquiry / complaint to government department(s) or relevant organization(s) for follow-up actions.

The provision of personal data is voluntary. If you do not provide sufficient information, we may not be able to conduct a thorough investigation into the matter.

Transfer of Information

For one or more of the aforementioned purposes, the information or the copy of the information provided by you may be disclosed or transferred to other government department(s) and other organization(s).

Access to Personal Data

You have the right of access and correction with respect to your personal data as provided for in Sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance (Cap. 486). 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

Enquiries concerning personal data provided, including the making of access and corrections, should be addressed to:

Secretariat of the Committee on Complaints against Private Healthcare Facilities
 Room 402, 4/F
 14 Taikoo Wan Road
 Taikoo Shing, Hong Kong
 Telephone: (852) 3107 2667
 Fax: (852) 2117 1936
 Email: ccphf@dh.gov.hk