



澳門銀葵醫院網上預約平台個人資訊查閱授權/取消聲明書

: 就診者本人(年滿十八歲)

病人標籤

本人 _____ ,

證件號碼 _____ , 同意 取消

_____ 先生 / 女士 ,

由醫院張貼

證件號碼 _____ , 授權碼 _____ 透過澳門銀葵醫院網上預約平台查閱本人之個人資訊。此代理行為視同本人行為並由本人承擔一切責任。

授權時限設定 不設時限 / 設時限 : _____ (年)

就診者簽署(按證件式樣)

日期(日/月/年)

被授權人確認經就診者授權透過澳門銀葵醫院網上預約平台查閱其個人資訊，如有虛假、偽冒，願承擔一切責任。

被授權人簽署(按證件式樣)

日期(日/月/年)

: 為就診者以下代理人/被授權者 :

未成年者的 父 / 母 ; 合法監護人，與就診者之關係 : _____

意識障礙或無行為能力病人(就診者)之獲授權人士，與就診者之關係 : _____

本人(聲明人) _____ , 證件號碼 _____ , 授權碼 _____

聲明與就診者之關係屬實，現申請透過澳門銀葵醫院網上預約平台
 查閱 / 取消查閱上述就診者之個人資訊。

聲明人簽署(按證件式樣)

日期(日/月/年)

***被授權人/合法監護人(代理人) 必須提交就診者及本人身份證明文件副本**

備註：1. 部分敏感檢驗項目結果，如性病檢驗，因考慮個人隱私問題，結果無法在網上查閱。

2. 外送其他單位檢驗的項目，結果無法在網上查閱。



Macau Yinkui Hospital Online Reservation Platform Personal Information
Access Authorization/Cancellation Statement

Patient's Label

: Applicant(18 or above)

I _____,

ID/Passport No. _____, Access / Cancel

Access Mr./Ms. _____,

by Hospital

ID/Passport No. _____, Authorization code _____ to my personal information through the Macau Yinkui Hospital online appointment platform. This agent's behavior is regarded as my own behavior, and I bear all responsibilities. Authorization time limit setting : No time limit / Set time limit: _____(year)

Signature of Applicant (as per identification document)

Date(DD/MM/YY)

The authorized person confirms that he has been authorized by the patient to view his or her personal information through the Macau Yinkui Hospital online appointment platform. If there is any falsehood or forgery, he is willing to bear all responsibilities.

Authorized Person Signature (as per identification document)

Date(DD/MM/YY)

: The following agent/authorized person for the patient:

Guardian of children under 18 Father / Mother ; Legal guardian,
relationship with patient : _____

Authorized person for patients with impaired consciousness or incapacity (patients),
relationship with patient : _____

I (declarant) _____, ID/Passport No. _____,
Authorization code _____ Declaring that the relationship with the patient is true, I
now apply to Access / Cancel Access to the personal information of the above-
mentioned patients.

Declarant Signature(as per identification document)

Date(DD/MM/YY)

*** The authorized person/legal guardian (agent) must submit a copy of the identity document of the patient and himself/herself**

Note: 1. The results of some sensitive test items, such as STD tests, cannot be viewed online due to personal privacy concerns.

2. For items sent to other units for inspection, the results cannot be viewed online.