

**Chinese Medicine Council of Hong Kong**  
**Change of Personal Particulars of Chinese Medicine Practitioners**

For Chinese Medicine Practitioner who wishes to update his/her personal particulars, please complete this form, and return it to the Secretariat of the Chinese Medicine Council of Hong Kong **by post** to 22/F, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong **or by fax** (Fax No.: 2121 1898). For enquiries, please contact the Secretariat staff at 2121 1888. Please refer to the back side for the use of personal data and enquiry.

I, \_\_\_\_\_ (\_\_\_\_\_), hereby inform  
 (English Name) (Registration / Listing No.)

the Chinese Medicine Practitioners Board of the Chinese Medicine Council of Hong Kong that my personal particulars should be changed as follows:

Please put a "✓" in the box(es) next to the item(s) to be changed

<input type="checkbox"/> Change of name / adding an alias* (Please attach a <b>copy of the HKID card</b> and a <b>copy of the document issued by the Immigration Department showing the change of name or the addition of an alias.</b> )	Chinese Name: English Name:
<input type="checkbox"/> Change of daytime contact telephone number	1. _____ 2. _____
<input type="checkbox"/> Change of fax number	1. _____ 2. _____
<input type="checkbox"/> Change of correspondence address (Both Chinese and English sections should be filled in)	
Address in English: _____ _____ _____	Address in Chinese: _____ _____ _____
<input type="checkbox"/> Change of practising / registration address* (Both Chinese and English sections should be filled in)	
Address in English: ( <input type="checkbox"/> Same as above corresponding address)	Address in Chinese: ( <input type="checkbox"/> Same as above corresponding address)
_____ _____ _____	_____ _____ _____
<input type="checkbox"/> I agree to publish my practising address on the web-site of the Chinese Medicine Council of Hong Kong. (Only applicable for Listed Chinese Medicine Practitioners)	
<input type="checkbox"/> Change of / adding an e-mail address*	_____

\* Please delete as inappropriate

**Signature of Chinese Medicine Practitioner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Personal data and enquiry**

### Use of personal data

1. The personal data given to the Chinese Medicine Practitioners Board will be used to implement the provisions of the Chinese Medicine Ordinance.

### Transfer of personal data

2. The personal data provided by applicants are mainly for use within the Council, but they may also be disclosed to other Government bureaux/departments, agencies or authorities for the purpose mentioned in paragraph 1. The public can have access to the personal data of Chinese medicine practitioners, including the names and addresses published in the list of listed and registered Chinese medicine practitioners in the Gazette and the homepage of the Chinese Medicine Council. Apart from these, applicant's other personal data will only be disclosed where applicant has given consent to such disclosure or where such disclosure is permitted by the Personal Data (Privacy) Ordinance.

### Correction of personal data

3. Applicant has the 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. A fee may be imposed for complying with a data access request.