

# 戒煙承諾書

## Smoking cessation referral form

立即下定決心戒煙，填妥以下資料，並電郵 (project@cosh.org.hk) 或傳真 (2575 3966) 至香港吸煙與健康委員會，以作轉介及跟進。

Act now and quit smoking! Please fill in the form and send to Hong Kong Council on Smoking and Health by email (project@cosh.org.hk) or fax (2575 3966) for smoking cessation referral services and follow-up.

我承諾於 \_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日起，決心戒煙，並同意獲轉介至下列戒煙服務以作跟進。(請選擇一項)

I pledge to quit smoking starting from \_\_\_\_\_ (Day/Month/Year) and agree to be referred to the following smoking cessation service provider for follow-up. (Please choose one only)

- |  |  |
|--|--|
| <input type="checkbox"/> 衛生署綜合戒煙熱線<br>Integrated Smoking Cessation<br>Hotline of the Department of Health        | <input type="checkbox"/> 香港大學女性戒煙計劃<br>HKU Women Quit  |
| <input type="checkbox"/> 東華三院戒煙綜合服務中心<br>Tung Wah Group of Hospital<br>Integrated Centre on Smoking<br>Cessation | <input type="checkbox"/> 香港大學青少年戒煙熱線<br>HKU Youth Quitline   |
| <input type="checkbox"/> 博愛醫院中醫戒煙服務<br>Pok Oi Hospital Smoking Cessation<br>Service using Acupuncture            | <input type="checkbox"/> 九龍樂善堂「愛·無煙」前線企業<br>員工戒煙計劃<br>Smoking Cessation Program in<br>Workplace by The Lok Sin Tong<br>Benevolent Society, Kowloon |

姓名 Name : \_\_\_\_\_ 性別 Gender :  男 Male  女 Female

每日吸煙數量 Number of cigarettes consumed daily : \_\_\_\_\_ 支 Pcs

聯絡電話 Telephone : \_\_\_\_\_ 電郵地址 Email address : \_\_\_\_\_

本人已詳閱及同意以下「參加者聲明」及「收集個人資料聲明」。

I read and agree the below information of declaration and personal data collection statement.

### 參加者聲明 Declaration :

本人是吸煙人士並願意接受戒煙跟進服務。本人明白資料將由香港吸煙與健康委員會轉交至已選之戒煙服務作跟進之用，並確保承諾書上之資料皆屬真實及正確。如有任何爭議，香港吸煙與健康委員會將保留最終決定權。

I hereby declare that I am a smoker and agree to accept smoking cessation referral service. I understand that any personal information collected will be used by Hong Kong Council on Smoking and Health for the selected smoking cessation referral service only and declare that the information provided is true and correct to the best of my knowledge. In case there are any disputes, Hong Kong Council on Smoking and Health reserves the right to make the final decision.

### 收集個人資料聲明 Personal data collection statement :

參加者提供之個人資料，只會作為香港吸煙與健康委員會轉介戒煙個案跟進之用。根據《個人資料(私隱)條例》，參加者有權查閱及更正本會所持有參加者的個人資料。如欲查閱及更正相關資料，請電郵至enq@cosh.org.hk或致函「香港灣仔皇后大道東183號合和中心44樓4402-03室」，與本會項目籌劃經理聯絡。

Collected personal data will be used by Hong Kong Council on Smoking and Health for the smoking cessation referral service only. Participant have the right of access and correction with respect to the personal data as provided according to the Personal Data (Privacy) Ordinance. Enquiries concerning personal data provided, including the making of access and corrections, please contact our Project Manager at enq@cosh.org.hk or to Unit 4402-03, 44/F., Hopewell Centre, 183 Queen's Road East, Wanchai, Hong Kong.

簽名 Signature : \_\_\_\_\_ 日期 Date : \_\_\_\_\_

