

**Electronic Health Record Sharing System (eHRSS)**  
**User Account Creation Request Form**

<b>Healthcare Provider</b>		
Name of Healthcare Provider <i>(Company Name as registered in eHRSS)</i>		
<b>User Account Information</b>		
Title <i>(Mr/Mrs/Ms/Dr/Prof)</i>	Surname, Given Name	姓名
HKID no. <i>(e.g. A 123456(7))</i>	Post Title	Contact Email Address
Contact Phone Number 852-	Mobile Phone Number <sup>1</sup> 852-	Fax Number <i>(optional)</i> 852-
<i>User's main working location (Name of Healthcare Service Location as registered in eHRSS)</i>		
User will take up the following role(s) <i>(may select more than one)</i> :		
<input type="checkbox"/> User Administrator - manage user accounts		
<input type="checkbox"/> Healthcare Professional - view patient's clinical record		
Professional Category: _____ <i>(e.g. Doctor, Registered Nurse, etc.)</i>		
Professional Registration No.: _____		
<input type="checkbox"/> Patient Registration Staff - obtain patient's sharing consent		
<input type="checkbox"/> Others: _____		
Remark: You may be requested to submit additional or missing information if required. Failure to provide the information requested or get the connection setup ready within 60 days after the HCP registration form is received by eHR RO, such application will be deemed unsuccessful and all related documents shall be disposed of without further notice.		
Signature	Date	

<sup>1</sup> Please provide a local mobile phone number to receive One-Time Password for login purpose

## **PERSONAL INFORMATION COLLECTION STATEMENT**

### **Purposes of Collection**

*We, the Electronic Health Record Office under the Health Bureau of HKSARG, may collect your personal information including name, title, identity document number, contact information (e.g. address, telephone number(s) and email address) and professional registration information (if applicable).*

The personal data or any information we collected from you is used for the creation and maintenance of your user account as an authorised user working under a healthcare provider who have participated in the Electronic Health Record Sharing System (eHRSS), including the account with eHealth Pro features in the 醫健通 eHealth App (if applicable) and related matters under the Electronic Health Record Sharing System Ordinance (Cap 625) (eHRSSO). Your registration is essential as only authorised user working under registered healthcare provider with valid account can access information and function(s) in eHRSS. Unless for specified purpose stated in eHRSSO, using your personal information in eHRSS for direct marketing is an offence.

### **Classes of Transferees**

Except with your prior consent, we will not transfer or disclose the collected personal information to any third party except as stated below:

- (1) the Department of Health, Hospital Authority or any person or entity whom we may appoint in writing to assist in performing a function and exercising a power, pursuant to eHRSSO;
- (2) any personnel, agent, adviser, auditor, contractor or service provider engaged by us to provide services or advice (e.g. technical, security or data processing service...etc.) in connection with our operations;
- (3) any person to whom we are required to make disclosure under any law or court order applicable in Hong Kong.

### **Access and Correction of Your Personal Data**

You have the rights of access and correction of the personal data provided under Personal Data (Privacy) Ordinance; please contact the Electronic Health Record Registration Office for more information. A non-excessive fee will be charged for complying with your data access request.

### **Enquiries**

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

Electronic Health Record Registration Office

Address: Unit 1102, 11/F, Harbourside HQ, 8 Lam Chak Street, Kowloon Bay, H.K.

Hotline: (852) 3467 6230

Fax: (852) 3467 6099

Email: [ehr@ehealth.gov.hk](mailto:ehr@ehealth.gov.hk)