

登記資料 Registration Information

第1部 - 醫護接受者 (病人) 資料

PART 1 - Healthcare Recipient's (Patient's) Particulars

英文姓氏 Surname in English	英文名 Given Name in English	中文姓名 (先寫姓氏) (如適用) Name in Chinese (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>

香港身份證號碼 HK Identity Card No.	()	出生日期 Date of Birth	<input type="text"/> 日 Day	<input type="text"/> 月 Month	<input type="text"/> 年 Year
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性別 Sex 男 Male 女 Female

如非香港身份證持有人，請填寫其他身份證明文件資料

For non HK Identity Card holder, please fill in information of other identity document

類別 Type	簽發國家/地區 Issuing Country/Region	證件號碼 Document No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

第2部 - 給予、更改或撤銷以下醫護提供者 (醫護機構) 互通同意

PART 2 - Giving, Update or Revocation of Sharing Consent to Healthcare Provider

填寫前請先查閱互通系統網站有關醫護提供者(醫護機構)的資料

(網址：http://www.ehealth.gov.hk/tc/ehrss/healthcare_provider_list/search.html)

Please refer to the eHRSS website for information of healthcare providers before filling in this part

(website：http://www.ehealth.gov.hk/en/ehrss/healthcare_provider_list/search.html)

給予互通同意 Giving of Sharing Consent

本人同意給予以下的醫護機構互通同意：

I agree to give Sharing Consent to the following healthcare provider(s):

1) 醫護機構編號 HCP Number	<input type="text"/>
醫護機構名稱 HCP Name	<input type="text"/>
<input type="checkbox"/>	給予該醫護機構無限期互通同意 ¹ Give Indefinite Sharing Consent ¹ to concerned healthcare provider
<input type="checkbox"/>	只給予該醫護機構為期一年的互通同意 ² Give only One-year Sharing Consent ² to concerned healthcare provider
2) 醫護機構編號 HCP Number	<input type="text"/>
醫護機構名稱 HCP Name	<input type="text"/>
<input type="checkbox"/>	給予該醫護機構無限期互通同意 ¹ Give Indefinite Sharing Consent ¹ to concerned healthcare provider
<input type="checkbox"/>	只給予該醫護機構為期一年的互通同意 ² Give only One-year Sharing Consent ² to concerned healthcare provider
3) 醫護機構編號 HCP Number	<input type="text"/>
醫護機構名稱 HCP Name	<input type="text"/>
<input type="checkbox"/>	給予該醫護機構無限期互通同意 ¹ Give Indefinite Sharing Consent ¹ to concerned healthcare provider
<input type="checkbox"/>	只給予該醫護機構為期一年的互通同意 ² Give only One-year Sharing Consent ² to concerned healthcare provider

醫護接受者亦可在接受醫護服務時向個別醫護機構給予或更改互通同意。

Healthcare recipient may give or update sharing consent to individual healthcare provider when receiving healthcare.

¹無限期的互通同意：同意會維持有效直至醫護接受者或其代決人撤銷或更改有關同意、退出或取消登記為止

Indefinite Sharing Consent: Consent will remain valid until revoked or updated by the healthcare recipient or the substitute decision maker, or the healthcare recipient's registration is withdrawn or cancelled

²為期一年的互通同意：同意將會在一年後無效或直至醫護接受者或其代決人撤銷或更改有關同意、退出或取消登記為止

One-year Sharing Consent: Consent will expire after 1 year or lapse if revoked or updated by the healthcare recipient or the substitute decision maker, or the healthcare recipient's registration is withdrawn or cancelled

更改互通同意形式 Update of Sharing Consent Type

本人同意更改以下的醫護機構的互通同意形式：

I agree to update Sharing Consent Type to the following healthcare provider:

醫護機構編號

HCP Number

醫護機構名稱

HCP Name

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更改互通同意形式至

無限期

為期一年

續期一年

Update Consent Type to Indefinite

One-Year

Renew consent for another one year

撤銷互通同意 Revocation of Sharing Consent

本人同意撤銷給予以下的醫護機構的互通同意：

I agree to revoke Sharing Consent given to the following healthcare provider:

醫護機構編號

HCP Number

醫護機構名稱

HCP Name

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第3部 - 醫護接受者簽署及聲明

PART 3 - Healthcare Recipient's Signature and Declaration

如醫護接受者為年滿十六歲並有能力給予同意的人士，但未能親身前往辦理有關申請，可授權他人遞交有關申請，並須同時填寫第3及第4部。

If the healthcare recipient is aged 16 or above and is capable of giving consent but cannot submit application in person, the healthcare recipient may authorise a representative to submit application on his / her behalf. Please fill in PART 3 and PART 4.

如醫護接受者為十六歲以下兒童或年滿十六歲但無能力給予同意的人士，此欄無須填寫，而須由其代決人³提出申請並填寫第5及第6部。

If the healthcare recipient is a minor aged under 16 or a person aged 16 or above but incapable of giving consent, no entry to this part is required, and the application should be submitted by a Substitute Decision Maker³ on his / her behalf. Please fill in PART 5 and PART 6.

在簽署本表格後，本人確認-

(a) 所填報以支持本申請的資料均屬真確無訛。

(b) 本人已根據本表格內有關章節中所列明的期效給予、更改或撤銷醫護提供者「互通同意」。

(c) 本人已參閱及明白「參與者須知」內有關就給予個別醫護提供者「互通同意」的意義，以讓其根據《電子健康紀錄互通系統條例》(第625章) 取得及互通本人存放於互通系統的資料。

(d) 本人已參閱及明白「收集個人資料聲明」。

By signing this form, I confirm that -

(a) all information given to support this application is true and correct.

(b) I have given, updated and revoked my sharing consent to the healthcare provider(s) according to the terms stated in the above relevant section of the form.

(c) I have read and understood the "Participant Information Notice" regarding the meaning of sharing consent given to individual healthcare providers to obtain and share my data contained in eHRSS in accordance with the Electronic Health Record Sharing System Ordinance (Cap. 625).

(d) I have read and understood the "Personal Information Collection Statement".

醫護接受者簽署 Healthcare Recipient's Signature

日期 Date

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第4部 - 授權書 (如適用)
PART 4 - Authorisation Letter (If applicable)

本人

I

英文姓氏
Surname in English

英文名
Given Name in English

中文姓名 (先寫姓氏) (如適用)
Name in Chinese (if applicable)

未能親身前往已註冊互通系統及為本人提供醫護服務的醫護提供者或電子健康紀錄申請及諮詢中心遞交有關給予、更改或撤銷有關醫護提供者互通同意之申請。

am unable to come in person to the registered healthcare provider providing healthcare to me or eHR Registration Office to submit my application to give, update or revoke my sharing consent to healthcare provider.

本人現授權

I hereby authorise^

英文姓氏
Surname in English

英文名
Given Name in English

香港身份證號碼
HK Identity Card No.

中文姓名 (先寫姓氏) (如適用)
Name in Chinese (if applicable)

如非香港身份證持有人，請填寫其他身份證明文件資料

For non HK Identity Card holder, please fill in information of other identity document

類別 Type

證件號碼 Document No.

代表本人遞交有關申請，並附上本人身份證明文件副本以供查證。

to submit this application on my behalf. A copy of my identity document is attached for your authentication.

醫護接受者簽署 Healthcare Recipient's Signature

日期 Date

^獲授權者須出示身份證明文件及提供個人資料作核對身份及就醫護接受者有關之申請作保存紀錄之用。

Authorised Person should produce identity document and provide his/her personal data for identity authentication and maintenance of records relating to the application of the healthcare recipient.

第5部 - 代決人 (適用於由代決人提出申請)³

PART 5 - Substitute Decision Maker (For application submitted by Substitute Decision Maker)³

代決人資料 Substitute Decision Maker's Particulars

英文姓氏

Surname in English

英文名

Given Name in English

中文姓名 (先寫姓氏) (如適用)

Name in Chinese (if applicable)

香港身份證號碼

HK Identity Card No.

與醫護接受者關係

Relationship with Healthcare Recipient

聯絡電話號碼

Contact Telephone No.

如非香港身份證持有人，請填寫其他身份證明文件資料

For non HK Identity Card holder, please fill in information of other identity document

類別 Type

證件號碼 Document No.

³有關代決人安排 Arrangement of Substitute Decision Maker

如醫護接受者為十六歲以下兒童或年滿十六歲但無能力自行給予同意的人士，代決人可作其代表處理其有關互通系統的事宜 (詳情請參閱參與者須知)
For healthcare recipient who is a minor aged under 16 or a person aged 16 or above but incapable of giving consent, a Substitute Decision Maker may manage matters related to the healthcare recipient's eHRSS participation on his / her behalf (Please refer to Participant Information Notice for details)

第6部 - 代決人簽署及聲明 (適用於由代決人提出申請)

PART 6 - Substitute Decision Maker's Signature and Declaration (For application submitted by Substitute Decision Maker)

在簽署本表格後，本人確認-

(a) 所填報以支持本申請的資料均屬真確無訛。

(b) 本人已根據本表格內有關章節中所列明的期效代表醫護接受者提出給予、更改或撤銷醫護提供者「互通同意」。

(c) 本申請是由本人代表醫護接受者提出，並且是以該醫護接受者的名義提出的。

(d) 本人在代表醫護接受者提出本申請時，本人是陪伴該醫護接受者，並已顧及該醫護接受者在有關情況下的最佳利益。

(e) 就本人所知所信，本人在提出本申請時醫護接受者是未滿十六歲；或年滿十六歲但精神上無行為能力、無能力處理其本身事務、或無能力處理有關參與或退出互通系統的事宜。

(f) 本人已參閱及明白「參與者須知」，特別是「代決人為醫護接受者處理登記事宜時應注意事項」，有關就代表醫護接受者給予個別醫護提供者「互通同意」的意義，以讓其根據《電子健康紀錄互通系統條例》(第625章) 取得及互通醫護接受者存放於互通系統的資料。

(g) 本人已參閱及明白「收集個人資料聲明」。

By signing this form, I confirm that -

(a) all information given to support this application is true and correct.

(b) I have given, updated and revoked my sharing consent to the healthcare provider(s) on behalf of healthcare recipient according to the terms stated in the above relevant section of the form.

(c) this application is made on behalf of and in the name of the healthcare recipient.

(d) when making the application on behalf of the healthcare recipient, I am accompanying the healthcare recipient and had regard to the best interests of him/her.

(e) to the best of my knowledge and belief that at the time this application is made, the concerned healthcare recipient is under the age of 16; or is aged 16 or above and is mentally incapacitated, incapable of managing his or her own affairs, or incapable of managing matters relating to the participation in / withdrawal from eHRSS.

(f) I have read and understood the "Participant Information Notice", in particular "Important Notes for SDM Handling Registration Matters on Behalf of an HCR", and section(s) regarding the meaning of sharing consent given on behalf of the healthcare recipient to individual healthcare providers to obtain and share the healthcare recipient's data contained in eHRSS in accordance with the Electronic Health Record Sharing System Ordinance (Cap. 625).

(g) I have read and understood the "Personal Information Collection Statement".

代決人簽署 Substitute Decision Maker's Signature

日期 Date

遞交互通同意書注意事項 Points to Note - Submission of Sharing Consent Form

適用於管理對已註冊醫護機構的互通同意 (醫院管理局及衛生署除外)。
Applicable to manage sharing consents given to participating Healthcare Providers
(except Hospital Authority and Department of Health).

如親身前往辦理有關申請，則無須填寫此同意書。
If you submit the application in person, you do not need to complete this form.

遞交方法 Submission Methods:

郵寄 / 傳真 / 電郵 / 投遞箱 By Post / Fax / Email / Drop-in Box	<p>▶ 已年滿十六歲或以上的人士，須遞交： For person aged 16 or above, please submit:</p> <ul style="list-style-type: none">(1) 此表格 this form(2) 身份證明文件副本 copy of identity document <p>▶ 以代決人身份提出申請的人士，須遞交： For Substitute Decision Maker (SDM) submitting the application on behalf of Healthcare Recipient (HCR), please submit:</p> <ul style="list-style-type: none">(1) 此表格 this form(2) 醫護接受者身份證明文件副本 copy of HCR's identity document(3) 代決人身份證明文件副本 copy of SDM's identity document(4) 雙方關係證明副本 copy of relationship proof*
授權他人 前往遞交 By Authorised Person	<p>▶ 獲授權者須前往電子健康紀錄登記站[#]遞交： The Authorised Person (AP) should submit the following at eHR Registration Centres[#]:</p> <ul style="list-style-type: none">(1) 此表格 this form(2) 醫護接受者身份證明文件副本 copy of HCR's identity document(3) 獲授權者身份證明文件 AP's identity document

* 以下類別的代決人須連同關係證明副本遞交申請 The following types of SDM should submit the application together with a copy of the relationship proof:
(1) 根據《未成年人監護條例》(第13章) 或《精神健康條例》(第136章) 委任的監護人；(2) 社會福利署署長或根據《精神健康條例》(第136章) 委任為監護人的任何其他人士；(3) 獲法院委任以處理該接受者事務的人士；(4) 正在或即將向該接受者提供醫護服務的訂明醫護提供者。
(1) Guardian appointed under Guardianship of Minors Ordinance (Cap. 13) or Mental Health Ordinance (Cap. 136); (2) The Director of Social Welfare or any other person as guardian under Mental Health Ordinance (Cap. 136); (3) Person appointed by court to manage the person's affairs; (4) The prescribed healthcare provider who provides or is about to provide healthcare to the person.

[#] 已註冊互通系統及為本人提供醫護服務的醫護提供者或電子健康紀錄申請及諮詢中心。註冊醫護機構名單載於
(http://www.ehealth.gov.hk/tc/ehrss/healthcare_provider_list/search.html)
Registered healthcare provider providing healthcare to me or eHR Registration Office. A list of registered healthcare providers is available at
(http://www.ehealth.gov.hk/en/ehrss/healthcare_provider_list/search.html)

電子健康紀錄申請及諮詢中心 Electronic Health Record Registration Office

地址 Address: 香港九龍灣臨澤街8號啟匯11樓1102室
Unit 1102, 11/F, Harbourside HQ, 8 Lam Chak Street, Kowloon Bay, Hong Kong

傳真號碼 Fax no.: 3467 6099

電郵 Email: ehr@ehealth.gov.hk

辦公時間 Office Hours: 星期一至五 Monday to Friday 9:30-12:30 & 14:00-17:00
星期六、日及公眾假期休息 Closed on Saturdays, Sundays and public holidays

網站 Website: www.ehealth.gov.hk

《收集個人資料聲明》

收集資料的目的

如閣下是醫護接受者，香港特別行政區政府醫務衛生局轄下的電子健康紀錄統籌處（我們）會收集閣下的個人資料，包括姓名、出生日期、性別、身分證明文件號碼和聯絡資料（例如通訊地址、電話號碼和電郵地址）。

如閣下是代表某醫護接受者提出登記申請的代決人（如適用），我們可就該醫護接受者在電子健康紀錄互通系統（互通系統）中相關的登記及使用事宜，收集該醫護接受者及閣下的個人資料，包括姓名、身分證明文件號碼、聯絡資料（例如通訊地址、電話號碼和電郵地址），以及閣下與該醫護接受者之間的關係。

如有其他醫護接受者把閣下登記為他們在互通系統中的醫護接受者聯絡人或獲授權者，我們亦可經由有關的醫護接受者取得閣下的個人資料，包括姓名和聯絡資料（例如通訊地址、電話號碼和電郵地址）。

我們向閣下收集的個人資料和資訊，將用於閣下在電子健康紀錄互通系統（互通系統）相關的登記及使用事宜；或有關醫護接受者，以閣下作為其代決人、獲授權者或聯絡人，向互通系統作出的登記，及於《電子健康紀錄互通系統條例》（第 625 章）訂明的相關事宜。相關的事宜包括但不限於：給予及管理參與及/或互通同意、退出互通系統、更新互通系統內的資料、收取互通系統的通知及相關機構使用互通系統內的醫療紀錄（包括取覽和存放）的事宜。

取得有關醫護接受者或其代決人互通同意的醫護提供者可透過互通系統取覽有關醫護接受者的健康資料。如閣下是某醫護接受者的照顧者（如適用），我們可就該醫護接受者在醫健通 eHealth 手機程式中相關的使用事宜，向閣下收集該醫護接受者的個人資料，包括姓名、身分證明文件號碼，以及閣下與該醫護接受者之間的關係。有關醫護接受者的其他照顧者（如適用）亦可透過醫健通 eHealth 手機程式，檢視閣下的姓名及有關的取覽資料。

而任何人將閣下在互通系統中的個人資料用於直接促銷，即屬違法。

可獲披露資料的機構／人士類別

我們不會在未經閣下同意下向第三者轉移或披露閣下的個人資料和資訊，但下列機構／人士則不在此限：

1. 衛生署、醫院管理局或我們根據《電子健康紀錄互通系統條例》以書面委任以協助電子健康紀錄專員執行其職能及行使相關權力的個人或實體；
2. 我們所聘用，以便就互通系統的運作提供服務或意見（如技術、保安或數據處理服務等）的任何人員、代理人、顧問、核數師、承辦商或服務供應商；
3. 我們根據香港境內適用的任何法例或法院命令要求，而需要向其作出披露的任何人士。

查閱及更正個人資料

根據《個人資料（私隱）條例》，閣下有權查閱及改正有關閣下所提供的個人資料。相關人士可申請查閱及更正個人資料，申請表格可於電子健康紀錄互通系統網頁（www.ehealth.gov.hk）下載。閣下亦可向電子健康紀錄申請及諮詢中心了解有關詳情。我們可按查閱資料要求，向閣下收取適度的費用。

查詢

如欲要求查閱及要求改正閣下所提供的個人資料，應聯絡：

電子健康紀錄申請及諮詢中心

地址：香港九龍灣臨澤街 8 號啟匯 11 樓 1102 室

熱線電話：3467 6300

傳真號碼：3467 6099

電郵：ehr@ehealth.gov.hk

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, date of birth, gender, identity document number, and contact information (*e.g. correspondence address, telephone number(s) and email address*) if you are a healthcare recipient.

We may collect the personal information of you and the healthcare recipient concerned, including name, identity document number, contact information (*e.g. correspondence address, telephone number(s) and email address*) and details of your relationship with the healthcare recipient, if you are a substitute decision maker (if applicable) applying for the healthcare recipient in relation to matters of his/her registration and use of the Electronic Health Record Sharing System (eHRSS).

We may also receive information about you from other healthcare recipients, when they register you as their authorised person or contact person in eHRSS and your personal information including name and contact information (*e.g. correspondence address, telephone number(s) and email address*) will be collected.

The personal data and information we collect from you is for your application and registration and use of eHRSS; or for a healthcare recipient to apply and register to eHRSS with you as his/her substitute decision maker, authorised person, or a contact person, and related matters under the Electronic Health Record Sharing System Ordinance (Cap 625) (eHRSSO). Such matters include but are not limited to the following: the giving of and management of joining consent and/or sharing consent, withdrawal from eHRSS, updating of information in eHRSS, receipt of eHRSS notifications and the use of medical record in eHRSS (including access and deposit) by the relevant parties.

The health information of the registered healthcare recipient will be shared among healthcare providers, who have obtained sharing consent from that registered healthcare recipient or his/her substitute decision maker, via eHRSS. We may collect the personal information of the healthcare recipient concerned, including name, date of birth, gender and identity document number, and details of your relationship with the healthcare recipient, if you are caregiver (if applicable) of the healthcare recipient, in relation to matters of the use of 醫健通 eHealth App. The other caregiver(s) (if applicable) of the healthcare recipient concerned can also review your name and details of the access(es) you made to the healthcare recipient's eHR account via 醫健通 eHealth App.

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 data and 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 the Commissioner for the Electronic Health Record 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 to 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 and the application forms for access to or correction of personal data can be obtained from the eHRSS website (www.ehealth.gov.hk). You may also 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 data access requests and data correction requests should be addressed to:

Electronic Health Record Registration Office

Address: Unit 1102, 11/F, Harbourside HQ, 8 Lam Chak Street, Kowloon Bay, Hong Kong

Hotline: 3467 6300

Fax: 3467 6099

Email: ehr@ehealth.gov.hk