



醫健通 - 中醫藥發展新時代

如何參加醫健通

電子健康紀錄申請及諮詢中心

高級行政主任（電子健康紀錄）趙婉貞女士

2025年12月17日

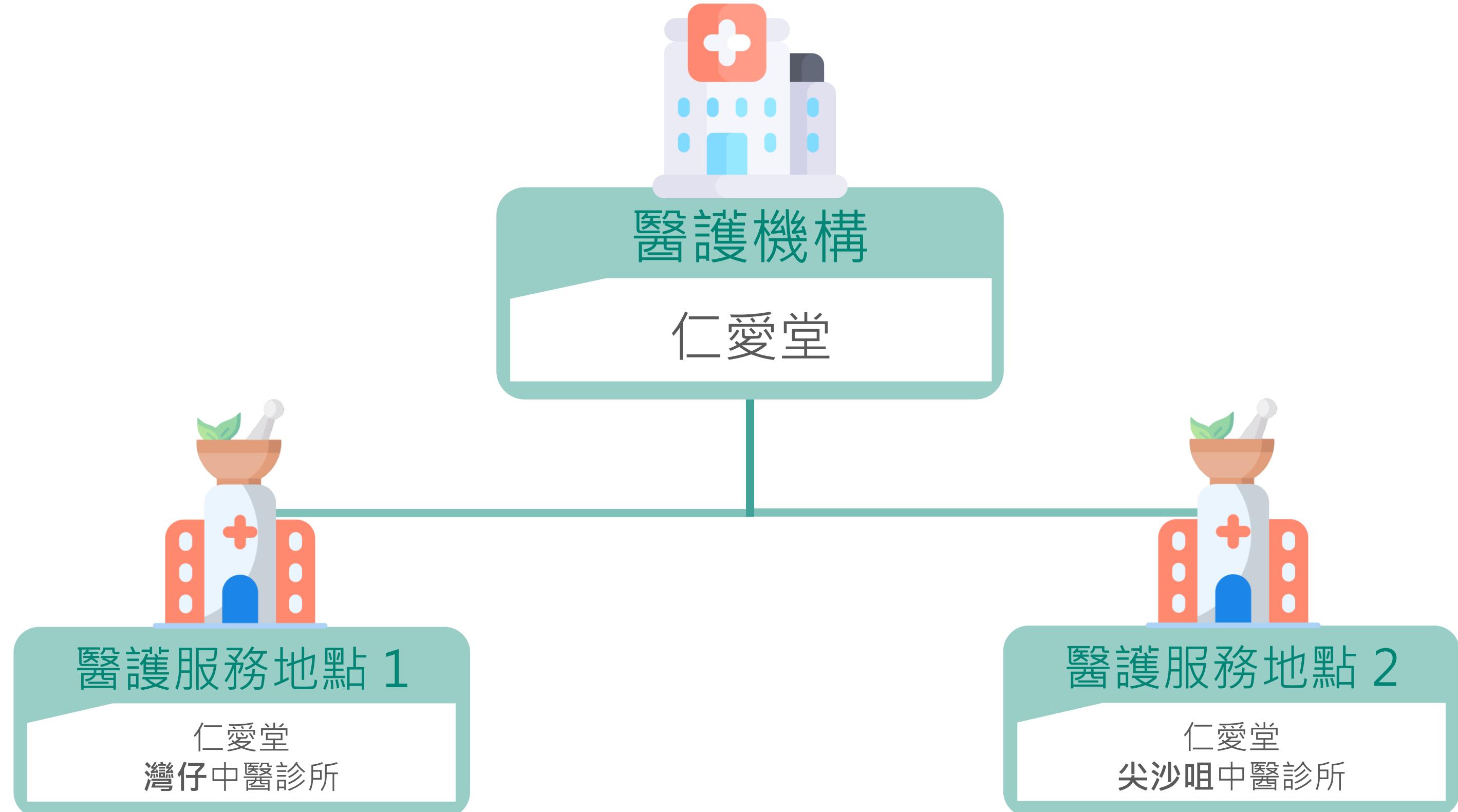


醫護機構登記簡介





醫護機構參與醫健通以機構為單位





醫護機構登記

步驟一

閱讀文件

1. 登記醫健通的注意事項
2. 香港臨床醫療術語表
(HKCTT)特許協議
3. 使用醫健通安全連線的條款
4. 醫護機構登記醫健通的條件
(私家醫院 / 非私家醫院)
5. 使用電子健康紀錄作醫護用途的實務守則
6. 收集個人資料聲明

步驟二

網上遞交申請

提供醫護機構資料



提供醫護機構用戶資料



提供醫護服務地點資料



上載證明文件



例如：

- 商業登記證/公司註冊證明書或其他相關證明文件
- 醫護專業人員執業證書



醫護機構登記 - 網上遞交申請



點擊「New Application」

醫健通
eHealth
香港特別行政區政府 HKSARGOVT

Electronic Health System (eHealth)

eHealth Registration for Healthcare Provider (HCP)

New Application

Login

Please read the following documents before submitting registration

[Important Notes for Registration in eHealth](#)

[Guide for Healthcare Provider](#)

[Terms of Use for the Hong Kong Clinical Terminology Table](#)

[Terms of Use for the eHealth Secure Connect](#)

[Conditions of Registration of HCPs in eHealth - Private Hospitals](#)

[Conditions of Registration of HCPs in eHealth - HCPs other than Private Hospitals](#)

[Code of Practice for Using Electronic Health Record for Healthcare](#)

[Personal Information Collection Statement](#)





醫護機構登記 - 網上遞交申請（醫護機構資料）

填寫醫護機構資料

醫健通 Electronic Health System
eHealth eHealth Registration for Healthcare Provider

Step 1 of 4
Healthcare Provider (HCP) Information ⓘ

Information will be displayed on the Healthcare Provider Register on eHealth website. (* Required Field)

Organisation Information ⓘ

Organisation Official Name*
(English)
[Text input field]
(Chinese)
[Text input field]

Organisation Display Name (If these fields are left blank, the official name above will be used to display on the eHealth website.)
 To display a different organisation name on eHealth website and eHealth App

(English)
[Text input field]
(Chinese)
[Text input field]

Telephone*
852 ▾ [Text input field] Fax (This information will not be displayed on the eHealth website)
852 ▾ [Text input field]

Email
[Text input field]

Website
[Text input field]

Address*
Enter keywords and click 'Search'. Example: 28 Nathan Road
[Text input field] Search

Does the above location provide healthcare service?*
 Yes No

Do you use fixed IP to connect to the Internet? (Optional) ⓘ
 Yes No Not Sure

< Back 1 Healthcare Provider Information 2 User Information 3 Healthcare Service Location Information 4 Upload Document 5 Review Next >



! 輸入英文和中文地址
(可手動輸入或使用搜尋引擎)



醫護機構登記 - 網上遞交申請（使用者帳戶資料）

填寫獲授權人、用戶管理員和專業醫護人員的使用者帳戶資料

醫健通 Electronic Health System
eHealth eHealth Registration for Healthcare Provider

Step 2 of 4
User Information ⓘ

Please assign roles (i.e. Authorised Person, User Administrator and Healthcare Professional) to users and provide relevant information below. Each user may take on more than one role in eHealth. Please tick as appropriate. (* Required Field)

1 Authorised Person

Please assign the appropriate role(s) to each person by checking the relevant checkbox(es).

Authorised Person User Administrator Healthcare Professional

English Title* English Surname (as shown on HKIC)* English Given Name (as shown on HKIC)
(E.g. Chan) (E.g. Tai Man Peter)

Chinese Title Chinese Name (as shown on HKIC) Post Title*
(E.g. 陳大文) (E.g. Director)

Hong Kong Identity Card No.*

Contact Information

Telephone*
852

Email* ⓘ Re-enter Email*
Mobile* ⓘ

An One-Time Password will be sent to the mobile of the Authorised Person for subsequent login to the online registration system.

Send One-Time Password

< Back Add User Healthcare Provider Information User Information Healthcare Service Location Information Upload Document Review Save & Continue >



點擊「Add User」以加入其他使用者帳戶資料



醫護機構登記 - 網上遞交申請（醫護服務地點資料）

填寫醫護服務地點資料

**醫健通 Electronic Health System
eHealth eHealth Registration for Healthcare Provider**

Step 3 of 4
Healthcare Service Location (HSL) Information
Information will be displayed on the Healthcare Provider Register on eHealth website (* Required Field)

1

HSL Display Name* Please provide an UNIQUE display name for each location. Example: ABC Clinic (3 Nelson Road); ABC Clinic (50 Nelson Road)
(English)

(Chinese)

Telephone* Fax (This information will not be displayed on eHealth website).
 852 852

Address*
Enter keywords and click 'Search'. Example: 28 Nathan Road Search

Type of Healthcare Service* (You may choose more than one. This information will not be displayed on eHealth website.)

General / Specialist Medical Service Dental Service Elderly - Residential Elderly - Day Care Elderly - Others
Rehabilitation - Residential Rehabilitation - Day Care Rehabilitation - Others Laboratory Radiology
Pharmacy Occupational therapy Physiotherapy Optometry Chinese Medicine Chiropractic Others

Opening Hours
 Display opening hours on eHealth website

Additional Information (for this location ONLY)

How many computer device(s) will be used for eHealth access at this location?

Add Healthcare Service Location

< Back Healthcare Provider Information User Information 3 Healthcare Service Location Information 4 Upload Document 5 Review Save Next >



選擇至少一種醫護服務類別

點擊「Add Healthcare Service Location」增加其他醫護服務地點



醫護機構登記 - 網上遞交申請（上載文件）

上載所須證明文件

醫健通 Electronic Health System
eHealth eHealth Registration for Healthcare Provider
www.ehealth.gov.hk

Step 4 of 4
Upload Supporting Document

1 Proof of establishment of organisation
Please provide: Business registration certificate/ certificate of incorporation or any other document as a proof of establishment (organisation)

Select or drag a file here
Max 3 files | PDF, JPG, JPEG or PNG, size no more than 10MB Select File

2 Practising certificate of the healthcare professional
Please provide: practising certificate of HCProf

Select or drag a file here
Max 1 file | PDF, JPG, JPEG or PNG, size no more than 10MB Select File

3 Other documents (if applicable)

Select or drag a file here
Max 5 files | PDF, JPG, JPEG or PNG, size no more than 10MB Select File

For more information, please visit:
<https://www.ehealth.gov.hk/en/healthcare-provider-and-professional/how-to-register/supporting-documents.html>

< Back Healthcare Provider Information User Information Healthcare Service Location Information 4 Upload Document 5 Review Save Next >





醫護機構登記 - 網上遞交申請（覆檢並提交）

覆檢所提供的資料並提交申請

醫健通 Electronic Health System
eHealth eHealth Registration for Healthcare Provider
香港特別行政區政府 HKSARGOVT

1 ABC Clinic

Step 4 - Upload Supporting Documents EDIT

1. Proof of establishment of organisation
 Business registration certificate.png

2. Practising certificate of only ONE healthcare professional

3. Other documents (if applicable)

Declaration of Authorised Person

I confirm that-

(a) I have the lawful authority from the healthcare provider to submit the registration.

(b) The healthcare provider applying for registration in eHealth provides healthcare under the definition in Section 2 of the Electronic Health System Ordinance (Cap. 625) ("eHealth Ordinance") in its healthcare service locations.

(c) The healthcare provider shall comply with the requirements of "Application by healthcare providers for registration" according to Section 19 of eHealth Ordinance (Cap. 625).

(d) The healthcare provider and any operating organisation it engages shall use the data and information contained in an electronic health record in compliance with Section 28 of eHealth Ordinance (Cap. 625).

(e) All information given to support this registration is true and correct.

(f) I have read and understood the terms and conditions in the "[Important Notes for Registration in eHealth](#)", "[Guide for Healthcare Provider](#)", "[Conditions of Registration of HCPs in eHealth](#)" ([Private hospitals / Other than private hospitals](#)), "[Code of Practice for Using eHR for Healthcare](#)" and "[Personal Information Collection Statement](#)".

(g) I have read and understood the terms and conditions in the [Terms of Use for the Hong Kong Clinical Terminology Table](#) and the [Terms of Use for the eHealth Secure Connect](#).

I have read, understood and agreed to be bound by the above terms and conditions.

< Back Submit >



閱讀並確認條款及細則



點擊「Submit」



醫護機構登記 - 網上遞交申請（確認提交）

醫健通申請及諮詢中心將處理申請，並通知申請人登記進度

醫健通 Electronic Health System
eHealth eHealth Registration for Healthcare Provider
香港特別行政區政府 HKSARGOVT

Registration Submitted! Print/Save

Application ID : [REDACTED]

An acknowledgement of your submission has been sent to your email [REDACTED], please inform us immediately if you have not received it. We will contact you again soon by this email providing important messages regarding your registration. You may also login to [eHealth Registration for Healthcare Provider](#) anytime to view the messages.

Important Notes for Registration in eHealth

Important Messages: <ol style="list-style-type: none">1. Registration will be processed in the order it is received.2. You may be required to rectify or supplement the information you have provided.3. Your organisation's information will be published to the Healthcare Provider Register of eHealth website upon successful registration.4. Registration will be deemed unsuccessful and all related documents will be disposed of if:<ol style="list-style-type: none">a. all required information and documents are not made available to the eHR Registration Office within 60 days from the date you submit the registration, orb. technical setup is not completed within 60 days from the date your registration is accepted.	Technical setup: <ol style="list-style-type: none">1. If your registration is accepted by the Registration Office, you will receive:<ol style="list-style-type: none">a. An acceptance email with instructions for you to install eHealth Secure Connect (eSC) for access to Electronic Health System (eHealth), andb. An email with a password required for installation.2. You are required to install the eSC in order to access eHealth and to be considered successfully registered.3. Your registration will be considered successful 14 days after the acceptance email.4. If you need help completing the installation, you may log in to eHealth Registration for Healthcare Provider and submit a request for technical support within 14 days from the acceptance email.
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醫健通
eHealth
香港特別行政區政府 HKSARGOVT



醫護機構登記 - 技術設置





醫護機構登記 - 成功申請



確認郵件



醫健通標籤



用於醫護接受者登記
的香港身份證讀卡器



連接醫健通的
技術諮詢



醫健通二維碼
儲存套



宣傳刊物

醫護機構登記冊

適時更新醫護機構及
醫護服務地點資料，
確保登記冊資料準確



醫健通 eHealth 電子健康記錄系統 HISARCOVT

Electronic Health Record Sharing System

Text Size A 繁體 | 簡體 Search

What's eHealth You and your family Healthcare provider and professional What's new Contact us Register Now

◀ Back to search results

CHAN TAI MAN CLINIC - ADMIRALTY

ABC MEDICAL LIMITED Last updated: 04 May 2022

Share Print

Address: Unit 1193, 11/F, Kowloonbay International Trade & Exhibition Centre, 1 Trademart Drive, Kowloon Bay, Hong Kong

Telephone: 3467 6300

Email: demo@abcmedical.com

Website: -

Healthcare service location number: 12345678

Official name: ABC MEDICAL LIMITED

Short name: ABC MED LTD

Address: Unit 1193, 11/F, Kowloonbay International Trade & Exhibition Centre, 1 Trademart Drive, Kowloon Bay, Hong Kong

Telephone: 3467 6300

Email: demo@abcmedical.com

Healthcare provider: CHAN TAI MAN CLINIC GROUP

Healthcare provider number: 12345678

Official name: ABC MEDICAL LIMITED

Short name: ABC MED LTD

Address: Unit 1193, 11/F, Kowloonbay International Trade & Exhibition Centre, 1 Trademart Drive, Kowloon Bay, Hong Kong

Telephone: 3467 6300

Email: demo@abcmedical.com

醫健通 eHealth 香港特別行政區政府 HKSARCOVT



額外醫護服務地點登記

醫護服務地點 1

醫健通
eHealth
香港特別行政區政府 HKSARGOVT

仁愛堂
灣仔中醫診所

醫護機構

醫健通
eHealth
香港特別行政區政府 HKSARGOVT

仁愛堂

醫護服務地點 2

醫健通
eHealth
香港特別行政區政府 HKSARGOVT

仁愛堂
尖沙咀中醫診所

醫護服務地點 3

醫健通
eHealth
香港特別行政區政府 HKSARGOVT

仁愛堂
沙田中醫診所



額外醫護服務地點登記

步驟一

填寫表格

- 更改醫護機構 / 醫護服務地點資料同意書
- 額外醫護服務地點登記同意書

Medicare eHealth

Electronic Health System (eHealth)
Healthcare Provider (HCP) / Healthcare Service Location (HSL)
Amendment Request Form

HCP / HSL Number: _____ (English)
_____ (Chinese)

Select Amendment Request:

Amend Registered HCP / HSL Information (Note: Please submit separate form for each HCP/HSL to be amended.)

Revised HCP / HSL Name: _____ (English)
_____ (Chinese)

Revised Telephone Number: (852) _____ **Revised Fax Number:** (852) _____

Revised Office Email Address/Website: _____

Revised Address (English):
Room/Floor: _____
Building: _____
Street: _____
District: _____

Add Healthcare Service Location (Note: Please also complete Healthcare Service Location Form (HSL01) for each additional HSL. We may contact you for supporting documents if required.)

Remove Healthcare Service Location (Note: Please attach extra sheets if there is not enough space. We may contact you for supporting documents if required.)

Number of additional HSL(s): _____

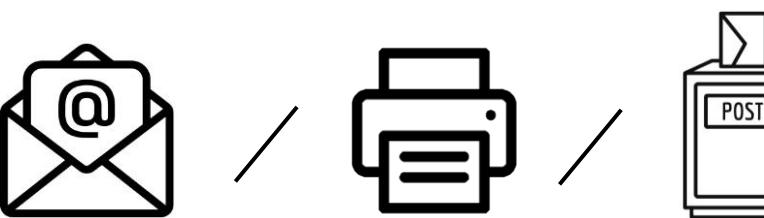
Information Collection Statement: _____

*Mandatory fields required for this form. Name and number of HCP and HSL can be found on the eHealth HCP register <https://hcar.ehealth.gov.hk>

步驟二

遞交表格及證明文件

電子健康紀錄
申請及諮詢中心



醫護機構表格下載

使用者帳戶管理



帳戶管理人員（User Administrator “UA”） 的角色與責任

1. 擔任醫護機構的聯絡人
2. 建立及管理使用者帳戶
3. 更新使用者帳戶的資料



妥善保管醫健通用戶資料

帳戶管理人

- 1 為每位用戶設立個人專屬帳戶
- 2 確保只有獲授權的醫護專業人員方可取覽醫護接受者的電子健康紀錄
- 3 適時更新用戶資料
- 4 適時終止離職者的帳戶
- 5 妥善記錄及管理每位用戶的取覽權限
- 6 如發現可疑的取覽，應立即舉報

醫健通用戶

切勿透露或與他人共用自己的用戶名稱和密碼

設定高強度的密碼

妥善保管帳戶登入資料

使用系統後，緊記登出

如發現可疑的取覽，應立即舉報



醫護接受者登記簡介



取得醫護接受者同意 及 核實其身份



取覽醫護接受者的電子健康紀錄原則



醫護接受者 正接受其護理

任何獲授權人士只可取覽正接受其護理的醫護接受者資料。



有需要知道

在照顧醫護接受者時，任何獲授權人士只可取覽於其時有需要知道的醫護接受者資料。

合資格人士

類別	遞交申請
個人登記	<ul style="list-style-type: none">• 年滿16歲或以上  本人
兒童	<ul style="list-style-type: none">• 16歲以下  代決人
無能力給予 同意的人士	<ul style="list-style-type: none">• 年滿16歲或以上• 無能力給予同意 

所需身份證明文件

遞交申請

所需文件

本人

醫護接受者的身份證明文件



代決人

1. 代決人的
身份證明文件



2. 醫護接受者的
身份證明文件副本



3. 其他證明文件
(如由家長、家人或同住的人以外
的人士遞交申請)



登記方法

網上遞交



親身登記



電郵、傳真或郵寄



登記醫健通 / 紿予互通同意或處理醫健通相關事宜

- 為醫護接受者 / 代決人處理登記醫健通、給予互通同意或醫健通相關事宜前，機構職員應確保他們已參閱、明白及同意「參與者須知」及「收集個人資料聲明」。

參與者須知

Participant
Information Notice



收集個人資料
聲明

Personal Information
Collection Statement



- 醫護機構應採取合理程序確保醫護接受者或其代決人明白及同意在處理登記醫健通、給予互通同意或醫健通相關事宜時，使用個人資料的目的。
- 機構職員應核對身份證明文件 及 其他所需文件（適用於由代決人遞交之申請）。

醫護接受者登記 + 紿予互通同意（由本人遞交申請）

步驟一

插入醫護接受者的
智能身份證



或

手動輸入
醫護接受者的
身份證明文件資料



步驟二

登記
輸入及核對
醫護接受者的聯絡資料

或

核實身份
核對
醫護接受者的聯絡資料

完成

確認核對事項

Reminder

核對事項：

- i. 已核實醫護接受者的身份及通訊資料。
- ii. 醫護接受者確認已參閱及明白「收集個人資料聲明」及「參與者須知」中有關參加電子健康系統的意義、權利和須注意事項。
- iii. 如申請是以書面形式提出：已核實並收取醫護接受者所簽署的同意書。

Verification Checklist:

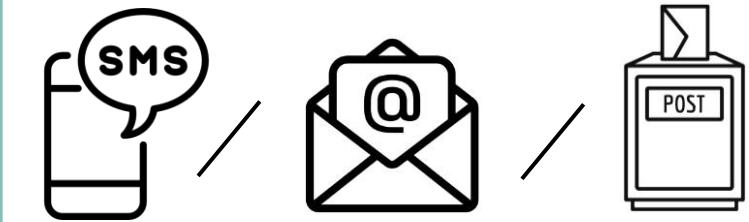
- i. The identity and communication information of the healthcare recipient (HCR) have been verified.
- ii. The HCR confirms that he/she has read and understood the "Personal Information Collection Statement" and the "Participant Information Notice" regarding the implication, rights and points to note regarding participation in the Electronic Health System.
- iii. For applications submitted via a written form: the consent form with HCR's signature has been verified and collected.

本人確認已完成上述核對程序。
I, hereby certify that the above verifications are completed.

Yes No

醫護接受者

收到確認訊息



醫護接受者登記 + 紿予互通同意（由代決人遞交申請）

步驟一

插入醫護接受者的
智能身份證



或

手動輸入
醫護接受者的
身份證明文件資料



步驟二

登記
輸入及核對
醫護接受者 / 代決人
的聯絡資料

或

核實身份
核對
醫護接受者 / 代決人*
的聯絡資料

完成

確認核對事項

Reminder



核對事項:

- 已核實醫護接受者及其代決人的身份及通訊資料。
- 已核實醫護接受者及其代決人的關係證明(如適用)。
- 如申請是以書面形式提出：已核實並收取代決人所簽署的同意書。

代決人已確認 -

- 醫護接受者符合《電子健康系統條例》(第625章)《條例》所訂明需要代決人之條件。
- 他/她是符合《條例》規定的合資格代決人。
- 在代表醫護接受者提出申請時，他/她陪伴該醫護接受者，並已顧及該醫護接受者在有關情況下的最佳利益。
- 他/她已參閱及明白「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」及「收集個人資料聲明」。

Verification Checklist:

- The identity and communication information of the healthcare recipient (HCR) and his/her substitute decision maker (SDM) have been verified.
- The relationship proof of the HCR and his/her SDM has been verified (if applicable).
- For applications submitted via a written form: the consent form with SDM's signature has been verified and collected.

The SDM has confirmed that -

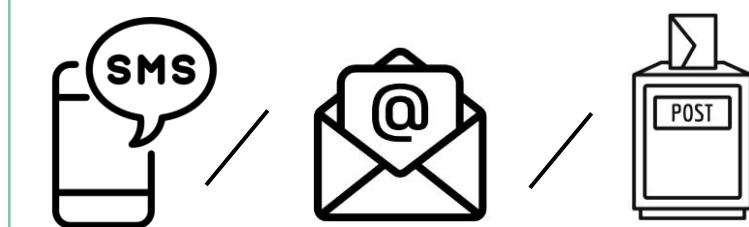
- The HCR meets the conditions for requiring an SDM as set out in the Electronic Health System Ordinance (Cap. 625) (eHealth Ordinance).
- He/she is an eligible SDM in accordance with the requirements as set out in the eHealth Ordinance.
- When making the application on behalf of the HCR, he/she was accompanying the HCR and had regard to the best interests of the HCR in the circumstances.
- He/she has read and understood the "Participant Information Notice", in particular "Important Notes for SDM Handling Registration Matters on Behalf of an HCR" and the "Personal Information Collection Statement".

本人確認已完成上述核對程序。
I, hereby certify that the above verifications are completed.

Yes No

代決人

收到確認訊息



《2025年電子健康紀錄互通系統（修訂）條例》

2025年12月1日生效

簡化同意機制

1. 市民給予「參與同意」後（即登記參加醫健通），為其提供服務的公私營醫護機構即可存放電子健康紀錄至其個人醫健通戶口。
2. 市民給予私營醫護機構「互通同意」後，個別醫護機構才能取覽其電子健康紀錄。（市民可隨時透過醫健通流動應用程式給予或撤銷對私營醫護機構的「互通同意」）



成功登記醫健通，即代表醫護接受者同時向以下機構給予互通同意：

- 1.** 醫院管理局（醫管局）；
- 2.** 衛生署；
- 3.** 基層醫療署；
- 4.** 以及由特區政府、醫管局或醫管局附屬法團管理或控制的醫療機構。



基層醫療署
PRIMARY HEALTHCARE COMMISSION



地區康健中心
District Health Centre



醫健通
eHealth

香港特別行政區政府 HKSARGOVT

市民在《修訂條例》生效前所給予的「參與同意」和「互通同意」會否受到影響？



- 1 市民在《修訂條例》生效前所給予的「參與同意」和「互通同意」仍然有效。
- 2 市民可在《修訂條例》生效後給予新的「參與同意」，啟用簡化同意機制。
- 3 市民可透過醫健通流動應用程式、為其提供醫護服務的醫護機構及電子健康紀錄登記站等渠道，加入簡化同意機制。

實用資料

醫健通
eHealth

Administration Information

Quick Links - Clinical

No record found

Logon History

Last logon was **successful** on 05-Nov-2025 17:29:56

Quick Links - Administration

Administration

- [Healthcare Recipient](#)
- [eHR Administration](#)
- [HCP Application](#)
- [Healthcare Provider](#)
- [Common Professional List](#)

Inbox Reminder

No unread message in Category **Urgent Action Required** and **Action Required**.

System News

Regular System Maintenance

Regular system maintenance is scheduled on every 3rd and 4th Friday/Saturday of each month. You may experience intermittent service interruption in

User Documents

- **Manual & User Guide**
- **Privacy Incident Reporting**
- **Security Policy**

1 消息中心

2 培訓資料

User Documents

▼ Manual & User Guide

- [Guidelines and procedures for using Hong Kong Identity Card \(Smart ID\) for eHRSS](#)
- [Important Note for HCP Performing HCR Registration and/or Obtaining Sharing Consent in eHRSS](#)
- [Quick Guide for eHR Image Viewer](#)
- [Role Group Assignment and Account Creation for Clinic Admin](#)
- [Self-Learning Videos for viewing Radiology Images](#)
- [Sharing Consent Management](#)
- [Step by Step Guide on Claim Management under VSS/RVP](#)

宣傳資料

單張及小冊子



海報



社交媒体





電子健康紀錄申請及諮詢中心



醫護接受者查詢熱線

3467 6300



醫護人員查詢熱線

3467 6230



傳真

3467 6099



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