

☐ 請於適當方格內加「✓」號 Please tick the appropriate box

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手提電話號碼將用作登入醫健通 Mobile Phone Number will be used to login eHealth

電子健康系統 (醫健通)
營運機構聲明
Electronic Health System (eHealth)
Declaration by Operating Organisation

注意事項 Note:

□請於適當方格內加「✓」號 Please tick the appropriate box

2.3 用戶管理員 User Administrator (UA) (會為用戶管理員建立帳戶，用於管理其他員工的醫健通帳戶)
(An account would be created for the UA for managing staff's eHealth accounts)

醫生 小姐 先生 太太 女士 教授 醫師 博士
Dr Miss Mr Mrs Ms Professor

英文姓氏
Surname in English

英文名
Given Name in English

中文姓名
Name in Chinese

職銜
Post Title

香港身份證號碼
HK Identity Card Number

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辦公電話號碼
Contact Phone Number

手提電話號碼 #
Mobile Phone Number

電郵地址
Email Address

手提電話號碼將用作登入醫健通 Mobile Phone Number will be used to login eHealth

第3部 - 營運機構簽署及聲明

Part 3 - Operating Organisation Signature and Declaration

本人聲明如下:

- (a) 本人已獲營運機構之合法授權，提交本聲明。
- (b) 營運機構應確保在醫健通提供的醫療服務，符合《電子健康系統條例》(第625章)第二條所界定之定義。
- (c) 營運機構須依從《電子健康系統條例》(第625章)第二十八條之規定，使用電子健康記錄內載之數據及資料。
- (d) 用以支持本註冊申請所提供之全部資料均屬真實、正確且完整。
- (e) 本人已閱讀並理解《醫健通指南》、《使用電子健康紀錄作醫健用途的實務守則》及《收集個人資料聲明》之條款及細則。
- (f) 本人已閱讀並理解《電子健康紀錄通訊組件及香港臨床醫療術語表特許協議》之使用條款。

我已閱讀、理解並同意受以上條款和條件約束。

I confirm that-

- (a) I have the lawful authority from the operating organisation to submit the declaration.
- (b) The operating organisation of the healthcare provider should ensure that the healthcare provided falls under the definition in Section 2 of the Electronic Health System Ordinance (Cap. 625) ("eHealth Ordinance").
- (c) The operating organisation shall use the data and information contained in an electronic health record in compliance with Section 28 of eHealth Ordinance (Cap. 625).
- (d) All information given to support this registration is true and correct.
- (e) I have read and understood the terms and conditions in the "Guide for Healthcare Provider", "Code of Practice for Using eHR for Healthcare" and "Personal Information Collection Statement".
- (f) I have read and understood the terms and conditions in the Hong Kong Clinical Terminology Table ("HKCTT") and the Terms of Use for the eHR Secure Connect.

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

負責人英文姓名 Name of Authorised Person in English

負責人簽署 Signature of Authorised Person

日期 Date

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: (852) 3467 6230

Fax: (852) 3467 6099

Email: ehr@ehealth.gov.hk

Personal Information Collection Statement

