醫健通 eHealth
香港特別行政區政府 HKSARGOVT

Electronic Health Record Sharing System (eHRSS)
Healthcare Provider (HCP) / Healthcare Service Location (HSL) Amendment Request Form

HCP / HSL Number*				
Current HCP / HSL Name*	(English)			
	(Chinese)			
Select Amendment Request				
☐ **Amend Registered HCP / HSL Information (**Note: Please submit separate form per 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), one form per each additional HSL. We may contact you for supporting documents if required)				
Number of additional HSL(s)				
☐ **Remove Healthcare Service Location** (Note: Please attach extra sheets if there is not enough space. We may contact you for supporting documents if required)				
1	HSL Number			
	HSL Name			
2	HSL Number			
	HSL Name			
3	HSL Number			
	HSL Name			

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

☐ **Add / Replace User Administrator (of HCP)**			
New User Administrator (UA)	Title (Mr/Mrs/Ms/Dr)	Post Title	HKID no. [e.g. A 123456(7)]
	Name (English)	Name (Chinese)	
	☐ Please terminate the user account of the current UA (Full name: _____) on (Date) _____ ☐ Other instruction: _____		
Correspondence Address			
Mobile Phone Number[1]	(852)	Email	
User Administrator will also assume the following role(s): ☐ Authorised Person ☐ Healthcare Professional - view patient's clinical record (Professional Registration No.: _____)			

☐ **Add / Replace Authorised Person (of HCP)**			
New Authorised Person	Title (Mr/Mrs/Ms/Dr)	Post Title	HKID no. [e.g. A 123456(7)]
	Name (English)	Name (Chinese)	
	☐ Please terminate the user account of the current Authorised Person (Full name: _____) on (Date) _____ ☐ Other instruction: _____		
Correspondence Address			
Telephone Number	(852)	Email	
Authorised Person will also assume the following role(s): ☐ Healthcare Professional - view patient's clinical record (Professional Registration No.: _____) Mobile Phone Number[1] _____			

☐ **Other Amendment** (Please specify, e.g. change of registration center hours)

Declaration of Authorised Person

By signing this form, I declare that-

- *I have the lawful authority from the healthcare provider to submit the application.*
- *The healthcare provider applying for registration in eHRSS provides healthcare under the definition in Section 2 of the Electronic Health Record Sharing System Ordinance (Cap 625) (eHRSSO) in the healthcare location(s) specified in this form and any Additional Healthcare Service Location Form submitted (if applicable).*
- *The healthcare provider shall use the data and information contained in an electronic health record in compliance with Section 28 of eHRSSO.*
- *The healthcare provider shall comply with the requirements of "Amendment of registration" according to Section 21 of eHRSSO.*
- *The information given in this form and any Additional Healthcare Service Location Form submitted (if applicable) is true and correct to the best of my knowledge.*

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.

Name of Authorised Person*	Signature of Authorised Person*	Organisation Chop*	Date*

[1] 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 a variety of information including *name, address, telephone number(s), business registration and healthcare provider registration information* of your organisation, and/or your personal information including *names, titles, identity document number and contact information (e.g. telephone number(s) and email address) and professional registration information (if applicable)*.

The personal data or any information we collected from you and/or your organisation is used for your registration as a registered healthcare provider in the Electronic Health Record Sharing System (eHRSS) or the creation and maintenance of your user account as an authorised user working under a healthcare provider who have participated in eHRSS, 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 1193, 11/F, Kowloonbay International Trade & Exhibition Centre, 1 Trademart Drive, Kowloon Bay, H.K.

Hotline: 3467 6230

Fax: 3467 6099

Email: ehr@ehealth.gov.hk