

登記資料 Registration Information

第1部 - 醫護接受者資料

PART 1 - Healthcare Recipient'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.	()	出生日期 Date of Birth
		日 Day 月 Month 年 Year
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.

第2部 - 給予、更新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

填寫前請先查閱醫健通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 eHealth website for information of healthcare providers before filling in this part

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

給予或更新互通同意 Giving or Update of Sharing Consent

本人同意給予以下的醫護機構互通同意¹或更新²已給予以下醫護機構的互通同意(如適用)：

I agree to give Sharing Consent¹ to the following healthcare provider(s)

or update² Sharing Consent given to the following healthcare provider(s) (if applicable):

1) 醫護機構編號 HCP Number	
醫護機構名稱 HCP Name	
2) 醫護機構編號 HCP Number	
醫護機構名稱 HCP Name	
3) 醫護機構編號 HCP Number	
醫護機構名稱 HCP Name	

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新互通同意。

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

¹互通同意將一直有效直至該醫護接受者退出醫健通或其登記被專員取消，或互通同意被撤銷為止。

Sharing Consent will be in effect until the HCR's registration is withdrawn from eHealth or cancelled by the eHRC or the sharing consent is revoked.

²如醫護機構於2025年12月1日前已獲給予為期一年的互通同意而該同意未到期，醫護接受者或其代決人可更新該同意，使其變成無限期(見註釋 1)。

If a one-year Sharing Consent has been given to a healthcare provider before 1 December 2025 and has not expired, the healthcare recipient or the substitute decision maker may update such consent so that it will have an indefinite term (see footnote 1).

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⁵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 Maker⁵ 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給予、更新或撤銷醫護提供者「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」的涵義，以讓其根據《電子健康系統條例》(第625章)⁴取得本人存放於醫健通的資料³。

(d) 本人已參閱及明白「收集個人資料聲明」。

(e) 本人已參閱並明白及同意更新的「參與者須知」⁴。

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) as stated in the above relevant section(s) 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 my data³ contained in eHealth in accordance with the Electronic Health System Ordinance (Cap. 625)⁴ -

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

(e) I have read, understood and agree to the updated "Participant Information Notice"⁴.

醫護接受者簽署 Healthcare Recipient's Signature

日期 Date

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³適用於給予或更新醫護提供者「互通同意」

Applicable to giving or updating of sharing consent to healthcare provider(s)

⁴適用於在2025年12月1日前已給予「參與同意」的醫護接受者

Applicable to healthcare recipients who have given a joining consent before 1 December 2025

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醫健通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、更新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(s).

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核實身份。

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

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實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 verification 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)⁵**PART 5 - Substitute Decision Maker (For application submitted by Substitute Decision Maker)⁵****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.

⁵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醫健通的事宜 (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 eHealth 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代表醫護接受者提出給予、更新或撤銷醫護提供者「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醫健通的事宜。

(f) 本人已參閱及明白「參與者須知」，包括有關就代表醫護接受者給予個別醫護提供者「互通同意」的涵義，以讓其根據《電子健康系統條例》(第625章)⁷取得醫護接受者存放於醫健通的資料⁶。

(g) 本人已參閱及明白「收集個人資料聲明」。

(h) 本人已參閱並明白及同意更新的「參與者須知」⁷。

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 the healthcare recipient as 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 in the circumstances.

(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 eHealth.

(f) I have read and understood the "Participant Information Notice", including section(s) regarding the meaning of sharing consent given on behalf of the healthcare recipient to individual healthcare providers to obtain the healthcare recipient's data⁶ contained in eHealth in accordance with the Electronic Health System Ordinance (Cap. 625)⁷.

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

(h) I have read, understood and agree to the updated "Participant Information Notice"⁷.

代決人簽署 Substitute Decision Maker's Signature

日期 Date

⁶適用於給予或更新醫護提供者「互通同意」

Applicable to giving or updating of sharing consent to healthcare provider(s)

⁷適用於在2025年12月1日前已給予「參與同意」的醫護接受者

Applicable to healthcare recipients who have given a joining consent before 1 December 2025

遞交互通同意書注意事項

Points to Note - Submission of Sharing Consent Form

遞交同意書前，請閱讀「參與者須知」及「收集個人資料聲明」。掃描以下二維碼查閱相關資料：
Please read the Participant Information Notice and Personal Information Collection Statement before submission.
Scan the QR codes below to view relevant information:

參與者須知
Participant
Information Notice



收集個人資料聲明
Personal Information
Collection Statement



隨時隨地 管理健康
Managing Your Health, anytime, anywhere.



立即下載醫健通流動應用程式
Download eHealth App now!

適用於管理對已註冊醫護機構的互通同意
(衛生署、醫院管理局(醫管局)、基層醫療署或由特區政府、醫管局、醫管局附屬法團管理或控制的醫療機構除外)。
Applicable to manage sharing consents given to participating Healthcare Providers
(except the Department of Health, the Hospital Authority (HA), the Primary Healthcare Commission, and healthcare facilities managed or controlled by the Government, the HA, or an HA subsidiary)

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.

非親身遞交申請的方法 Not-in-person Submission Methods:

郵寄 / 傳真 / 電郵 / 投遞箱 By Post / Fax / Email / Drop-in Box	➡ 已年滿十六歲或以上的人士，須遞交： For person aged 16 or above, please submit: (1) 此表格 this form (2) 身份證明文件副本 copy of identity document ➡ 以代決人身份代醫護接受者提出申請的人士，須遞交： For Substitute Decision Maker (SDM) submitting the application on behalf of the healthcare recipient (HCR), please submit: (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* (遞交地址顯示於本文件下方 submission address shown at the bottom of this document)	授權他人 前往遞交 By Authorised Person	➡ 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#: (1) 此表格 this form (2) 醫護接受者身份證明文件副本 copy of the healthcare recipient's (HCR) identity document (3) 獲授權者身份證明文件 Authorised Person's (AP's) identity document
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* 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.

醫院管理局或衛生署轄下的電子健康紀錄登記站、電子健康紀錄申請及諮詢中心、或為醫護接受者提供醫護服務的私營醫護提供者的電子健康紀錄登記站。
電子健康紀錄登記站名單載於 (http://www.ehealth.gov.hk/tc/ehrss/healthcare_provider_list/search.html)
Electronic Health Registration Centres in Hospital Authority (HA) or Department of Health (DH), Electronic Health Registration Office, or registration centres of private healthcare providers providing healthcare to HCR. A list of Electronic Health Registration Centres 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

熱線電話 Hotline: 3467 6300

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