

電子健康紀錄互通系統 (互通系統) 登記同意書  
Electronic Health Record Sharing System (eHRSS)  
Registration Consent Form

[供非親身前往辦理有關申請者填寫 To be Completed by Applicant Registering by Not-in-person Means]

注意事項 Note:

- 個人資料必須與身份證明文件相同 Personal particulars must be the same as shown on identity document
- 請於適當方格內加「✓」號 Please tick the appropriate box

此頁必須填寫 Mandatory

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)

出生日期

Date of Birth

日

月

年

Year

性別

Sex

男

女

Female

香港身份證/香港出生證明書號碼

HK Identity Card/HK Birth Certificate 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

證明文件類別 Document Type

簽發國家/地區 Issuing Country/Region

證件號碼 Document No.

第2部 - 通訊資料及方式

Part 2 - Communication Information and Means

本港手提電話號碼

Local Mobile No.

其他電話號碼

Other Phone No.

電郵地址

Email Address

通訊語言<sup>1</sup>

Communication Language<sup>1</sup>

中文

英文

Chinese

English

本港通訊地址 Local Correspondence Address

收取系統通知的通訊方式 (只選擇一項)<sup>1</sup>

Communication means to receive system notification (Select one only)<sup>1</sup>

手機短訊  
SMS

/

電子郵件  
Email

/

郵寄  
Postal Mail

拒絕接收有關電子健康紀錄被取覽的通知  
Refuse to receive notification when the eHR has been accessed

<sup>1</sup>通訊方式/語言：如沒有選擇或選擇多於一個選項，通訊方式將設定為手機短訊/電郵；通訊語言將設定為中文。

Communication Means/Language: If no option or more than one option is selected, the communication means and language will be configured to SMS/Email and Chinese language accordingly.

第3部 - 醫護接受者 (病人) 簽署及聲明

Part 3 - Healthcare Recipient's (Patient's) Signature and Declaration

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) 本人已就登記參加互通系統給予「參與同意」，以及明白藉此本人被視為已向衛生署及醫院管理局給予「互通同意」。

(c) 本人已參閱及明白「參與者須知」，當中包括以下部分(i)已給予的「參與同意」的意義，以及(ii)就給予醫護機構「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 my joining consent to participate in eHRSS and I understand that by doing so, I am taken to have given my sharing consent to the Department of Health (DH) and the Hospital Authority (HA).

(c) I have read and understood the "Participant Information Notice" including section(s) regarding (i) the meaning of the joining consent that I have given; and (ii) the meaning of sharing consent given to healthcare provider(s) 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 (病人) 簽署

Healthcare Recipient's (Patient's) Signature

日期

Date

[選擇填寫] 授權他人  
[Optional] Authorise a Person

**第4部 - 授權書** (只適用於年滿十六歲並有能力給予同意，但未能親身前往辦理有關申請的人士)

**Part 4 - Authorisation Letter** (Only for person aged 16 or above and is capable of giving consent but cannot submit application in person)

本人作為醫護接受者 (病人)，  
As the Healthcare Recipient (Patient),

病人英文姓氏

Patient's Surname in English

病人英文名

Patient's Given Name in English

病人中文姓名 (先寫姓氏) (如適用)

Patient's Name in Chinese (if applicable)

未能親身前往電子健康紀錄登記站或電子健康紀錄申請及諮詢中心遞交有關登記參加互通系統之申請。

I am unable to come in person to eHR Registration Centres or eHR Registration Office to submit my application to register with eHRSS.

本人現授權以下的獲授權者<sup>2</sup>

I hereby authorise the following **Authorised Person (AP)**<sup>2</sup>

獲授權者英文姓氏

AP's Surname in English

獲授權者英文名

AP's Given Name in English

獲授權者中文姓名 (先寫姓氏) (如適用)

AP's Name in Chinese (if applicable)

香港身份證號碼

HK Identity Card No.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	( )
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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

證明文件類別 Document 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 identity verification.

醫護接受者 (病人) 簽署

Healthcare Recipient's (Patient's) Signature

日期

Date

<sup>2</sup>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 (病人) 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 (patient).

**[選擇填寫] 十六歲以下兒童 / 年滿十六歲但無能力自行給予同意的人士**  
**[Optional] Child aged under 16 / a person aged 16 or above but incapable of giving consent**

**第5部 - 代決人 (只適用於由代決人提出申請)<sup>3</sup>**

**Part 5 - Substitute Decision Maker (SDM) (Only for application submitted by Substitute Decision Maker)<sup>3</sup>**

醫護接受者 (病人),  
Healthcare Recipient (Patient),

病人英文姓氏

Patient's Surname in English

病人英文名

Patient's Given Name in English

需要代決人為其提出有關申請。本人為上述人士的代決人，資料如下：

requires a Substitute Decision Maker to submit this application on his/her behalf. As the SDM, my personal particulars are as below:

代決人英文姓氏

SDM's Surname in English

代決人英文名

SDM's Given Name in English

代決人中文姓名 (先寫姓氏) (如適用)

SDM's Name in Chinese (if applicable)

香港身份證號碼

HK Identity Card 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

證明文件類別 Document Type

證件號碼 Document No.

聯絡電話號碼

Contact Telephone No.

與病人關係

Relationship with Patient

<sup>3</sup>如醫護接受者 (病人) 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 (patient) 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 (patient'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 (只適用於由代決人提出申請)**

**Part 6 - Substitute Decision Maker's Signature and Declaration (Only 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實無訛。

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

(c) 本人已代表醫護接受者 (病人) 就提出登記參加互通系統給予「參與同意」，以及明白藉此該醫護接受者 (病人) 被視為已向衛生署及醫院管理局給予「互通同意」。

(d) 本人在代表醫護接受者 (病人) 提出本申請時，本人是陪伴該醫護接受者 (病人)，並已顧及該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 (病人) 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」，及以下部分(i)代表醫護接受者 (病人) 已給予「參與同意」的意義，以及(ii)就代表醫護接受者 (病人) 給予醫護機構「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 (病人) 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) this application is made on behalf of and in the name of the healthcare recipient (patient).

(c) I have given my joining consent on behalf of the healthcare recipient (patient) to participate in eHRSS and I understand that by doing so, the healthcare recipient (patient) is taken to have given his/her sharing consent to the Department of Health (DH) and the Hospital Authority (HA).

(d) when making the application on behalf of the healthcare recipient (patient), I am accompanying the healthcare recipient (patient) 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 (patient) is under the age of 16; or aged 16 or above and is mentally incapacitated, incapable of managing his/her own affairs, or incapable of managing matters relating to the participation in/withdrawal from eHRSS.

(f) I confirm that 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 (i) the meaning of the joining consent that I have given on behalf of the healthcare recipient (patient); and (ii) the meaning of sharing consent given on behalf of the healthcare recipient (patient) to healthcare providers to obtain and share the healthcare recipient's (patient'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

# 遞交登記同意書注意事項

## Points to Note - Submission of Registration Consent Form

如親身前往辦理有關申請，只需攜同身份證明文件便可完成登記 (詳情可參考互通系統網站)。

For application in person, you only need to bring the identity document(s) to complete the registration (Refer to eHRSS website for details).

### 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	<p>➡ 已年滿十六歲或以上的人士，須遞交： <b>For person aged 16 or above, please submit:</b></p> <p>(1) 此表格 this form</p> <p>➡ 以代決人身份提出申請的人士，須遞交： <b>For Substitute Decision Maker (SDM) submitting the application on behalf of the healthcare recipient (patient), please submit:</b></p> <p>(1) 此表格 this form (2) 雙方關係證明副本 copy of relationship proof*</p> <p>(遞交地址顯示於本文件下方 address shown at the bottom of this document)</p>
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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<sup>#</sup>遞交： <b>The Authorised Person (AP) should submit the following at eHR Registration Centres<sup>#</sup>:</b></p> <p>(1) 此表格 this form (2) 醫護接受者 (病人) 身份證明文件副本 copy of the healthcare recipient's (patient's) identity document (3) 獲授權者身份證明文件 Authorised Person's (AP's) identity document</p>
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### 當申請被接納後 When the application is accepted:

(只適用於透過郵寄、傳真、電郵或投遞箱遞交的申請 For applications submitted by post, fax, email or drop-in box only)

- 1 透過所選擇的通訊方式<sup>\*</sup>收取核實身份通知。  
System notification for identity verification will be received via the selected communication means<sup>\*</sup>.
- 2 醫護接受者 (病人) 或其代決人 (如適用) 須攜同遞交申請時所用的身份證明文件，於下一次前往已參與互通系統的私營醫護機構接受醫護服務時，或前往電子健康紀錄登記站<sup>#</sup>核實身份。  
The healthcare recipient (patient) or his/her Substitute Decision Maker (SDM) (if applicable) may bring the identity document(s) used in this application when next visiting an eHRSS participating private healthcare provider providing healthcare to the healthcare recipient (patient), or the Electronic Health Record (eHR) Registration Centres<sup>#</sup>, for **identity verification**.
- 3 當互通系統的登記生效時，你將透過你選擇的通訊方式，收到一組八位數字的授權號碼通知你登記成功。在一般情況下，屬於互通系統可互通資料範圍內的電子健康紀錄，將於核實身份後約30分鐘至1小時內上載至系統。因此，建議你向醫護機構給予互通同意以取覽你的資料之前，先預留足夠時間。  
Upon the registration in eHRSS becomes effective, you will receive a notification of successful registration with an 8-digit access key via your selected communication means. Under normal circumstances, eHRs within the eHRSS sharable scope would be shared to the system around 30 minutes to 1 hour after identity verification. Therefore, you are advised to allow sufficient time before giving sharing consent to healthcare providers for accessing to your eHRs.

\* 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；(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機構。(所需關係證明詳情可查閱互通系統網站)
- (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. (Please refer to eHRSS website for details of relationship proof)

<sup>#</sup> 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 (病人) 提供醫護服務的私營醫護機構的電子健康紀錄登記站。電子健康紀錄登記站名單載於 (<https://www.ehealth.gov.hk/tc/you-and-your-family/how-to-register/register-in-person/ehr-registration-centres.html>)  
Registration Centres in Hospital Authority (HA) or Department of Health (DH), eHR Registration Office, or registration centres of private healthcare providers providing healthcare to healthcare recipient (patient). A list of eHR Registration Centres is available at (<https://www.ehealth.gov.hk/en/you-and-your-family/how-to-register/register-in-person/ehr-registration-centres.html>)

+ 如填寫的通訊資料是錯誤或無效，醫護接受者 (病人) 可能無法收取系統通知。若通訊資料有變更，請盡快向電子健康紀錄申請及諮詢中心更新有關資料。  
If the communication information is incorrect or invalid, the healthcare recipient (patient) may not receive system notification. If there is any change to the communication information, please update with eHR Registration Office as soon as possible.

### 電子健康紀錄申請及諮詢中心 eHR Registration Office

地址 Address:	香港九龍灣展貿徑1號九龍灣國際展貿中心11樓1193室 Unit 1193, 11/F, Kowloonbay International Trade & Exhibition Centre, 1 Trademart Drive, Kowloon Bay, H.K.	
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、更新互通系統內的資料、收取互通系統的通知及退出互通系統的事宜。

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](http://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：香港九龍灣展貿徑一號九龍灣國際展貿中心 11 樓 1193 室

熱線電話：3467 6300

傳真號碼：3467 6099

電郵：[ehr@ehealth.gov.hk](mailto: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, updating of information in eHRSS, receipt of eHRSS notifications, withdrawal from eHRSS.

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](http://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 1193, 11/F, Kowloonbay International Trade & Exhibition Centre, 1 Trademart Drive, Kowloon Bay, Hong Kong

Hotline: 3467 6300

Fax: 3467 6099

Email: [ehr@ehealth.gov.hk](mailto:ehr@ehealth.gov.hk)