

(To be Completed by Applicants Registering by Not-in-person Means)

登記資料 Registration Information

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)

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 - 通訊資料及方式

PART 2 - Communication Information and Means

聯絡電話號碼 (至少提供一個號碼，如非本港電話號碼，請提供國家/地區代碼)

Contact Telephone No. (At least provide one contact no. For non-local telephone no., please provide country/area code(s))

手提電話 Mobile¹

其他電話 Other Phone

電郵地址 Email Address

通訊地址 Correspondence Address

通訊語言 Language for Communication

中文 Chinese

英文 English

選擇以下**其中一種**通訊方式以收取有關閣下的電子健康紀錄的通知

Select **one** of the following communication means for receiving notification related to the electronic health record (eHR) of the healthcare recipient in eHRSS

手機短訊 SMS¹

電子郵件 Email

郵寄 Postal Mail

本人拒絕接收有關電子健康紀錄被取覽的通知 I refuse to receive notification whenever the eHR has been accessed

¹如選擇以手機短訊收取有關的通知，請提供本港手提電話號碼

If SMS is selected, please provide a local mobile no. for receiving related notification

第3部 - 給予醫護提供者 (醫護機構) 互通同意 (如適用) PART 3 - Sharing Consent to Healthcare Provider (If applicable)

此部分適用於親身前往電子健康紀錄登記站遞交之申請。

This section is applicable to registration in person at eHR Registration Centres.

填寫前請先查閱互通系統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 eHRSS website for information of healthcare providers before filling in this part
(website : http://www.ehealth.gov.hk/en/ehrss/healthcare_provider_list/search.html)

本人同意給予以下的醫護提供者互通同意：

I agree to give Sharing Consent 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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- 給予該醫護機構無限期互通同意² Give Indefinite Sharing Consent² to concerned healthcare provider
- 只給予該醫護機構為期一年的互通同意³ Give only One-year Sharing Consent³ to concerned healthcare provider

完成登記後，醫護接受者亦可在接受醫護服務時向個別醫護機構給予互通同意。

After registration, healthcare recipient may give sharing consent to individual healthcare provider when receiving healthcare.

²無限期的互通同意：同意會維持有效直至醫護接受者或其代決人撤銷或更改有關同意、退出或取消登記為止

Indefinite Sharing Consent: Consent will remain valid until revoked or updated by the healthcare recipient or the substitute decision maker, or the healthcare recipient's registration is withdrawn or cancelled

³為期一年的互通同意：同意將會在一年後無效或直至醫護接受者或其代決人撤銷或更改有關同意、退出或取消登記為止

One-year Sharing Consent: Consent will expire after 1 year or lapse if revoked or updated by the healthcare recipient or the substitute decision maker, or the healthcare recipient's registration is withdrawn or cancelled

第4部 - 醫護接受者簽署及聲明

PART 4 - 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4及第5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 4 and PART 5.

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⁴提出申請並填寫第6及第7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 Maker⁴ on his / her behalf. Please fill in PART 6 and PART 7.

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) 本人已根據本表格內有關章節中所列明的期限給予醫護提供者「互通同意」。

(d) 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)就給予個別醫護提供者「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。

(e) 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 given my sharing consent to the healthcare provider according to the terms stated in the above relevant section of the form.

(d) 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 individual healthcare provider(s) to obtain and share my data contained in eHRSS in accordance with the Electronic Health Record Sharing System Ordinance (Cap. 625).

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

醫護接受者簽署 Healthcare Recipient's Signature

日期 Date

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第5部 - 授權書 (如適用)
PART 5 - 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及給予有關醫護提供者互通同意之申請。

am unable to come in person to eHR Registration Centres or eHR Registration Office to submit my application to register with eHRSS and to give sharing consent to healthcare provider.

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查證。

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

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對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 authentication and maintenance of records relating to the application of the healthcare recipient.

第6部 - 代決人 (適用於由代決人提出申請)⁴**PART 6 - Substitute Decision Maker (For application submitted by Substitute Decision Maker)⁴****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.

⁴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互通系統的事宜(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 eHRSS participation on his/her behalf (Please refer to Participant Information Notice for details)

第7部 - 代決人簽署及聲明 (適用於由代決人提出申請)**PART 7 - 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。
- (c) 本人已代表醫護接受者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提出本申請時，本人是陪伴該醫護接受者，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)代表醫護接受者已給予「參與同意」的意義，以及(ii)就代表醫護接受者給予個別醫護提供者「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.
- (c) I have given my joining consent on behalf of the healthcare recipient to participate in eHRSS and I understand that by doing so, the healthcare recipient 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, I am accompanying the healthcare recipient 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 is under the age of 16; or is 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; and (ii) the meaning of sharing consent given on behalf of the healthcare recipient to individual healthcare providers to obtain and share the healthcare recipient'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

遞交登記及互通同意書注意事項 Points to Note - Submission of Registration and Sharing Consent Form

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.

遞交方法 Submission Methods:

郵寄 / 傳真 / 投遞箱 By Post / Fax / Drop-in Box	<ul style="list-style-type: none">▶ 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▶ 以代決人身份提出申請的人士，須遞交： For Substitute Decision Maker (SDM) submitting the application on behalf of Healthcare Recipient (HCR), please submit: (1) 此表格 this form (2) 雙方關係證明副本 copy of relationship proof* <p>(遞交地址顯示於本文件下方 address shown at the bottom of this document)</p>
授權他人 前往遞交 By Authorised Person	<ul style="list-style-type: none">▶ 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 HCR's identity document (3) 獲授權者身份證明文件 AP's identity document

當申請被接納後 When the application is accepted:

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

- 1** 透過所選擇的通訊方式收取啟動電子健康紀錄的系統通知
System notification for eHealth record activation will be received via the selected communication means
- 2** 醫護接受者或其代決人(如適用)須攜同遞交申請時所用的身份證明文件，於下一次前往已註冊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[#]供職員核對身份以啟動電子健康紀錄。屬於互通系統可互通資料範圍內的電子健康紀錄將於啟動後約30分鐘至1小時內上載至系統。
The HCR or his/her SDM (if applicable) may bring along the same identity document(s) (as the ones used when making this application) for identity authentication to proceed with record activation when the HCR next visits a registered private healthcare provider providing healthcare to the HCR or at eHR Registration Centres[#]. Electronic health record within the eHRSS sharable scope would be shared to the system within about 30 minutes to 1 hour after record activation.
- 3** 成功啟動後，將收到確認登記信及透過所選擇的通訊方式收到授權號碼。授權號碼或身份證明文件可用於管理給予醫護機構的互通同意(醫院管理局及衛生署除外)。
Upon successful record activation, confirmation letter and system notification with access key will be received via the selected communication means. The access key or identity document may be used for managing sharing consent given to healthcare providers (except HA and DH).

* 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 (http://www.ehealth.gov.hk/tc/ehrss/healthcare_provider_list/search.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 HCR. A list of eHR 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 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

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

《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食物及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)中相關的登記事宜，收集閣下的個人資料，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)中的登記及申請，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申請；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。而已登記的醫護接受者的健康資料，將會被取得有關醫護接受者或其代決人互通同意的醫護提供者所取覽。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

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) 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

PERSONAL INFORMATION COLLECTION STATEMENT

Purposes of Collection

We, the Electronic Health Record Office under the Food and 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 your personal information 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 a healthcare recipient in relation to matters of his / her registration to 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 to 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, and 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. 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 and the application forms for access to or correction of personal data can be obtained from the eHRSS website (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, H.K.

Hotline: 3467 6300

Fax: 3467 6099

Email: ehr@ehealth.gov.hk