

電子健康系統 (醫健通) 登記同意書
Electronic Health System (eHealth)
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)

出生日期

Date of Birth

日
Day

月
Month

年
Year

性別
Sex

☐

男

/

☐

女

Male

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¹

Communication Language¹

☐

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)¹

Communication means to receive system notification (Select one only)¹

☐ 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

¹ 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 - 醫護接受者簽署及聲明

Part 3 - Healthcare Recipient'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) 本人已就登記參加醫健通給予「參與同意」，以及明白藉此本人被視為已向(i)衛生署、(ii)醫院管理局(醫管局)、(iii)基層醫療署及(iv)由特區政府、醫管局或醫管局附屬法團管理或控制的醫療機構給予「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」的涵義，以及(ii)就給予醫護提供者「互通同意」的涵義，以讓其根據《電子健康系統條例》(第625章)取得本人存放於醫健通的資料。

(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 eHealth and I understand that by doing so, I am taken to have given my sharing consent to (i) the Department of Health, (ii) the Hospital Authority (HA), (iii) the Primary Healthcare Commission, and (iv) healthcare facilities managed or controlled by the Government, the HA or an HA subsidiary.

(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 my data contained in eHealth in accordance with the Electronic Health System Ordinance (Cap. 625).

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

醫護接受者簽署

Healthcare Recipient'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，
As the Healthcare Recipient,

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醫健通之申請。
I am unable to come in person to eHR Registration Centres or eHR Registration Office to submit my application to register with eHealth.

本人現授權以下的**獲授權者**²
I hereby authorise the following **Authorised Person (AP)**²

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.

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.

醫護接受者簽署
Healthcare Recipient's Signature

日期
Date

²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.

[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)³

Part 5 - Substitute Decision Maker (SDM) (Only for application submitted by Substitute Decision Maker)³

醫護接受者，
Healthcare Recipient,

英文姓氏
Surname in English

英文名
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.

與醫護接受者關係
Relationship with Healthcare Recipient

³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參與醫健通的事宜 (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 (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登記參加醫健通給予「參與同意」，以及明白藉此該醫護接受者被視為已向(i)衛生署、(ii)醫院管理局(醫管局)、(iii)基層醫療署及(iv)由特區政府、醫管局或醫管局附屬法團管理或控制的醫療機構給予「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醫健通的事宜。
- (f) 本人已參閱及明白「參與者須知」，當中包括以下部分：(i)代表醫護接受者已給予「參與同意」的涵義，以及(ii)就代表醫護接受者給予醫護提供者「互通同意」的涵義，以讓其根據《電子健康系統條例》(第625章) 取得醫護接受者存放於醫健通的資料。
- (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 a joining consent on behalf of the healthcare recipient to participate in eHealth and I understand that by doing so, the healthcare recipient is taken to have given his/her sharing consent to (i) the Department of Health, (ii) the Hospital Authority (HA), (iii) the Primary Healthcare Commission, and (iv) healthcare facilities managed or controlled by the Government, the HA or an HA subsidiary.
- (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 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 eHealth.
- (f) I confirm that I have read and understood the "Participant Information Notice", including 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 healthcare providers to obtain the healthcare recipient's data contained in eHealth in accordance with the Electronic Health 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

登記前，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 registration.
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!

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（詳情可參考醫健通網站）。
For application in person, you only need to bring the identity document(s) to complete the registration (Refer to eHealth 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	➡ 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, please submit: (1) 此表格 this form (2) 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 identity document (3) 獲授權者身份證明文件 Authorised Person's (AP's) identity document
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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*收取核實身份通知。
System notification for identity verification 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，於下一次前往已參與醫健通的私營醫護提供者接受醫護服務時，或前往電子健康紀錄登記站#核實身份。
The healthcare recipient or his/her Substitute Decision Maker (SDM) (if applicable) must bring the identity document(s) used in this application when next visiting an eHealth participating private healthcare provider providing healthcare to the healthcare recipient, or the Electronic Health Record (eHR) Registration Centres#, for identity verification.
- 3 當醫健通的登記生效時，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，屬於醫健通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，建議你向醫護提供者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 eHealth 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 eHealth 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 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《未成年入監護條例》(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 (<https://www.ehealth.gov.hk/tc/you-and-your-family/how-to-register/register-in-person/ehr-registration-centres.html>)
eHR 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. 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 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 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