醫健通 eHealth
香港特別行政區政府 HKSARGOVT

電子健康系統 (醫健通)
Electronic Health System (eHealth)
資料更新同意書 (供非親身前往辦理有關申請者填寫)
Information Update Consent Form
(To be Completed by Applicants 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

第1部 - 資料更新
PART 1 - Information Update

1.1更新醫護接受者資料 Update Healthcare Recipient's Particulars

	原有資料(*必須在此提供) Old Information(*Must be provided here)	更新資料 New Information
英文姓氏 Surname in English*		
英文名 Given Name in English*		
中文全名 (先寫姓氏) (如適用) Full Name in Chinese (if applicable)		
香港身份證號碼* HK Identity Card No.*	( )	( )
其他身份證明文件資料 (如非香港身份證持有人)* Other identity document information (For non HK Identity Card holder)*	類別 Type: 證件號碼 Document No.: 簽發國家 /地區 Issuing Country/ Region:	類別 Type: 證件號碼 Document No.: 簽發國家 /地區 Issuing Country/ Region:
出生日期 (日/月/年)* Date of Birth (DD/MM/YYYY)*		
性別 Sex*	☐ 男 Male ☐ 女 Female	☐ 男 Male ☐ 女 Female

1.2 更新通訊資料及方式 Update Communication Information and Means

聯絡電話號碼 Contact Telephone No. :

手提電話 Mobile[1]	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**聯絡方法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 eHealth

☐ 手機短訊 SMS[1] ☐ 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 number for receiving related notification

第2部 - 醫護接受者簽署及聲明
PART 2 - 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2及第3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 2 and PART 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給予同意的人士，此欄無須填寫，而須由其代決人[3] 提出申請並填寫第4及第5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 Maker[3] on his / her behalf. Please fill in PART 4 and PART 5.

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) 根據表格第1部中內容要求更新本人於醫健通之紀錄。
(c) 本人已參閱及明白「參與者須知」內有關參加醫健通後之權利及義務的內容。
(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 requested to update my information recorded in eHealth stated in Part 1 of the form.
(c) I have read and understood the "Participant Information Notice" including section(s) regarding my rights and duties in participating in eHealth.
(d) I have read and understood the "Personal Information Collection Statement".

☐ 本人已參閱並明白及同意更新的「參與者須知」[2]。
I have read, understood and agree to the updated "Participant Information Notice"[2].

醫護接受者簽署 Healthcare Recipient's Signature

日期 Date

第3部 - 授權書 (如適用)
PART 3 - 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更新本人於醫健通的紀錄之申請。
am unable to come in person to eHR Registration Centres or eHR Registration Office to submit my application to update my information recorded in eHealth.

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

[2]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

^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4部 - 代決人 (適用於由代決人提出申請)[3]
PART 4 - Substitute Decision Maker (For application submitted by Substitute Decision Maker)[3]

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.

[3]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5部 - 代決人簽署及聲明 (適用於由代決人提出申請)
PART 5 - 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) 本人已代表醫護接受者根據表格第1部中內容要求更新醫護接受者於醫健通之紀錄。
(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」，包括有關醫護接受者參加醫健通後之權利及義務的內容。
(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) I have requested to update the information of the healthcare recipient recorded in eHealth stated in Part 1 of the form on behalf of the healthcare recipient.
(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 healthcare recipient's rights and duties in participating in eHealth.
(g) I have read and understood the "Personal Information Collection Statement".

☐ 本人已參閱並明白及同意更新的「參與者須知」[4]。
I have read, understood and agree to the updated "Participant Information Notice"[4].

代決人簽署 Substitute Decision Maker's Signature	日期 Date

[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

遞交資料更新同意書注意事項
Points to Note - Submission of Information Update 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**

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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，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, 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 identity document (3) 獲授權者身份證明文件 Authorised Person's (AP's) identity document

* 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.

\# 醫院管理局或衞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)
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 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 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	