



**User Manual  
for CDCC Pilot Scheme Participant Enrolment  
(Family Doctor's Clinic)  
[G141]**

**March 2024**

The Government of the Hong Kong Special Administrative Region

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## Document Summary

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# A. Introduction



## CDCC Introduction

The CDCC IT Module which rides on the eHealth+ of Electronic Health Record Sharing System (eHRSS) platform is designated for the operation for Chronic Disease Co-Care (CDCC) Pilot Scheme. **The CDCC IT Module is developed to facilitate the provision of clinical services by healthcare professionals to the participants, which includes clinical documentation, attendance register, clinical record sharing and reimbursement submission.**

This user guide aims at providing CDCC Healthcare Service Providers with detailed information for the Participant Enrolment to Screening for CDCC IT Module. The general operation and expected outcomes of each function will be illustrated step-by-step in this user manual. It should be read together with the CDCC Operation Manual and Services Guidelines which provide an overview and operational information on the CDCC Pilot Scheme.

## Definitions and Conventions



### CDCC

**Full name:**

Chronic Disease Co-Care Pilot Scheme

**Definition:**

Chronic Disease Co-Care Pilot Scheme



### CDCC Healthcare Service Providers

**Definition:**

Family Doctors, DHC, Nurses, Optometrists, Physiotherapists, Dietitians & Podiatrists who had enrolled in CDCC and will provide services to CDCC participants



### Clinic Assistant

**Full name:** Clinic Assistant

**Definition:**

The assistant / nurse in Family Doctor's clinic delivering registration or administrative jobs



### DHC

**Full name:** District Health Centre

**Definition:** District Health Centre



### DHC CMS On-ramp

**Full name:**

District Health Centre  
Clinical Management System On-ramp

**Definition:**

A part of the DHC IT Systems to support the operation at DHC core centre, satellite centres and service points by Operator (both Full-fledged and Express)



### DHCE

**Full name:**

District Health Centre Express

**Definition:**

District Health Centre Express



**eHR**

Full name:

Electronic Health Record

Definition:

Electronic health record in eHRSS



**eHRSS**

Full name:

Electronic Health Record Sharing System

Definition:

Electronic Health Record Sharing System



**Family Doctor**

Full name:

CDCC Family Doctor

Definition:

The doctor is eligible to deliver CDCC service for screening and treatment



**HCP**

Full name: Health Care Provider

Definition: Health care provider in eHRSS



**HCR**

Full name: Health Care Recipient

Definition: Health care recipient in eHRSS



**HSL**

Full name: Health Service Location

Definition: Health service location in eHRSS



**Participant**

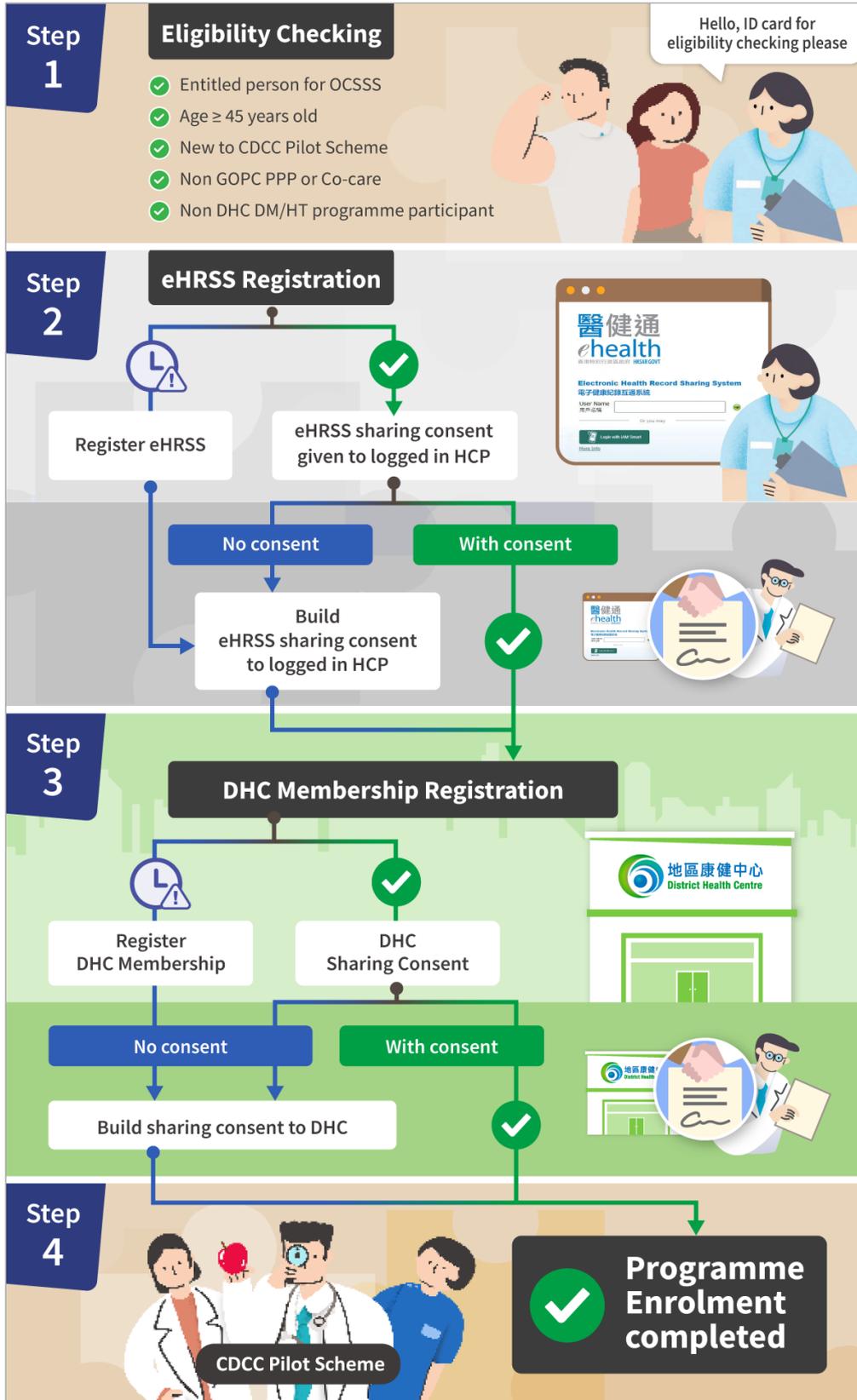
Full name:

Chronic Disease Co-Care Pilot Scheme Participant

Definition:

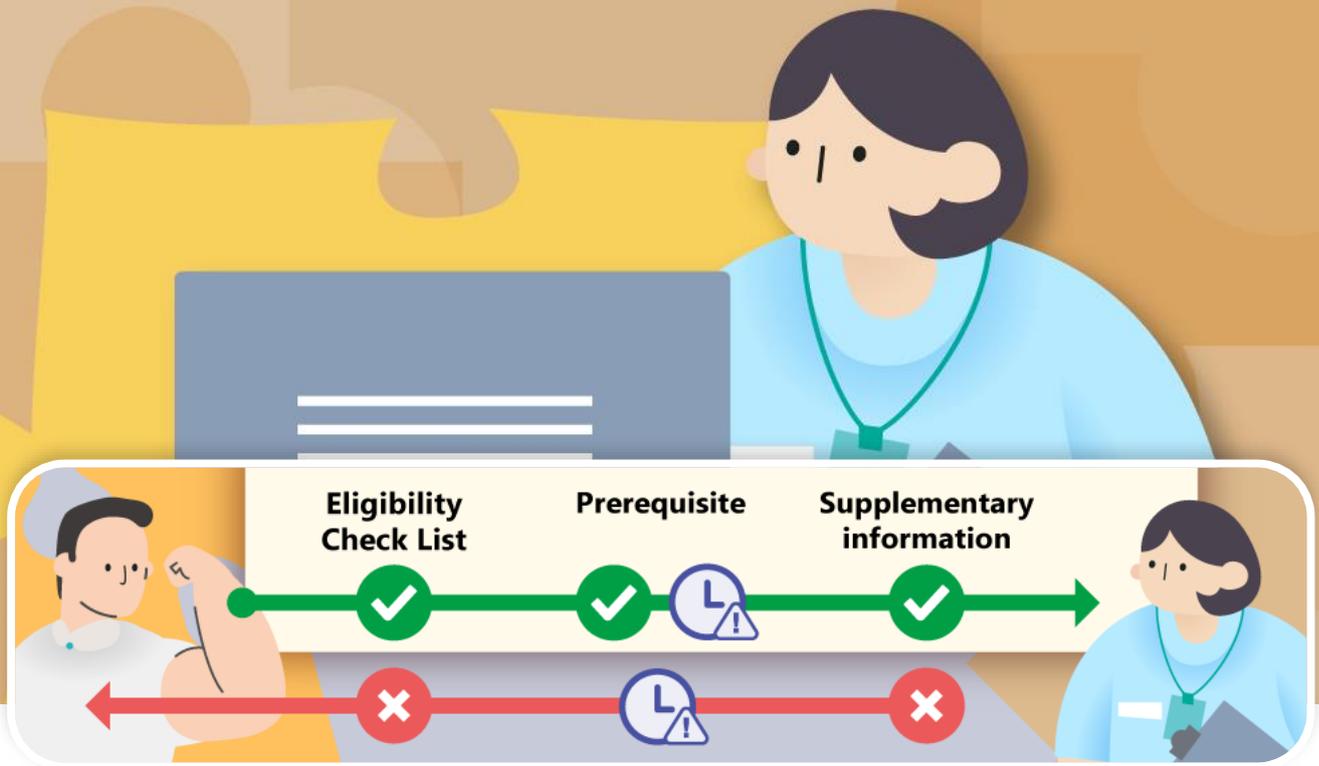
Members of the public who enrolled CDCC

# Participant Journey

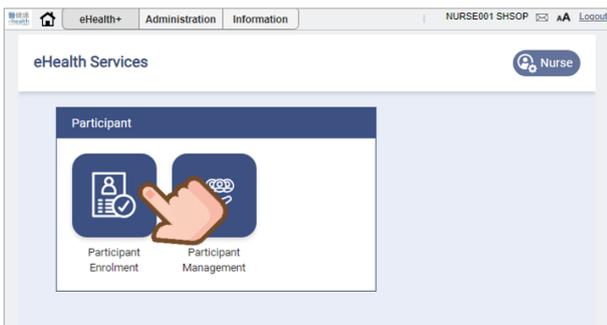


See [Appendix A](#) for details.

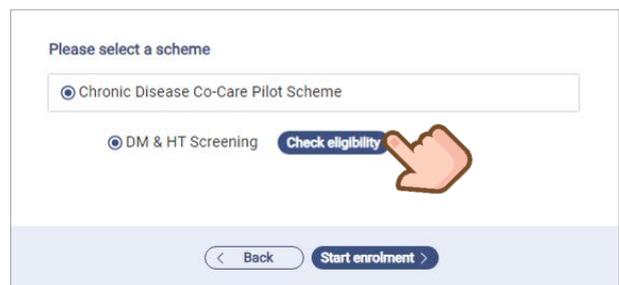
## B. Eligibility Checking



**a** Click [Participant Enrolment] under "Participant".



**b** Select Chronic Disease Co-Care Pilot Scheme. Click [Check eligibility] for DM & HT Screening. Pop-up for selecting participant.



Eligibility criteria for joining CDCC Pilot Scheme for DM & HT Screening.

### Eligibility Check List

- ✓ Entitled person for Online Checking System for Subsidised Public Healthcare Services (OCSSS)
- ✓ Age ≥ 45 years old
- ✓ New to CDCC Pilot Scheme
- ✓ Non GOPC PPP or Co-care programmes participant
- ✓ Non DHC DM/HT programme participant

### Prerequisite

- ⚠ Not yet registered in eHRSS
- ⚠ No sharing consent given to your organisation
- ⚠ Not yet registered in DHC

### Supplementary Information

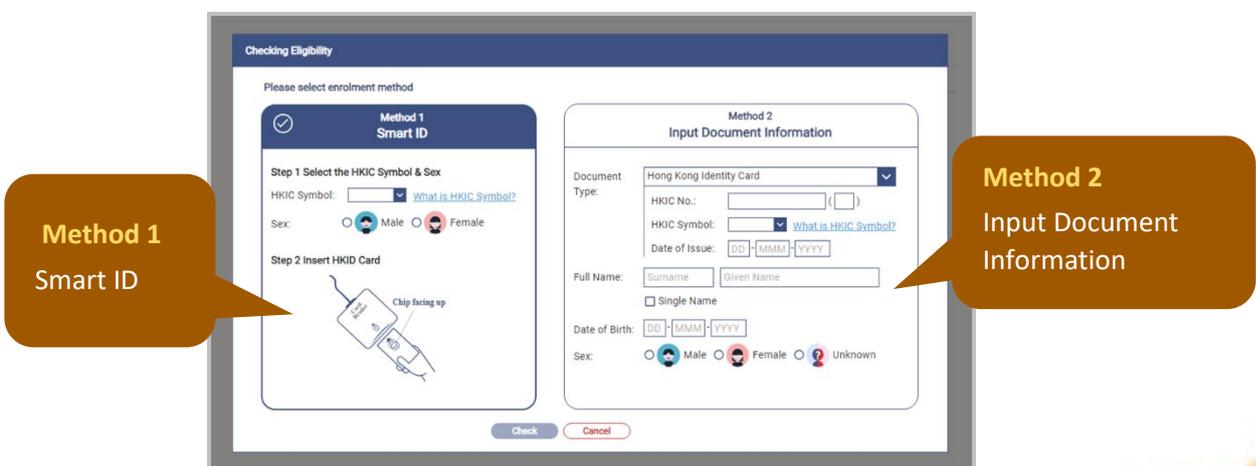
- ✓ Paired Family Doctor: Dr. CHAN, Tai Man (eHRUID: 123456)

Status of corresponding enrolment prerequisites completion.

Status of Family Doctor pairing

|   |   |
|---|---|
| <p> <b>Eligible</b></p> <p><b>Participant is eligible to join CDCC Pilot Scheme.</b></p>   | <p>Entitled person for Online Checking System for Subsidised Public Healthcare Services (OCSSS)</p> <hr/> <p>Age ≥ 45 years old</p> <hr/> <p>New to CDCC Pilot Scheme</p> <hr/> <p>Non GOPC PPP or Co-care programmes participant</p> <hr/> <p>Non DHC DM/HT programme participant</p> <hr/> <p>Paired Family Doctor: Dr. CHAN, Tai Man (eHRUID: 123xxx) /</p> <hr/> <p>Paired Family Doctor: Nil</p>   |
| <p> <b>Outstanding Prerequisites</b></p> <p><b>Participant has outstanding prerequisites. Please go through corresponding enrolment documents with participant before proceeding subsequent enrolment steps.</b></p> | <p>Not yet registered in eHRSS</p> <hr/> <p>No sharing consent given to your organisation</p> <hr/> <p>Not yet registered in DHC</p>  |
| <p> <b><u>NOT</u> eligible</b></p> <p><b>Participant is <u>NOT</u> eligible to join CDCC Pilot Scheme.</b></p>   | <p>Not entitled person for Online Checking System for Subsidised Public Healthcare Services (OCSSS)</p> <hr/> <p>Age &lt; 45 years old</p> <hr/> <p>Already enrolled to CDCC Pilot Scheme</p> <hr/> <p>Active GOPC PPP or Co-care programmes participant</p> <hr/> <p>Active DHC DM/HT programme participant</p> <hr/> <p>Paired Family Doctor: Dr. CHAN, Tai Man (eHRUID: 654xxx)</p> <hr/> <p>You are not the Paired Family Doctor / The Paired Family Doctor is not from your organization. Please ask participant to visit the Paired Family Doctor to proceed enrolment.</p> |

**C** There are 2 methods for system checking on basic eligibility criteria, whether Applicant has joined eHRSS and registered as a District Health Centre (DHC)/ DHC Express (DHCE) member, whether Applicant has a paired Family Doctor.  
 Select **[Method 1 - Smart ID]** or **[Method 2 – Input Document Information]**.

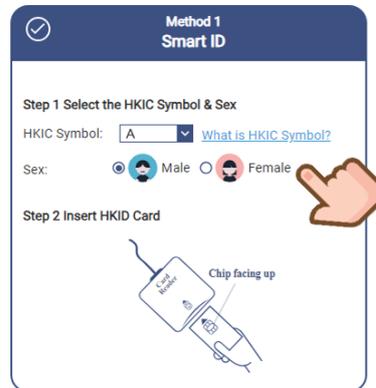


**Remark:** If the client's HKIC symbol has "C" or "U", residential status eligibility will be checked through OCSSS.

## Method 1: Smart ID

**i.**

Select the "HKIC Symbol" and "Sex".



**Input Doc**

Document Type: Hong Kong Identif  
 HKIC No.:  
 HKIC Symbol:  
 Date of Issue:

Full Name: Surname  
 Single Name

Date of Birth: DD - MMM - YY  
 Sex:  Male

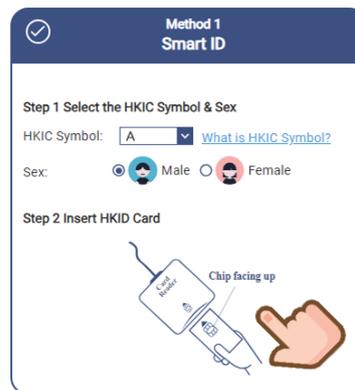
**ii.**

Ask participant to insert the Smart HKIC into the card reader.



**iii.**

Click [Step 2 Insert HKID Card] icon.



**Input Doc**

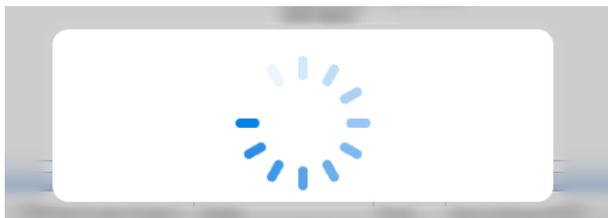
Document Type: Hong Kong Identif  
 HKIC No.:  
 HKIC Symbol:  
 Date of Issue:

Full Name: Surname  
 Single Name

Date of Birth: DD - MMM - YY  
 Sex:  Male

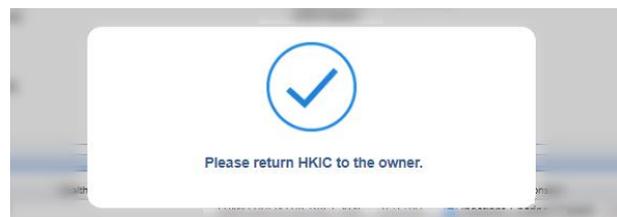
**iv.**

Reading Smart HKIC in progress.



**v.**

Return the Smart HKIC to participant.



**vi.**

Click **[Check]** to proceed.

## Method 2: Input Document Information

**i.**

Choose an appropriate document type from the drop-down list of **“Document Type”** (default as **[Hong Kong Identity Card]**) and input information shown on Identity document accordingly.

Sample of inputting HKIC

Sample of inputting Exemption Certificate

**ii.**

Click **[Check]** to proceed.

**Checking Eligibility**

Please select enrolment method

**Method 1**  
Smart ID

**Step 1 Select the HKIC Symbol & Sex**

HKIC Symbol:  [What is HKIC Symbol?](#)

Sex:  Male  Female

**Step 2 Insert HKID Card**



**Method 2**  
Input Document Information

Document Type:

HKIC No.:

HKIC Symbol:   [What is HKIC Symbol?](#)

Date of Issue:

Full Name:

Single Name

Date of Birth:

Sex:  Male  Female  Unknown

**Check** 

**d** Provided that **5 criteria are fulfilled in Eligibility Check**, this participant will be eligible to join the CDCC Pilot Scheme DM & HT Screening. If the participant has registered eHRSS and DHC membership with Sharing Consent given to required parties, the Prerequisite would have marked as done with ✓.

Eligibility Check List, Prerequisite are marked as ✓

Supplementary Information for Paired Family Doctor is displayed as: Nil or paired Family Doctor.

**Checking Eligibility**

Participant Information

Document Type: Hong Kong Identity Card  
 HKIC No.: T242  
 HKIC Symbol: A  
 Date of Issue: 01-Feb-2002  
 English Name: TANG, TWO  
 Chinese Name: 鄧二  
 Date of Birth: 01-Jan-1960  
 Sex: Male

**Eligibility Checking Summary**

Eligibility Check List:

- Entitled person for Online Checking System for Subsidised Public Healthcare Services (DCSSS)
- Age ≥ 45 years old
- New to CDCC Pilot Scheme
- Non GOPC PPP or Co-care programmes participant
- Non DHC DM/HT programme participant

Prerequisite:

- Registered in eHRSS
- Sharing consent given to your organisation
- Registered in DHC (Kwai Tsing)

Supplementary information:

- Paired Family Doctor: SHSOR DOCTOR001 (eHRUID: 28549)
- Paired Family Doctor: Nil

This participant is eligible to join CDCC Pilot Scheme.

**Checking Eligibility**

Participant Information

Document Type: Hong Kong Identity Card  
 HKIC No.: T242  
 HKIC Symbol: A  
 Date of Issue: 01-Feb-2002  
 English Name: TANG, TWO  
 Chinese Name: 鄧二  
 Date of Birth: 01-Jan-1960  
 Sex: Male

**Eligibility Checking Summary**

Eligibility Check List:

- Entitled person for Online Checking System for Subsidised Public Healthcare Services (DCSSS)
- Age ≥ 45 years old
- New to CDCC Pilot Scheme
- Non GOPC PPP or Co-care programmes participant
- Non DHC DM/HT programme participant

Prerequisite:

- Registered in eHRSS
- Sharing consent given to your organisation
- Registered in DHC (Kwai Tsing)

Supplementary information:

- Paired Family Doctor: Nil

This participant is eligible to join CDCC Pilot Scheme.



For details of three eligibility checking results, please refer to **B. Eligibility Checking - Points to Note**.

**e** Click **[Confirm]** to go back to programme selection.

**Checking Eligibility**

Participant Information

Document Type: Hong Kong Identity Card  
 HKIC No.: T242  
 HKIC Symbol: A  
 Date of Issue: 01-Jan-2020  
 English Name: TANG, SIX  
 Chinese Name: 鄧六  
 Date of Birth: 01-Jan-1960  
 Sex: Male

**Eligibility Checking Summary**

Eligibility Check List:

- Entitled person for Online Checking System for Subsidised Public Healthcare Services (DCSSS)
- Age ≥ 45 years old
- New to CDCC Pilot Scheme
- Non GOPC PPP or Co-care programmes participant
- Non DHC DM/HT programme participant

Prerequisite:

- Registered in eHRSS
- Sharing consent given to your organisation
- Registered in DHC (Kwai Tsing)

Supplementary Information:

- Paired Family Doctor: Nil

This participant is eligible to join CDCC Pilot Scheme.

Confirm



## Points to Note

There are three eligibility checking results.

### Eligible for enrolment with prerequisite



Participant is eligible to join the CDCC Pilot Scheme

| Eligibility Checking Summary |   |
|------------------------------|---|
| Eligibility Check List:      | <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Entitled person for Online Checking System for Subsidised Public Healthcare Services (OCSSS)</li> <li><input checked="" type="checkbox"/> Age ≥ 45 years old</li> <li><input checked="" type="checkbox"/> New to CDCC Pilot Scheme</li> <li><input checked="" type="checkbox"/> Non GOPC PPP or Co-care programmes participant</li> <li><input checked="" type="checkbox"/> Non DHC DM/HT programme participant</li> </ul> |
| Prerequisite:                | <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Registered in eHRSS</li> <li><input checked="" type="checkbox"/> Sharing consent given to your organisation</li> <li><input checked="" type="checkbox"/> Registered in DHC (Kwai Tsing)</li> <li><input checked="" type="checkbox"/> Paired Family Doctor: SHSOP, DOCTOR001 (eHRUID: 28549-XXXX)</li> </ul>  |
| Supplementary Information:   | <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Paired Family Doctor: SHSOP, DOCTOR001 (eHRUID: 28549-XXXX)</li> </ul>   |

This participant is eligible to join CDCC Pilot Scheme.

### Eligible for enrolment with missing prerequisite



Participant is eligible to join the CDCC Pilot Scheme with outstanding prerequisites. The participant has to go through corresponding enrolment documents for subsequent CDCC enrolment steps.

| Eligibility Checking Summary |   |
|------------------------------|---|
| Eligibility Check List:      | <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Entitled person for Online Checking System for Subsidised Public Healthcare Services (OCSSS)</li> <li><input checked="" type="checkbox"/> Age ≥ 45 years old</li> <li><input checked="" type="checkbox"/> New to CDCC Pilot Scheme</li> <li><input checked="" type="checkbox"/> Non GOPC PPP or Co-care programmes participant</li> <li><input checked="" type="checkbox"/> Non DHC DM/HT programme participant</li> </ul> |
| Prerequisite:                | <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Registered in eHRSS</li> <li><input type="checkbox"/> No sharing consent given to your organisation</li> <li><input type="checkbox"/> Not yet registered in DHC</li> <li><input checked="" type="checkbox"/> Paired Family Doctor: Nil</li> </ul>  |
| Supplementary Information:   | <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Paired Family Doctor: Nil</li> </ul>   |

Participant has outstanding prerequisites. Please go through corresponding enrolment documents with participant before proceeding subsequent enrolment steps.

### NOT eligible for enrolment



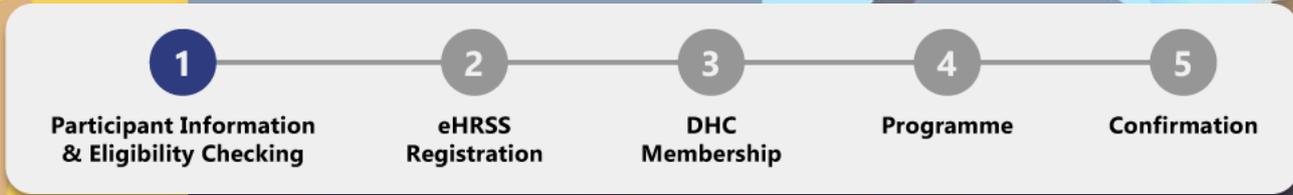
- This participant is not eligible to join the CDCC Pilot Scheme.
- Or the participant has to visit the Paired Family Doctor clinic to proceed enrolment.

| Eligibility Checking Summary |  |
|------------------------------|--|
| Eligibility Check List:      | <ul style="list-style-type: none"> <li><input type="checkbox"/> Not entitled person for Online Checking System for Subsidised Public Healthcare Services (OCSSS)</li> <li><input type="checkbox"/> Age &lt; 45 years old</li> <li><input checked="" type="checkbox"/> New to CDCC Pilot Scheme</li> <li><input checked="" type="checkbox"/> Non GOPC PPP or Co-care programmes participant</li> <li><input checked="" type="checkbox"/> Non DHC DM/HT programme participant</li> </ul> |
| Prerequisite:                | <ul style="list-style-type: none"> <li><input type="checkbox"/> Not yet registered in eHRSS</li> <li><input type="checkbox"/> No sharing consent given to your organisation</li> <li><input type="checkbox"/> Not yet registered in DHC</li> <li><input checked="" type="checkbox"/> Paired Family Doctor: Nil</li> </ul>  |
| Supplementary Information:   | <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Paired Family Doctor: Nil</li> </ul>  |

This participant is not eligible to join CDCC Pilot Scheme.

# C. Enrolment Steps

## Step 1. Participant Information and Eligibility Checking



**a** Click **[Start enrolment]**.

**b** Click **[Yes]** to proceed enrolment steps after reading the reminder.

**c** There are 2 methods to retrieve participant's information for enrolment. Select Method 1 or Method 2 to confirm the informed consent to enrolment. Click **[Next]**.



For details of eligibility checking, please refer to **B. Eligibility Checking - Eligibility Checking**.

d Click **[Next]** to proceed to next step.

Participant Information & Eligibility Checking

English Name: TEST, L2119474

Chinese Name: -

Date of Birth: 01-Jan-1960

Sex: Female

**Eligibility Checking Summary**

Eligibility Check List:

- Entitled person for Online Checking System for Subsidised Public Healthcare Services (OCSSS)
- Age ≥ 45 years old
- New to CDCC Pilot Scheme
- Non GOPC PPP or Co-care programmes participant
- Non DHC DM/HT programme participant
- Registered in eHRSS
- No sharing consent given to your organisation
- Not yet registered in DHC

Prerequisite:

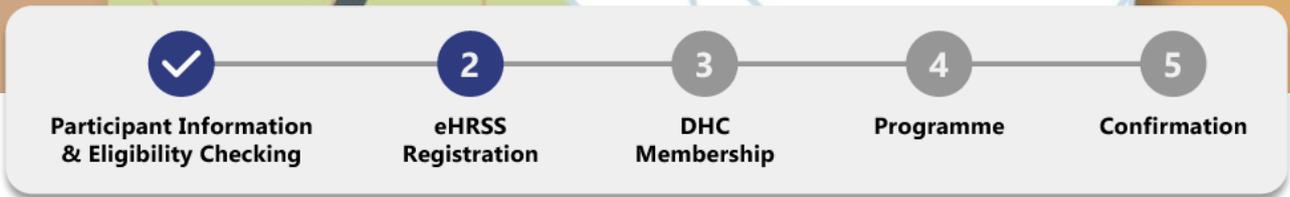
- Paired Family Doctor: Nil

Supplementary information:

Participant has outstanding prerequisites. Please go through corresponding enrolment documents with participant before proceeding subsequent enrolment steps.

< Back   Next >

# Step 2. eHRSS Registration



|   | Scenario 2A | Scenario 2B | Scenario 2C |
|---|-------------|-------------|-------------|
|  <b>eHRSS Registration</b>     |             |             |             |
|  <b>Sharing Consent to HCP</b> |             |             |             |

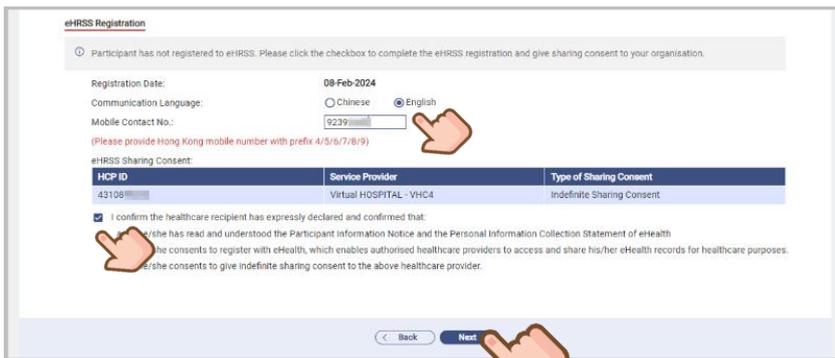
## Scenario 2A

### eHRSS Registration Sharing Consent

eHRSS Registration will be done and indefinite Sharing Consent will be built to the HCP of the Family Doctor.

|                                  |   |
|----------------------------------|---|
| <b>Eligibility Check List</b>    | <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Entitled person for Online Checking System for Subsidised Public Healthcare Services (OCSSS)</li> <li><input checked="" type="checkbox"/> Age ≥ 45 years old</li> <li><input checked="" type="checkbox"/> New to CDCC Pilot Scheme</li> <li><input checked="" type="checkbox"/> Non GOPC PPP or Co-care programmes participant</li> <li><input checked="" type="checkbox"/> Non DHC DM/HT programme participant</li> </ul> |
| <b>Prerequisite</b>              | <ul style="list-style-type: none"> <li> Not yet registered in eHRSS</li> <li> No sharing consent given to your organisation</li> <li> Not yet registered in DHC</li> </ul>   |
| <b>Supplementary Information</b> | <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Paired Family Doctor: Nil</li> </ul>   |

**a** After Communication Language selected, Mobile Contact No. entered, disclaimer for registration and building Sharing Consent to HCP checked, click **[Next]**.



**eHRSS Registration**

Participant has not registered to eHRSS. Please click the checkbox to complete the eHRSS registration and give sharing consent to your organisation.

Registration Date: 08-Feb-2024

Communication Language:  Chinese  English

Mobile Contact No.: 9239

(Please provide Hong Kong mobile number with prefix 4/5/6/7/8/9)

| HCP ID | Service Provider        | Type of Sharing Consent    |
|--------|-------------------------|----------------------------|
| 43108  | Virtual HOSPITAL - VHC4 | Indefinite Sharing Consent |

I confirm the healthcare recipient has expressly declared and confirmed that:

I/She has read and understood the Participant Information Notice and the Personal Information Collection Statement of eHealth

I/She consents to register with eHealth, which enables authorised healthcare providers to access and share his/her eHealth records for healthcare purposes.

I/She consents to give indefinite sharing consent to the above healthcare provider.

**b** Click **[Yes]** for confirmation.

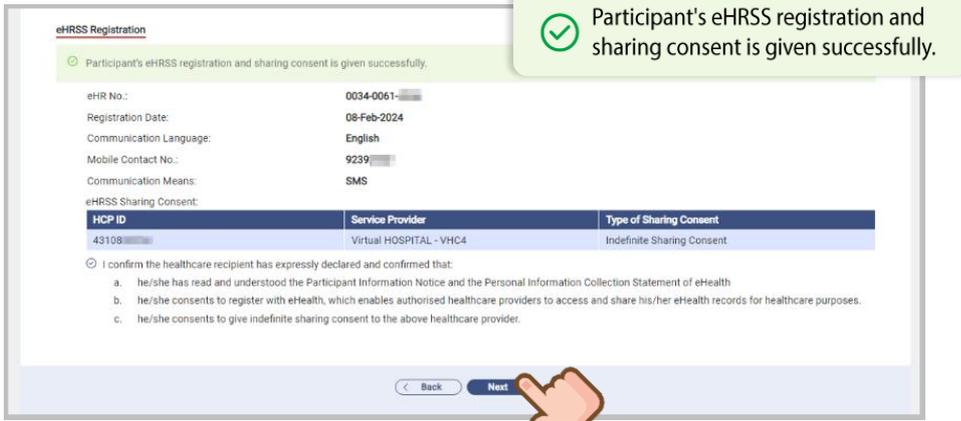


**Confirmation of eHRSS Registration and Sharing Consent**

Please click "Yes" to confirm the eHRSS Registration and give sharing consent to the healthcare provider for participant.

C

eHRSS Registration and Sharing Consents are successfully built. Click [Next].



d

Notification will be sent through SMS to mobile device with a pre-registered number after the whole enrolment process completed.



Sample 1 eHRSS Registration with sharing consent built



Sample 2 eHRSS sharing consent to HCP

## Scenario 2B

### eHRSS Registration Sharing Consent

**a** The Communication Language, Mobile Contact No. and Communication Means are retrieved from eHRSS Profile. Click **[Next]** when disclaimer of building Sharing Consent to HCP checked.

eHRSS Registration

Participant has not given sharing consent to your organisation. Please click the checkbox to give sharing consent to your organisation.

eHR No.: 3268-1493-  
 Registration Date: 01-Feb-2024  
 Communication Language: English  
 Mobile Contact No.: 9239-  
 Communication Means: SMS

| HCP ID | Service Provider        | Type of Sharing Consent    |
|--------|-------------------------|----------------------------|
| 431089 | Virtual HOSPITAL - VHC4 | Indefinite Sharing Consent |

I confirm the healthcare recipient has expressly declared and confirmed that he/she consents to give indefinite sharing consent to the above healthcare provider.

**Next**

**b** Click **[Yes]** for confirmation of giving indefinite Sharing Consent.

**Confirmation of Giving Indefinite Sharing Consent**

Please click "Yes" to confirm giving indefinite sharing consent to the healthcare provider for participant.

**Yes** **No**

**c** Notifications will be sent to the participant.  
 → Please refer to Scenario 2A-d sample 2.

eHRSS Registration

Sharing consent is given successfully.

eHR No.:  
 Registration Date: 01-Feb-2024  
 Communication Language: English  
 Mobile Contact No.: 9239-  
 Communication Means: SMS

| HCP ID | Service Provider        | Type of Sharing Consent    |
|--------|-------------------------|----------------------------|
| 43108  | Virtual HOSPITAL - VHC4 | Indefinite Sharing Consent |

I confirm the healthcare recipient has expressly declared and confirmed that he/she consents to give indefinite sharing consent to the above healthcare provider.

**Next**

## Scenario 2C

### eHRSS Registration Sharing Consent

eHRSS has been registered with valid Sharing Consent to the HCP of the Family Doctor.

**a** Completed eHRSS Registration and given Indefinite / One-year Sharing Consent. Click **[Next]**.

eHRSS Registration

eHR No.: 9371-1273-  
 Registration Date: 02-Feb-2024  
 Communication Language: English  
 Mobile Contact No.: 9239-  
 Communication Means: SMS

| HCP ID | Service Provider        | Type of Sharing Consent    |
|--------|-------------------------|----------------------------|
| 43108  | Virtual HOSPITAL - VHC4 | Indefinite Sharing Consent |

**Next**

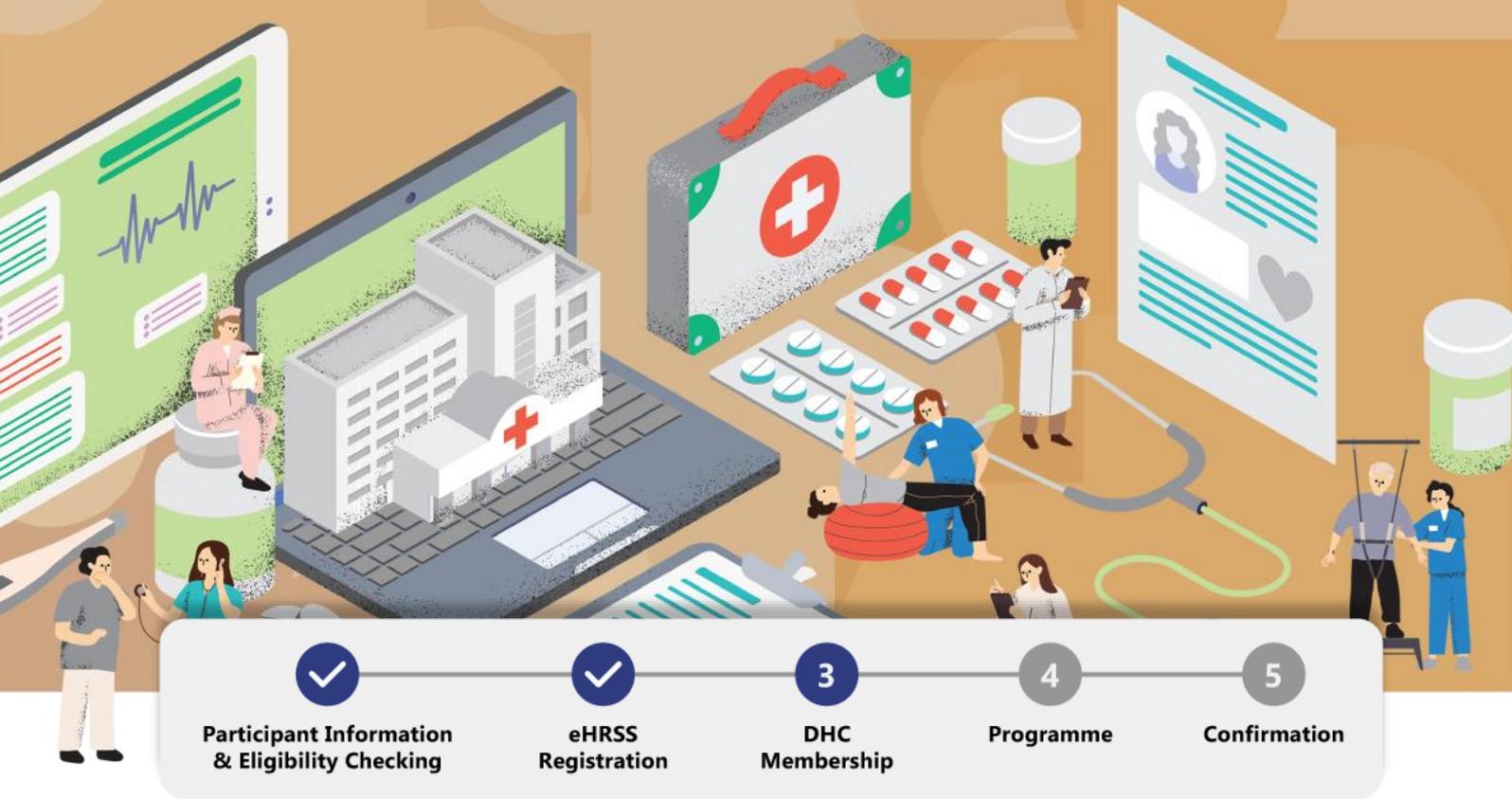
eHRSS Registration

eHR No.: 9371-1273-  
 Registration Date: 02-Feb-2024  
 Communication Language: English  
 Mobile Contact No.: 9239-  
 Communication Means: SMS

| HCP ID | Service Provider        | Type of Sharing Consent  |
|--------|-------------------------|--------------------------|
| 43108  | Virtual HOSPITAL - VHC4 | One-year Sharing Consent |

**Next**

# Step 3. DHC Membership



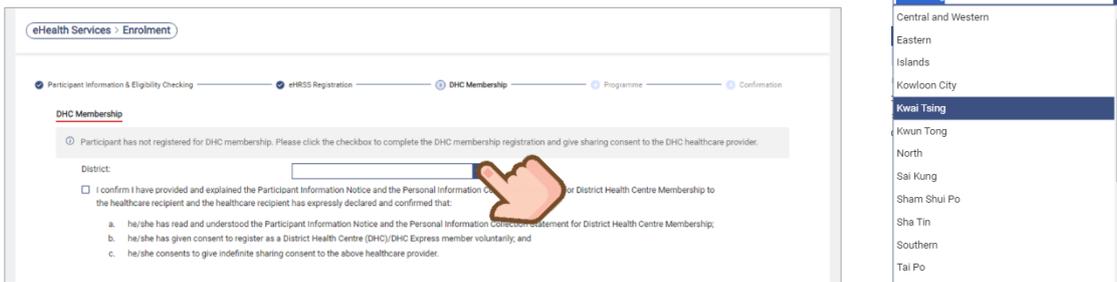
|  | Scenario 3A   | Scenario 3B   | Scenario 3C   |
|--|---|---|---|
|  <p><b>DHC Membership</b></p>         |  |  |  |
|  <p><b>Sharing Consent to DHC</b></p> |  |  |  |

## Scenario 3A

### DHC Membership Sharing Consent

DHC membership will be registered and indefinite Sharing Consent will be built to the selected DHC district.

**a** DHC district can be selected from drop-down menu.



**DHC Membership**

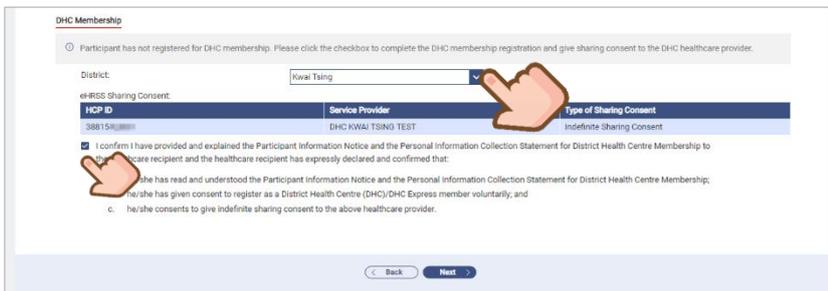
Participant has not registered for DHC membership. Please click the checkbox to complete the DHC membership registration and give sharing consent to the DHC healthcare provider.

District:

I confirm I have provided and explained the Participant Information Notice and the Personal Information Collection Statement for District Health Centre Membership to the healthcare recipient and the healthcare recipient has expressly declared and confirmed that:

- he/she has read and understood the Participant Information Notice and the Personal Information Collection Statement for District Health Centre Membership;
- he/she has given consent to register as a District Health Centre (DHC)/DHC Express member voluntarily; and
- he/she consents to give indefinite sharing consent to the above healthcare provider.

**b** Check the checkboxes  to register the DHC membership to the selected district and build indefinite Sharing Consent to selected DHC. Click **[Next]**.



**DHC Membership**

Participant has not registered for DHC membership. Please click the checkbox to complete the DHC membership registration and give sharing consent to the DHC healthcare provider.

District:

eHRSS Sharing Consent:

| HCP ID | Service Provider    | Type of Sharing Consent    |
|--------|---------------------|----------------------------|
| 388158 | DHC KWAI TSING TEST | Indefinite Sharing Consent |

I confirm I have provided and explained the Participant Information Notice and the Personal Information Collection Statement for District Health Centre Membership to the healthcare recipient and the healthcare recipient has expressly declared and confirmed that:

- he/she has read and understood the Participant Information Notice and the Personal Information Collection Statement for District Health Centre Membership;
- he/she has given consent to register as a District Health Centre (DHC)/DHC Express member voluntarily; and
- he/she consents to give indefinite sharing consent to the above healthcare provider.

**c** Click **[Yes]** for confirmation of the DHC membership registration and building Sharing Consent.



**Confirmation of DHC Membership Registration and Sharing Consent**

Please click "Yes" to confirm the DHC Membership Registration and give sharing consent to the DHC healthcare provider for participant.

**d** DHC registration is done successfully. Click **[Next]** to proceed.



**DHC Membership**

Participant's DHC membership registration and sharing consent is given successfully.

DHC Membership No.: 243

Registration Code: 1144

District: Kwai Tsing

Paired Family Doctor: No paired Family Doctor

eHRSS Sharing Consent:

| HCP ID | Service Provider    | Type of Sharing Consent    |
|--------|---------------------|----------------------------|
| 388158 | DHC KWAI TSING TEST | Indefinite Sharing Consent |

I confirm I have provided and explained the Participant Information Notice and the Personal Information Collection Statement for District Health Centre Membership to the healthcare recipient and the healthcare recipient has expressly declared and confirmed that:

- he/she has read and understood the Participant Information Notice and the Personal Information Collection Statement for District Health Centre Membership;
- he/she has given consent to register as a District Health Centre (DHC)/DHC Express member voluntarily; and
- he/she consents to give indefinite sharing consent to the above healthcare provider.

**e** Notification will be sent through SMS to mobile device with a pre-registered number after the whole enrolment process completed.



### Scenario 3B

#### DHC Membership Sharing Consent

DHC membership has been registered with no valid Sharing Consent.  
An indefinite Sharing Consent will be built to the registered DHC district.

**a** Check the checkboxes  to give indefinite Sharing Consent to selected DHC.

**DHC Membership**

Participant has not given sharing consent to the DHC healthcare provider. Please click the checkbox to give sharing consent to the DHC healthcare provider.

DHC Membership No.: 24100  
Registration Date: 01-Feb-2024  
District: Kwai Tsing  
Paired Family Doctor: No paired Family Doctor

| HCP ID | Service Provider    | Type of Sharing Consent    |
|--------|---------------------|----------------------------|
| 38815  | DHC KWAI TSING TEST | Indefinite Sharing Consent |

I confirm the healthcare recipient has expressly declared and confirmed that he/she consents to give indefinite sharing consent to the above healthcare provider.

**b** Click [Yes] for Confirmation of giving Sharing Consent.

**Kwai Tsing**

**Confirmation of Giving Indefinite Sharing Consent**

Please click "Yes" to confirm giving indefinite sharing consent to the DHC healthcare provider for participant.

**c** Notification will be sent to the participant.  
→ Please refer to Scenario 3A-e sample 2.

**DHC Membership**

Sharing consent is given successfully.

DHC Membership No.: 24100  
Registration Date: 01-Feb-2024  
District: Kwai Tsing  
Paired Family Doctor: No paired Family Doctor

| HCP ID | Service Provider    | Type of Sharing Consent    |
|--------|---------------------|----------------------------|
| 38815  | DHC KWAI TSING TEST | Indefinite Sharing Consent |

I confirm the healthcare recipient has expressly declared and confirmed that he/she consents to give indefinite sharing consent to the above healthcare provider.

## Scenario 3C

### DHC Membership Sharing Consent

DHC Membership has been registered with Sharing Consent built.  
No action to be done in this section.

a

Sharing Consent was given Indefinite / One-year Sharing Consent to above DHC. Click **[Next]**.

**DHC Membership**

DHC Membership No.: 241000

Registration Date: 02-Feb-2024

District: Kwai Tsing

Paired Family Doctor: SHSOR DOCTOR001 (eHRUID: 28549)

eHRSS Sharing Consent:

| HCP ID | Service Provider    | Type of Sharing Consent    |
|--------|---------------------|----------------------------|
| 38815  | DHC KWAI TSING TEST | Indefinite Sharing Consent |

< Back Next 

**DHC Membership**

DHC Membership No.: 241000

Registration Date: 01-Feb-2024

District: Kwai Tsing

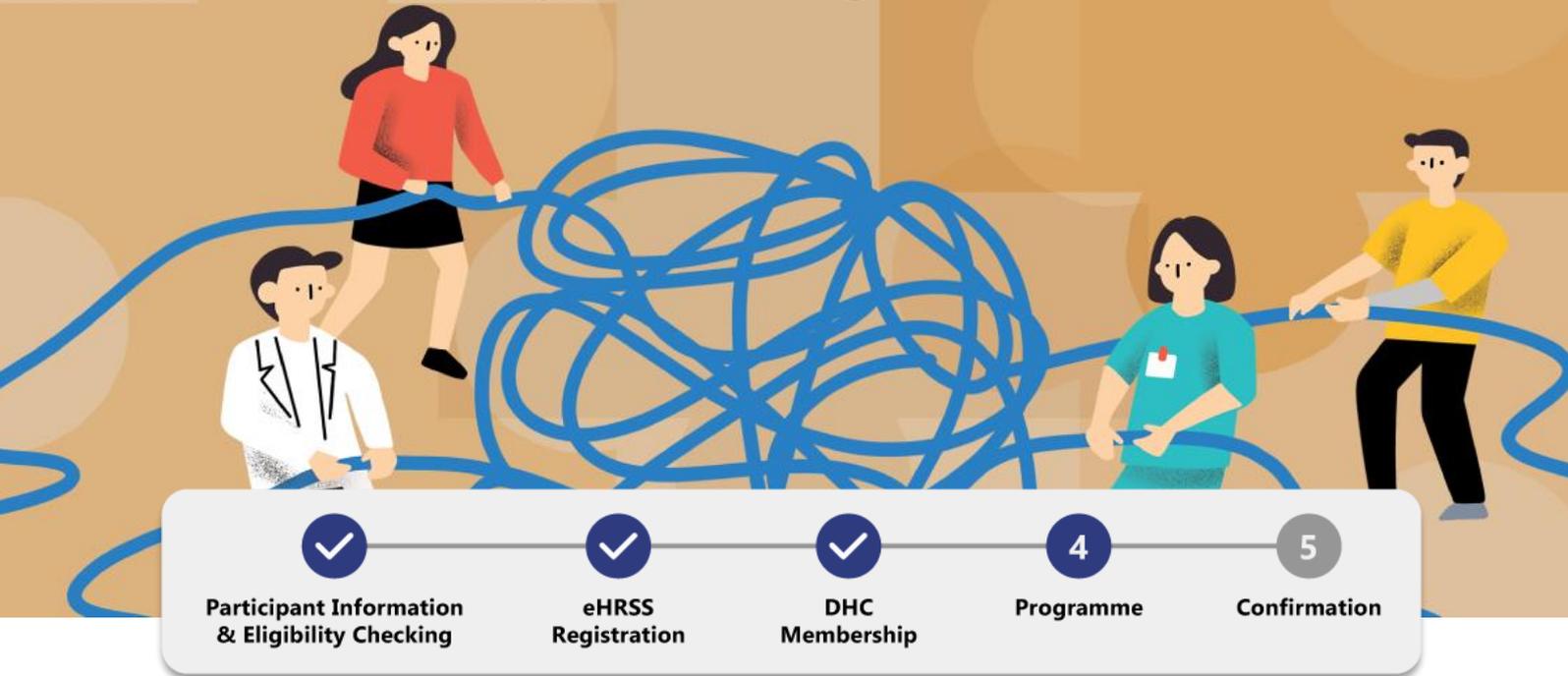
Paired Family Doctor: No paired Family Doctor

eHRSS Sharing Consent:

| HCP ID | Service Provider    | Type of Sharing Consent  |
|--------|---------------------|--------------------------|
| 38815  | DHC KWAI TSING TEST | One-year Sharing Consent |

< Back Next >

# Step 4. Programme



## Login by Family Doctor (No paired Family Doctor)



Family Doctor

- a** Family Doctor field will be defaulted to login account when the participant has no paired Family Doctor. Click **[Next]** after disclaimers for enrolment to CDCC Pilot Scheme checked.

Chronic Disease Co-Care Pilot Scheme

Enrolment Date: 07-Feb-2024

Programme: DM & HT Screening

Family Doctor: SISOP DOCTOR001 (eHRUID: 28549)

Virtual HOSPITAL - VHCA (HCP ID: 43108)

HOSPITAL - VHCA (HCI ID: 43406)

Only allowed to select logged in Family Doctor

Family Doctor: SISOP DOCTOR001 (eHRUID: 28549)

Healthcare Service Location Providing CDCC Service: Virtual HOSPITAL - VHCA (HCP ID: 43108)

- Virtual HOSPITAL - VHCA (HCI ID: 43406)

I have checked the eligibility of the healthcare recipient and confirm the following, including:

The healthcare recipient has met all of the eligibility criteria of the CDCC Pilot Scheme.

I have read and explained the Participant Information Notice, Public Pamphlet and the Personal Information Collection Statement under the CDCC Pilot Scheme to the healthcare recipient.

The healthcare recipient has expressly declared and confirmed that:

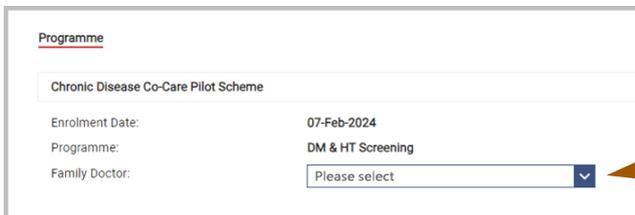
- he/she has given consent to enrol in the CDCC Pilot Scheme voluntarily;
- he/she has read and understood the Participant Information Notice and Public Pamphlet for the CDCC Pilot Scheme, each of which may be updated from time to time;
- he/she has read and understood the Personal Information Collection Statement and given his/her consent to the Government for its, and its agents' and employees' use of his/her personal data and any information relating to the CDCC Pilot Scheme by the Government for purposes as set out therein; and
- all information provided by the healthcare recipient in support of his/her application for enrolment in the CDCC Pilot Scheme is true and correct.

[Back](#) [Next](#)

## Login by Clinic Assistant (No paired Family Doctor)

|   |   |  |
|---|---|--|
| <br><b>Family Doctor</b> | <b>No paired Family Doctor</b>  | <b>With paired Family Doctor<br/>in DHC On-ramp</b>  |
|   | <b>Default blank</b><br>Drop-down list includes Family Doctors<br>affiliated with logged in HCP | <b>Display paired<br/>Family Doctor name and HCP</b> |

**a** Family Doctor field is blank. Select **“Family Doctor”** from drop-down menu.



Programme  
Chronic Disease Co-Care Pilot Scheme

Enrolment Date: 07-Feb-2024

Programme: DM & HT Screening

Family Doctor: Please select

Default **Blank**.  
Drop-down list includes all  
CDCC Family Doctors under the  
logged in HCP.



Programme  
Chronic Disease Co-Care Pilot Scheme

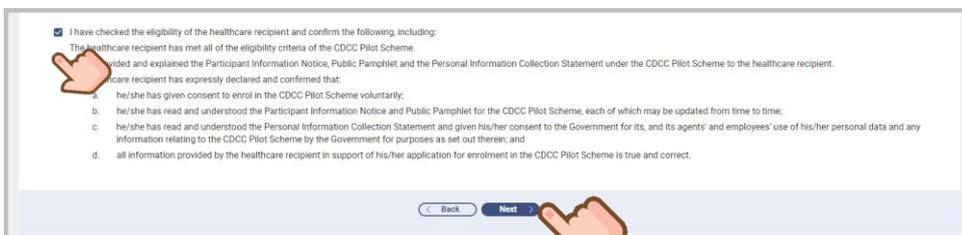
Enrolment Date: 07-Feb-2024

Programme: DM & HT Screening

Family Doctor: SHSOP, DOCTOR001 (EHRUID: 28549)

Healthcare Service Location Providing CDCC Service: ...L - VHC4 (HCP ID: 431089) ...SPITAL - VHC4 (HCI ID: 43406)

**b** Click **[Next]** after disclaimers for enrolment to CDCC Pilot Scheme checked.



I have checked the eligibility of the healthcare recipient and confirm the following, including:  
 The healthcare recipient has met all of the eligibility criteria of the CDCC Pilot Scheme.  
 I have provided and explained the Participant Information Notice, Public Pamphlet and the Personal Information Collection Statement under the CDCC Pilot Scheme to the healthcare recipient.  
 The healthcare recipient has expressly declared and confirmed that:

- he/she has given consent to enrol in the CDCC Pilot Scheme voluntarily;
- he/she has read and understood the Participant Information Notice and Public Pamphlet for the CDCC Pilot Scheme, each of which may be updated from time to time;
- he/she has read and understood the Personal Information Collection Statement and given his/her consent to the Government for its, and its agents' and employees' use of his/her personal data and any information relating to the CDCC Pilot Scheme by the Government for purposes as set out therein; and
- all information provided by the healthcare recipient in support of his/her application for enrolment in the CDCC Pilot Scheme is true and correct.

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## Login by Clinic Assistant (With paired Family Doctor)

|  |   |  |
|--|---|--|
| <br><b>Clinic Assistant</b> | <b>No paired Family Doctor</b>  | <b>With paired Family Doctor in DHC On-ramp</b>  |
|  | <b>Default blank</b><br>Dropdown list includes Family Doctors affiliated with logged in HCP | <b>Display paired Family Doctor name and HCP</b> |

**a** Paired Family Doctor is displayed, when the participant is with paired Family Doctor.

**Programme**

Chronic Disease Co-Care Pilot Scheme

Enrolment Date: 07-Feb-2024

Programme: DM & HT Screening

Family Doctor: SHSOP, DOCTOR001 (eHRUID: 28549)

Healthcare Service Location Providing CDCC Service: Virtual HOSPITAL - VHC4 (HCP ID: 431089) - Virtual HOSPITAL - VHC4 (HCI ID: 43406)

Paired Family Doctor information is displayed.

**b** Click [Next] after disclaimers for enrolment to CDCC Pilot Scheme checked.

I have checked the eligibility of the healthcare recipient and confirm the following, including:

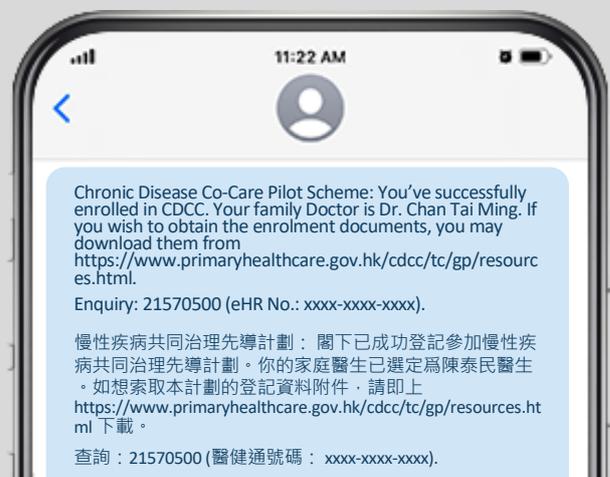
The healthcare recipient has met all of the eligibility criteria of the CDCC Pilot Scheme.

I have read and explained the Participant Information Notice, Public Pamphlet and the Personal Information Collection Statement under the CDCC Pilot Scheme to the healthcare recipient.

The healthcare recipient has expressly declared and confirmed that:

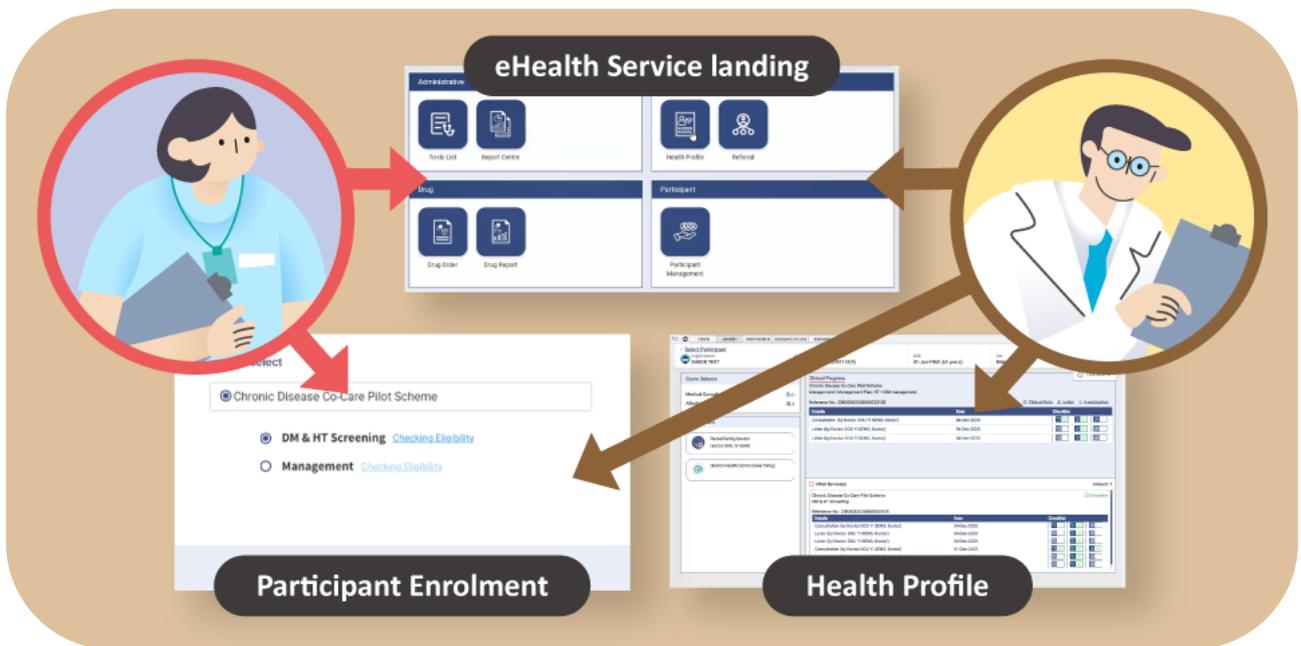
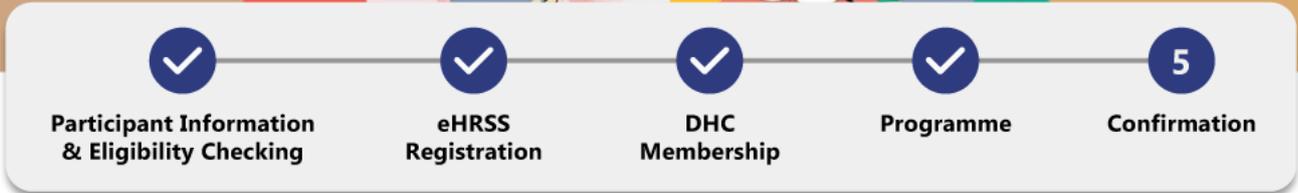
- he/she has given consent to enrol in the CDCC Pilot Scheme voluntarily;
- he/she has read and understood the Participant Information Notice and Public Pamphlet for the CDCC Pilot Scheme, each of which may be updated from time to time;
- he/she has read and understood the Personal Information Collection Statement and given his/her consent to the Government for its, and its agents' and employees' use of his/her personal data and any information relating to the CDCC Pilot Scheme by the Government for purposes as set out therein; and
- all information provided by the healthcare recipient in support of his/her application for enrolment in the CDCC Pilot Scheme is true and correct.

**c** Notification will be sent through SMS to mobile device with a pre-registered number after the whole enrolment process completed.



SMS Sample of enrolment to CDCC Pilot Scheme

# Step 5. Confirmation



- a Review the Participant Information, eHRSS Registration, DHC Membership and Programme. Then click [Confirm].

Confirmation

**Participant Information**

Personal Information

Document Type: Hong Kong Identity Card  
 HKIC No.: T242  
 HKIC Symbol: A  
 Date of Issue: 01-Feb-2012  
 English Name: TANG, TWO  
 Chinese Name: 鄧二  
 Date of Birth: 01-Jan-1960  
 Sex: Male

**eHRSS Registration**

eHR No.: 9371-1273  
 Registration Date: 02-Feb-2024  
 Communication Language: English  
 Mobile Contact No.: 9239  
 Communication Means: SMS  
 eHRSS Sharing Consent:

| HCP ID | Service Provider        | Type of Sharing Consent    |
|--------|-------------------------|----------------------------|
| 43108  | Virtual HOSPITAL - VHC4 | Indefinite Sharing Consent |

**DHC Membership**

DHC Membership No.: 24100  
 Registration Date: 02-Feb-2024  
 District: Kwai Tsing  
 Paired Family Doctor: SHSOP, DOCTOR001 (eHRUID: 28549)  
 eHRSS Sharing Consent:

| HCP ID | Service Provider    | Type of Sharing Consent    |
|--------|---------------------|----------------------------|
| 38815  | DHC KWAI TSING TEST | Indefinite Sharing Consent |

**Programme**

Chronic Disease Co-Care Pilot Scheme

Enrolment Date: 05-Mar-2024  
 Programme: Management (for existing DHC members who found as DM/HT/ Pre-DM (HbA1c 6.0-6.4%/FPG 6.1-6.9 mmol/L) migrating from previous DHC programme)  
 Plan: HT + DM management  
 Family Doctor: SHSOP, DOCTOR001 (eHRUID: 28549)

Healthcare Service Location Providing CDCC  
 Service: Virtual HOSPITAL - VHC4 (HCP ID: 43108)  
 - Virtual HOSPITAL - VHC4 (HCP ID: 43406)

I have checked the eligibility of the healthcare recipient and confirm the following, including:  
 The healthcare recipient has met all of the eligibility criteria of the CDCC Pilot Scheme.  
 I have provided and explained the Participant Information Notice, Public Pamphlet and the Personal Information Collection Statement under the CDCC Pilot Scheme to the healthcare recipient.  
 The healthcare recipient has expressly declared and confirmed that:

- he/she has given consent to enrol in the CDCC Pilot Scheme voluntarily;
- he/she has read and understood the Participant Information Notice and Public Pamphlet for the CDCC Pilot Scheme, each of which may be
- he/she has read and understood the Personal Information Collection Statement and given his/her consent to the Government for its, and its
- and any information relating to the CDCC Pilot Scheme by the Government for purposes as set out therein; and
- all information provided by the healthcare recipient in support of his/her application for enrolment in the CDCC Pilot Scheme is true and correct.

Information of Step 1

Information of Step 2

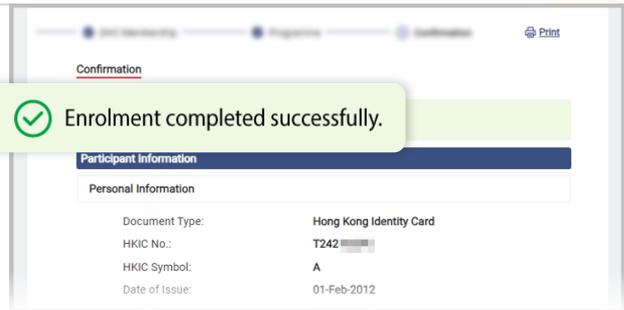
Information of Step 3

Information of Step 4

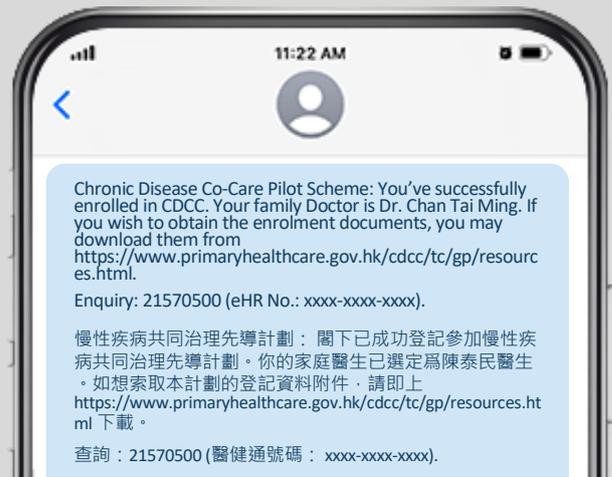
Once [Confirm] is clicked, CDCC DM & HT Screening enrolment is completed.



**b** Enrolment completed successfully.

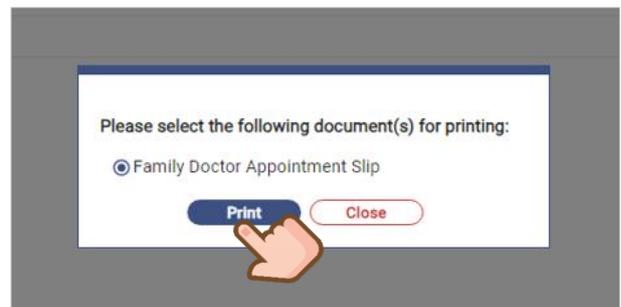
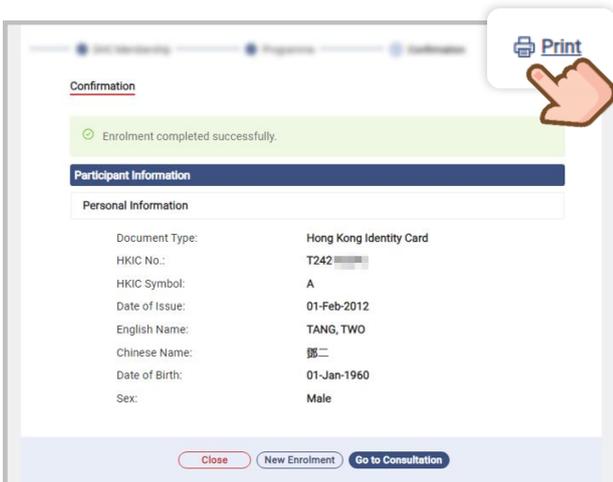


**c** Notification will be sent through SMS to mobile device with a pre-registered number after the whole enrolment process completed.



SMS Sample

**d** Print the Appointment Slip with printer icon if necessary.



e

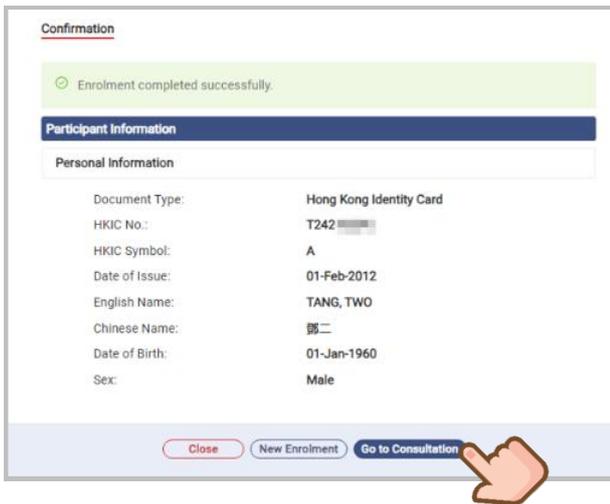
Print the Appointment Slip with printer icon. Click [x] to close the popup.



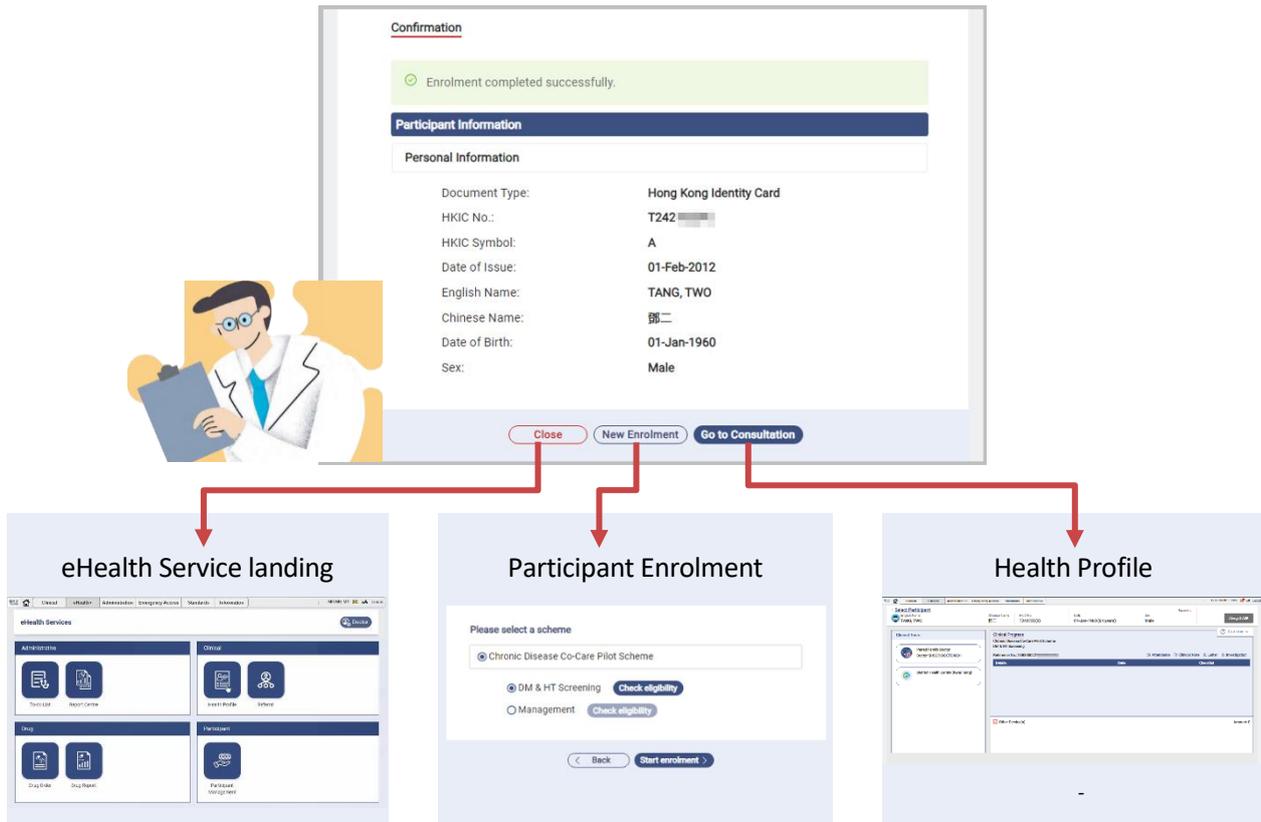
See [Appendix B](#) for a sample.

f

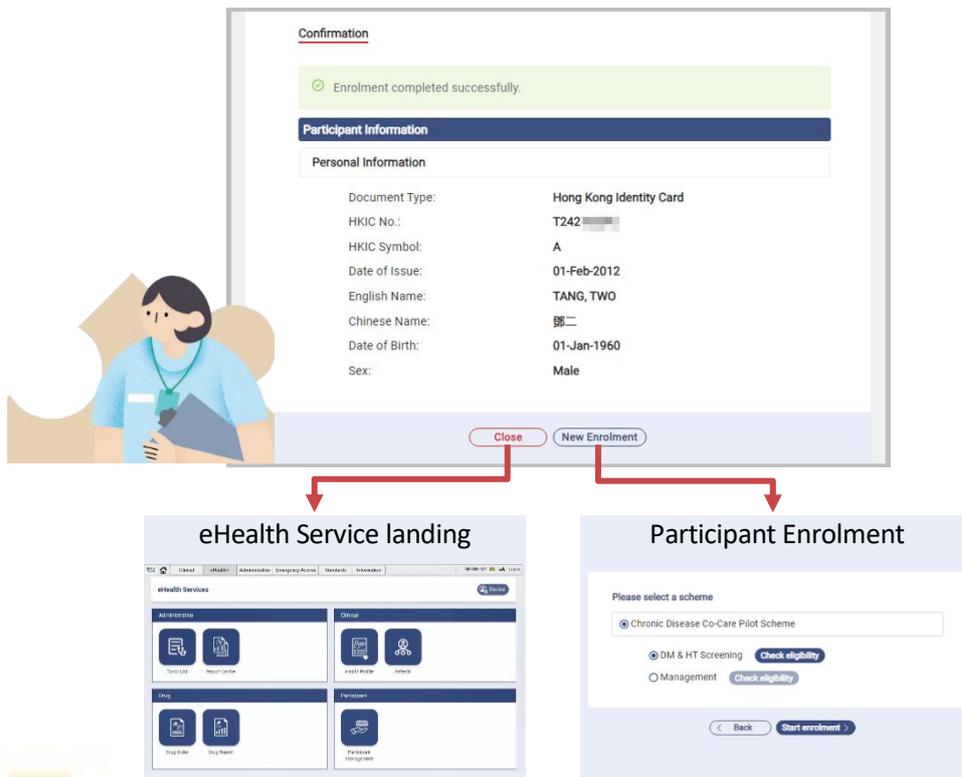
For Family Doctor, click [\[Go to Consultation\]](#) to redirect to Health Profile to start CDCC screening.



Login by Family Doctor, three navigation of action buttons will be displayed.



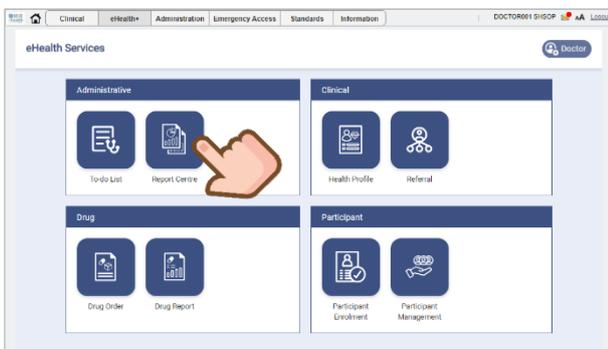
Login by Clinic Admin, two navigation of action buttons will be displayed.



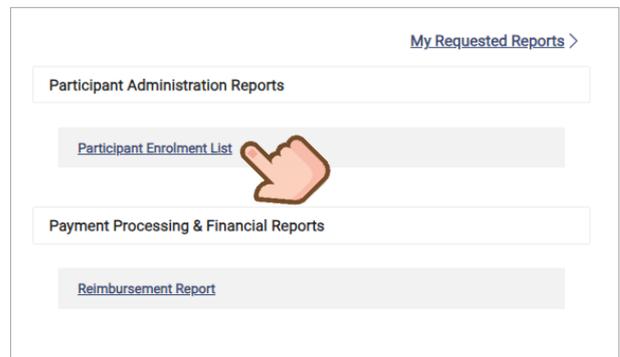
# D. Enrolment List



**a** Click **[Report Centre]** under “Administrative”.



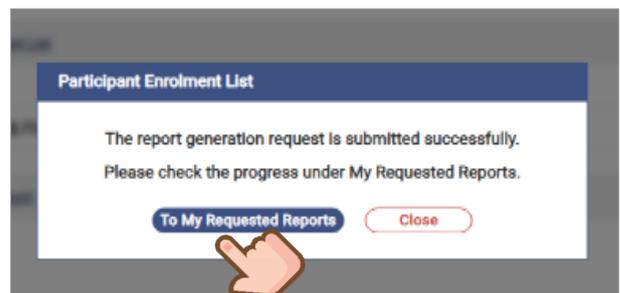
**b** Click **[Participant Enrolment List]** to proceed.



**c** Enter the enrolment date range.

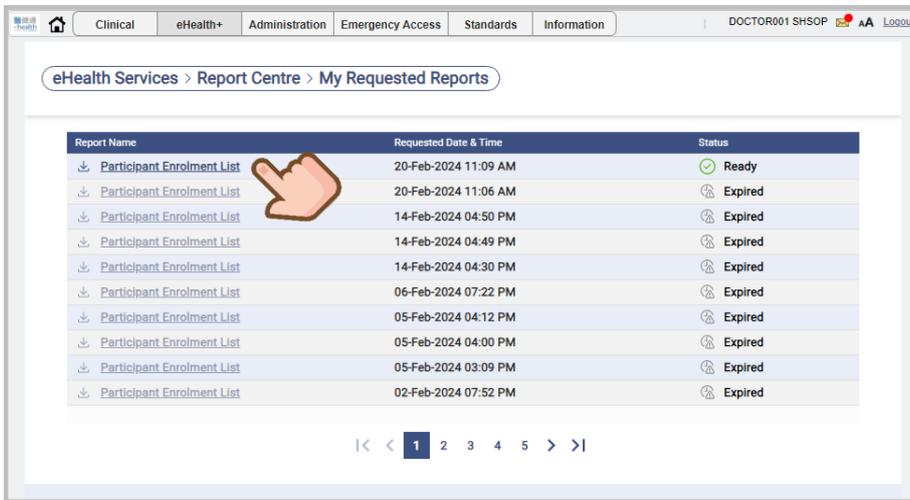


**d** Open **[To My Requested Reports]**.



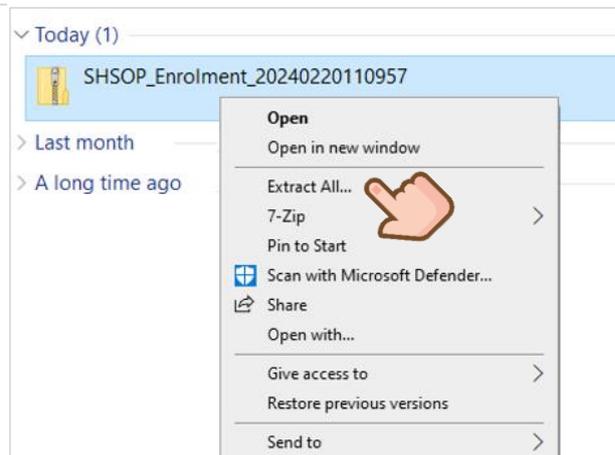
e

The downloaded enrolment list will be stated as Expired.  
Click the [Participant Enrolment List] to download the zip file for the report.



f

Unzip the folder, with OTP sent to the user's eHRSS communication means.



g

For Family Doctor: The list includes all enrolled cases paired with the family doctor  
For Clinic admin: The list includes all enrolled cases under the HCP of the paired family doctor

| Participant Name    | Enrolment Status | Enrolment Date | HR No.   | Phone (Mobile) | DHC Membership No.       | DHC District     | Paired Family Doctor (Full Panel) | Family Doctor Programme | Programme Status  | Programme Start | Programme End | Management Plan | Enrolled By   |
|---------------------|------------------|----------------|----------|----------------|--------------------------|------------------|-----------------------------------|-------------------------|-------------------|-----------------|---------------|-----------------|---------------|
| 1 CHAN, SU MING A   | 01-Feb-2024      | 548410         | 832-7894 | 541000         | Kens Tung                | SHSOP, DOCTOR001 | 285460                            | DM & HT Screening       | Active            | 01-Feb-2024     |               |                 | Family Doctor |
| 2 CHAN, SU MING A   | 01-Feb-2024      | 1598719        | 832-7894 | 542000         | Shan Shai Po             | SHSOP, DOCTOR001 | 285460                            | DM & HT Screening       | Active            | 01-Feb-2024     |               |                 | Family Doctor |
| 3 CHAN, SU MING A   | 01-Feb-2024      | 2817977        | 832-4840 | 242000         | Central and Western      | SHSOP, DOCTOR001 | 285460                            | DM & HT Screening       | Active            | 01-Feb-2024     |               |                 | Family Doctor |
| 4 CHAN, SU MING A   | 01-Feb-2024      | 589104         | 832-7894 | 243000         | Yau Chi                  | SHSOP, DOCTOR001 | 285460                            | DM & HT Screening       | Active            | 01-Feb-2024     |               |                 | Family Doctor |
| 5 CHAN, SU MING A   | 01-Feb-2024      | 455040         | 832-4894 | 248000         | Eastern                  | SHSOP, DOCTOR001 | 285460                            | DM & HT Screening       | Active            | 01-Feb-2024     |               |                 | Family Doctor |
| 6 CHAN, SU MING A   | 01-Feb-2024      | 4001938        | 832-7894 | 249000         | Yau Tsin Mong            | SHSOP, DOCTOR001 | 285460                            | DM & HT Screening       | Active            | 01-Feb-2024     |               |                 | Family Doctor |
| 7 CHAN, SU MING A   | 01-Feb-2024      | 2200113        | 832-8940 | 240000         | Kowloon City             | SHSOP, DOCTOR001 | 285460                            | DM & HT Screening       | Active            | 01-Feb-2024     |               |                 | Family Doctor |
| 8 CHAN, SU MING A   | 01-Feb-2024      | 365165         | 832-8970 | 248000         | Kwun Tong                | SHSOP, DOCTOR001 | 285460                            | DM & HT Screening       | Active            | 01-Feb-2024     |               |                 | Family Doctor |
| 9 CHAN, SU MING A   | 01-Feb-2024      | 488689         | 832-7777 | 242000         | 222 Westkowloon Hospital | SHSOP, DOCTOR001 | 285460                            | DM & HT Screening       | Active            | 01-Feb-2024     |               |                 | Family Doctor |
| 10 CHAN, SU MING A  | 01-Feb-2024      | 488689         | 832-7777 | 242000         | 222 Westkowloon Hospital | SHSOP, DOCTOR001 | 285460                            | DM & HT Screening       | Active            | 01-Feb-2024     |               |                 | Family Doctor |
| 11 TEST, KA000      | 01-Feb-2024      | 0483100        | 832-6666 | 542000         | Shan Shai Po             | SHSOP, DOCTOR002 | 677490                            | DM & HT Screening       | Active            | 01-Feb-2024     |               |                 | Family Doctor |
| 12 TEST, J42372AA   | T                | 01-Feb-2024    | 894259   | 832-4444       | 541000                   | Kens Tung        | SHSOP, DOCTOR001                  | 285460                  | DM & HT Screening | Completed       | 01-Feb-2024   | 01-Feb-2024     | Family Doctor |
| 13 TEST, J42372AA   | T                | 01-Feb-2024    | 894259   | 832-4444       | 541000                   | Kens Tung        | SHSOP, DOCTOR001                  | 285460                  | Management        | Closed          | 01-Feb-2024   | 01-Feb-2024     | Family Doctor |
| 14 TEST, J42372AA   | T                | 01-Feb-2024    | 894259   | 832-4444       | 541000                   | Kens Tung        | SHSOP, DOCTOR001                  | 285460                  | Management        | Active          | 01-Feb-2024   |                 | Family Doctor |
| 15 TEST, Q510441    | A                | 01-Feb-2024    | 1742350  | 832-7777       | 541000                   | Kens Tung        | SHSOP, DOCTOR001                  | 285460                  | DM & HT Screening | Completed       | 01-Feb-2024   | 01-Feb-2024     | Family Doctor |
| 16 PARTICIPANTPARTA | A                | 02-Feb-2024    | 5940024  |                | 541000                   | Kens Tung        | SHSOP, DOCTOR001                  | 285460                  | DM & HT Screening | Active          | 02-Feb-2024   |                 | Family Doctor |
| 17 SHSOP, TEST      | A                | 02-Feb-2024    | 121358   | 832-9870       | 541000                   | Kens Tung        | SHSOP, DOCTOR001                  | 285460                  | DM & HT Screening | Active          | 02-Feb-2024   |                 | Family Doctor |
| 18 PARTICIPANTPARTA | A                | 02-Feb-2024    | 538430   |                | 242000                   | Shan Shai Po     | SHSOP, DOCTOR001                  | 285460                  | DM & HT Screening | Active          | 02-Feb-2024   |                 | Family Doctor |
| 19 TEST, V1020      | A                | 02-Feb-2024    | 591410   | 832-8888       | 541000                   | Kens Tung        | SHSOP, DOCTOR001                  | 285460                  | DM & HT Screening | Active          | 02-Feb-2024   |                 | Family Doctor |
| 20 TEST, P139       | A                | 02-Feb-2024    | 567484   | 832-6666       | 541000                   | Kens Tung        | SHSOP, DOCTOR001                  | 285460                  | DM & HT Screening | Active          | 02-Feb-2024   |                 | Family Doctor |
| 21 CHAN, SU MING A  | 04-Feb-2024      | 945723         | 832-8888 | 541000         | Kens Tung                | SHSOP, DOCTOR001 | 285460                            | DM & HT Screening       | Active            | 04-Feb-2024     |               |                 | Family Doctor |
| 22 SUN, MING A      | 04-Feb-2024      | 438330         | 832-8450 | 241000         | Kens Tung                | SHSOP, DOCTOR001 | 285460                            | DM & HT Screening       | Active            | 04-Feb-2024     |               |                 | Clinic Staff  |
| 23 SUN, MING A      | 04-Feb-2024      | 596391         | 832-8450 | 241000         | Kens Tung                | SHSOP, DOCTOR001 | 285460                            | DM & HT Screening       | Active            | 04-Feb-2024     |               |                 | Clinic Staff  |
| 24 TEST, G50        | A                | 05-Feb-2024    | 570705   | 832-6666       | 541000                   | Kens Tung        | SHSOP, DOCTOR001                  | 285460                  | DM & HT Screening | Active          | 05-Feb-2024   |                 | Family Doctor |
| 25 TEST, RY28       | A                | 05-Feb-2024    | 541468   | 832-6666       | 541000                   | Kens Tung        | SHSOP, DOCTOR001                  | 285460                  | DM & HT Screening | Active          | 05-Feb-2024   |                 | Family Doctor |
| 26 TEST, V88        | A                | 05-Feb-2024    | 5112140  | 832-6666       | 541000                   | Kens Tung        | SHSOP, DOCTOR001                  | 285460                  | DM & HT Screening | Active          | 05-Feb-2024   |                 | Family Doctor |
| 27 SHSOP, TEST      | T                | 05-Feb-2024    | 3468731  | 832-4234       | 231006                   | Kens Tung        | SHSOP, DOCTOR002                  | 677490                  | DM & HT Screening | Active          | 05-Feb-2024   |                 | Family Doctor |
| 28 SHSOP, TEST      | A                | 05-Feb-2024    | 620003   | 832-9999       | 541000                   | Kens Tung        | SHSOP, DOCTOR004                  | 672200                  | DM & HT Screening | Active          | 05-Feb-2024   |                 | Family Doctor |
| 29 SHSOP, TEST      | A                | 05-Feb-2024    | 620003   | 832-9999       | 541000                   | Kens Tung        | SHSOP, DOCTOR004                  | 672200                  | Management        | Active          | 05-Feb-2024   | 05-Feb-2024     | Family Doctor |
| 30 SHSOP, TEST      | A                | 05-Feb-2024    | 2280101  | 832-4234       | 231006                   | Kens Tung        | SHSOP, DOCTOR001                  | 285460                  | DM & HT Screening | Completed       | 05-Feb-2024   | 05-Feb-2024     | Family Doctor |
| 31 SHSOP, TEST      | A                | 05-Feb-2024    | 2280101  | 832-4234       | 231006                   | Kens Tung        | SHSOP, DOCTOR001                  | 285460                  | Management        | Closed          | 05-Feb-2024   | 05-Feb-2024     | Family Doctor |
| 32 SHSOP, TEST      | A                | 05-Feb-2024    | 2280101  | 832-4234       | 231006                   | Kens Tung        | SHSOP, DOCTOR001                  | 285460                  | Management        | Active          | 05-Feb-2024   |                 | Family Doctor |
| 33 CHAN, Z017       | A                | 05-Feb-2024    | 567786   | 832-3333       | 541000                   | Kens Tung        | SHSOP, DOCTOR001                  | 285460                  | DM & HT Screening | Active          | 05-Feb-2024   |                 | Clinic Staff  |
| 34 SHSOP, TEST      | A                | 05-Feb-2024    | 497999   | 832-9999       | 541000                   | Kens Tung        | SHSOP, DOCTOR004                  | 672200                  | DM & HT Screening | Completed       | 05-Feb-2024   | 05-Feb-2024     | Family Doctor |
| 35 SHSOP, TEST      | A                | 05-Feb-2024    | 497999   | 832-9999       | 541000                   | Kens Tung        | SHSOP, DOCTOR004                  | 672200                  | Management        | Active          | 05-Feb-2024   |                 | Family Doctor |
| 36 PARTICIPANTPARTA | A                | 05-Feb-2024    | 258237   |                | 241000                   | Kens Tung        | SHSOP, DOCTOR001                  | 285460                  | DM & HT Screening | Active          | 05-Feb-2024   |                 | Family Doctor |

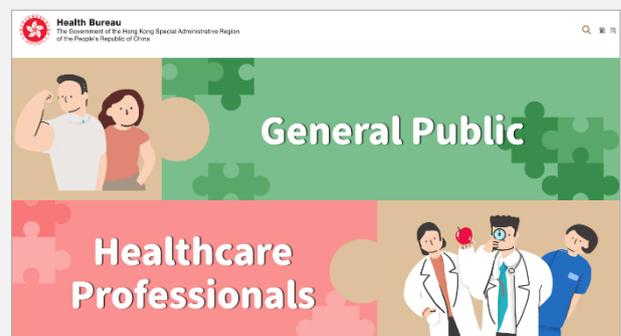
# Helpdesk Support

| Helpdesk Support List           | Phone No.                                   |
|---------------------------------|---|
| CDCC Call Centre Hotline        | 2157 0500                                   |
| eHRSS Healthcare Staff Hotline  | 3467 6230 ( <i>Line is open 24 hours.</i> ) |
| eHRSS Technical Support Hotline | 3467 6250 ( <i>Line is open 24 hours.</i> ) |

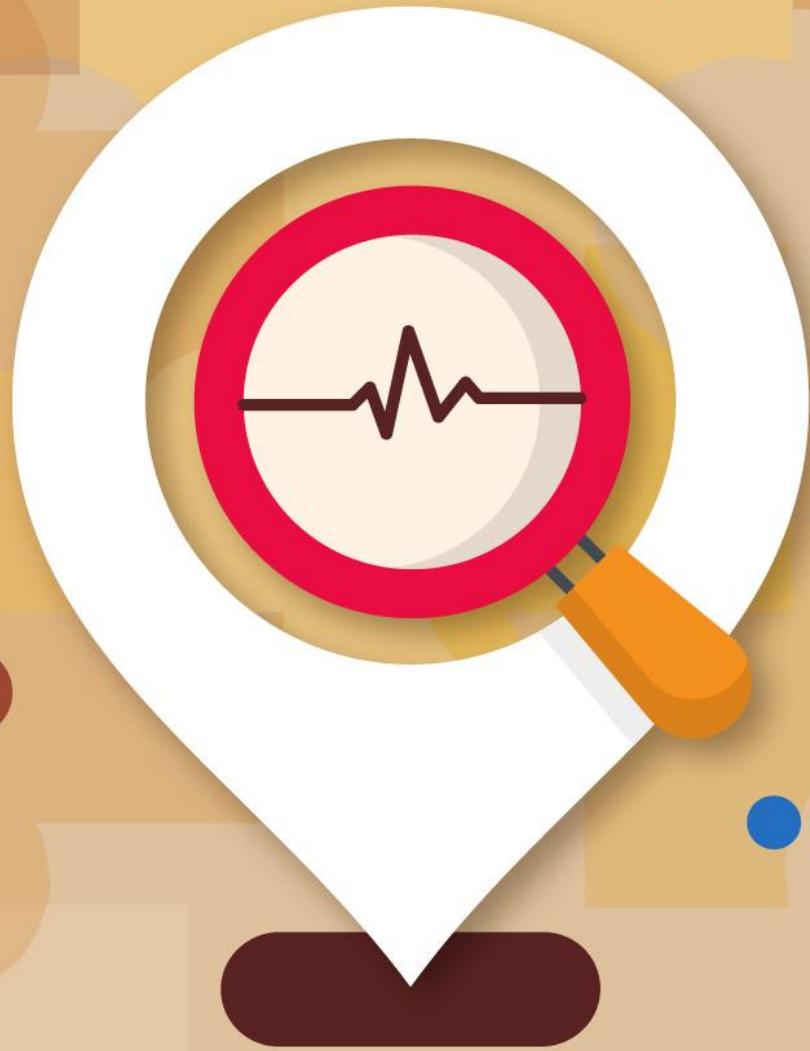
## Images sources from



[www.primaryhealthcare.gov.hk/bp/en/index.html](http://www.primaryhealthcare.gov.hk/bp/en/index.html)

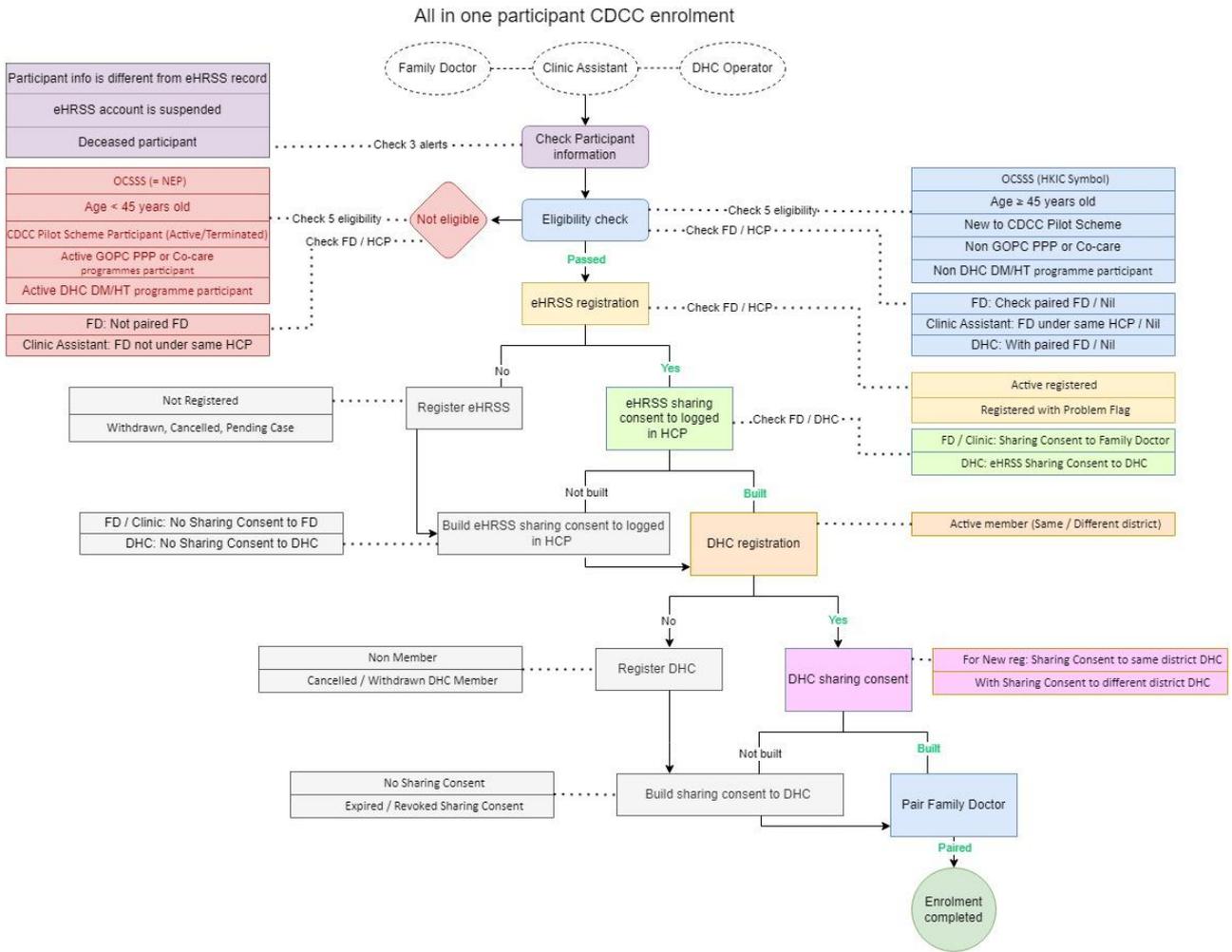


[www.primaryhealthcare.gov.hk/cdcc/en/index.html](http://www.primaryhealthcare.gov.hk/cdcc/en/index.html)



# Appendices

# Appendix A - All in one participant CDCC enrolment



# Appendix B - Family Doctor Appointment Slip (Page 1 of 2)

## 慢性疾病共同治理先導計劃 Chronic Disease Co-Care Pilot Scheme

### 家庭醫生預約便條 Family Doctor Appointment Slip



Referral No.:  
12345 67890 12345

#### 服務使用者資料

#### Participant Particulars

姓名: 陳大明  
Name: CHAN, TAI MING  
香港身份證 HKIC No.: VH000XXX(0)  
性別 Sex: 男 Male  
地區: 地區康健中心-葵青  
District: DHC-KWAI TSING

#### 預約便條資料

#### Appointment Slip Details

|   |   |
|---|---|
| 參加計劃:   | 慢性疾病共同治理先導計劃                                |
| Enrolled Programme:   | Chronic Disease Co-Care Pilot Scheme (CDCC) |
| 計劃服務:   | 糖尿病及高血壓篩查                                   |
| Programme Service:  | DM & HT Screening                           |
| 家庭醫生:   | CHAN, TAI MING                              |
| Family Doctor:  |   |
| 預約便條簽發日期:   | 2023 年 6 月 30 日                             |
| Appointment Slip Issue Date:  | 30-Jun-2023                                 |
| 預約便條有效日期:   | 2023 年 12 月 27 日                            |
| Appointment Slip Expiry Date:   | 27-Dec-2023                                 |
| (本預約便條自簽發之日起 180 天內有效 This appointment slip letter is valid for 180 days from the date of issue.) |   |

#### Appointment Date / Time:

預約日期 / 時間: \_\_\_\_\_

請攜同此預約便條及有效身份證明文件正本以接受服務。

Please bring along this appointment slip and valid original copy of identity document for healthcare service.

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## Appendix B - Family Doctor Appointment Slip (Page 2 of 2)

### 服務地點

#### Service Location(s)

陳泰民醫務所(中環)

地址: 香港中環貿易商場 3 樓 10 室

電話: 31234567

陳泰民醫務所(旺角)

地址: 九龍旺角太平中心 3 樓 10 室

電話: 31234568

Chan Tai Ming Clinic (Central)

Address: Room 10, 3/F, Trading Centre, Central, Hong Kong

Tel No.: 31234567

Chan Tai Ming Clinic (Mong Kok)

Address: Room 10, 3/F, Tai Ping Centre, Mong Kok, Kowloon

Tel No.: 31234567

如有查詢，請向所屬地區康健中心聯絡。

Please contact district DHC for any enquiries.

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**User Manual  
for CDCC Pilot Scheme Participant Enrolment  
(Family Doctor's Clinic)  
[G141]**

March 2024

The Government of the Hong Kong Special Administrative Region