

Chronic Disease Co-care Pilot Scheme (CDCC Pilot Scheme)

Enrolment Form – Clinic Administrator

Note: This Form is subject to and shall be interpreted under the 'Chronic Disease Co-Care Pilot Scheme Terms and Conditions of Agreement with Private Doctors' (T&C) of the CDCC Pilot Scheme. In the event of conflict between this form and T&C, the T&C shall prevail.

(A) About the Private Doctor

Name in English: Dr * _____ (* delete as inappropriate)

HKID no.: _____

(B) About the clinic administrator(s)

Title (Mr / Mrs / Ms / Dr)	Name in English	Name in Chinese	HKID No.	eHRSS User Name

(C) Undertakings

- (a) The Private Doctor designates the clinic administrator(s) to have access to the CDCC Pilot Scheme IT Platform under the Electronic Health Record Sharing System (eHRSS) to handle relevant administrative functions on behalf of the Private Doctor.
- (b) The Private Doctor undertakes to inform the Programme Office immediately if there is any update/change made, in the future or thereafter, to the information provided above.

(CI) eHRSS

The clinic administrator(s) is/are a registered user(s) in the eHRSS and authorised by a Healthcare Provider (HCP) to access and use the eHRSS.

Signature of Private Doctor: _____ **Date:** _____

Please sign and return the completed form to CDCC Pilot Scheme Programme Office via email cdccdoctor@healthbureau.gov.hk or fax 3427 9359.

Should you have any enquiry, please contact us at 2157 0500.