

Chronic Disease Co-Care Pilot Scheme
Authorisation of Relieving Doctor

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) Principal Doctor

Name: _____ MCHK No.: _____ eHR UID: _____

(B) Relieving Doctor

Name: _____ MCHK No.: _____ eHR UID: _____

(C) Undertakings

The Relieving Doctor must fulfill the following criteria for the duration of his enrolment:

- (a) Ensure the necessary infrastructure at the clinic is maintained to enable access to the IT Platform and to input the Scheme Participants' information into the IT Platform;
- (b) Having completed training on the IT Platform and ensuring that all appointed Authorised User have completed the same;
- (c) Complying with all rules, regulations and requirements imposed by the Government from time to time; and
- (d) Undertake to notify the Government immediately if he / she:
 - (i) is the subject of any inquiry under Section 21 of the MRO;
 - (ii) ceases to be registered as a Registered Medical Practitioner under Section 14 or Section 14A of the MRO;
 - (iii) is suspended temporarily from practice as a Registered Medical Practitioner;
 - (iv) ceases to operate / practise in the clinic(s) named in the Application Form intended to be the locations where he would provide Services to Scheme Participants under the CDCC Pilot Scheme;
 - (v) ceases to be listed in the PCD / PCR after its establishment;
 - (vi) ceases to be enrolled in the eHealth;
 - (vii) is mentally or physically unfit to practice as a Registered Medical Practitioner; or
 - (viii) has committed any professional misconduct whether or not resulting in permanent removal or temporary suspension of the right to practice as a Registered Medical Practitioner.
- (e) The Relieving Doctor confirms the information given in this application is true and correct.

Signature of Principal Doctor: _____ Date: _____

Signature of Relieving 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.

For Internal Use Only	
Received on: _____	Staff Name/Post: _____
Staff Signature: _____	Date: _____