

## Chronic Disease Co-Care Pilot Scheme (CDCC Pilot Scheme) Enrolment Form – 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.

(\* delete as appropriate)

### (A) Personal Particulars (of the Relieving Doctor)

Title: Dr. \* Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_  
Name in Chinese: \_\_\_\_\_ eHR User ID / HKID No.\*: \_\_\_\_\_ Sex: M / F \*  
General Registration Number of the Medical Council of Hong Kong (MCHK): \_\_\_\_\_  
Email Address: \_\_\_\_\_ Contact Phone No.: \_\_\_\_\_  
Mobile Phone No.: \_\_\_\_\_ Pager No. (optional): \_\_\_\_\_  
Existing "Elderly Health Care Voucher Scheme" Participant? Yes / No \*

### (B) Relieve the work of the Private Doctor under the CDCC Pilot Scheme ("The Applicant"):

Dr \_\_\_\_\_

### (C) eHRSS (About the Relieving Doctor)

I have already enrolled in the eHRSS. (eHR User ID: \_\_\_\_\_ )

### (D) 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 eHRSS;
  - (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 Relieving Doctor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Private Doctor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please sign and return the completed form to CDCC Pilot Scheme Programme Office via email [cdccdoctor@healthbureau.gov.hk](mailto:cdccdoctor@healthbureau.gov.hk) or fax 3427 9359.*

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

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Received on: _____	Staff Name/Post: _____
Staff Signature: _____	Date: _____