



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)



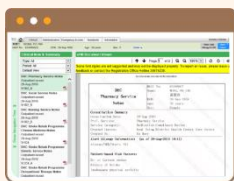
DHCE

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

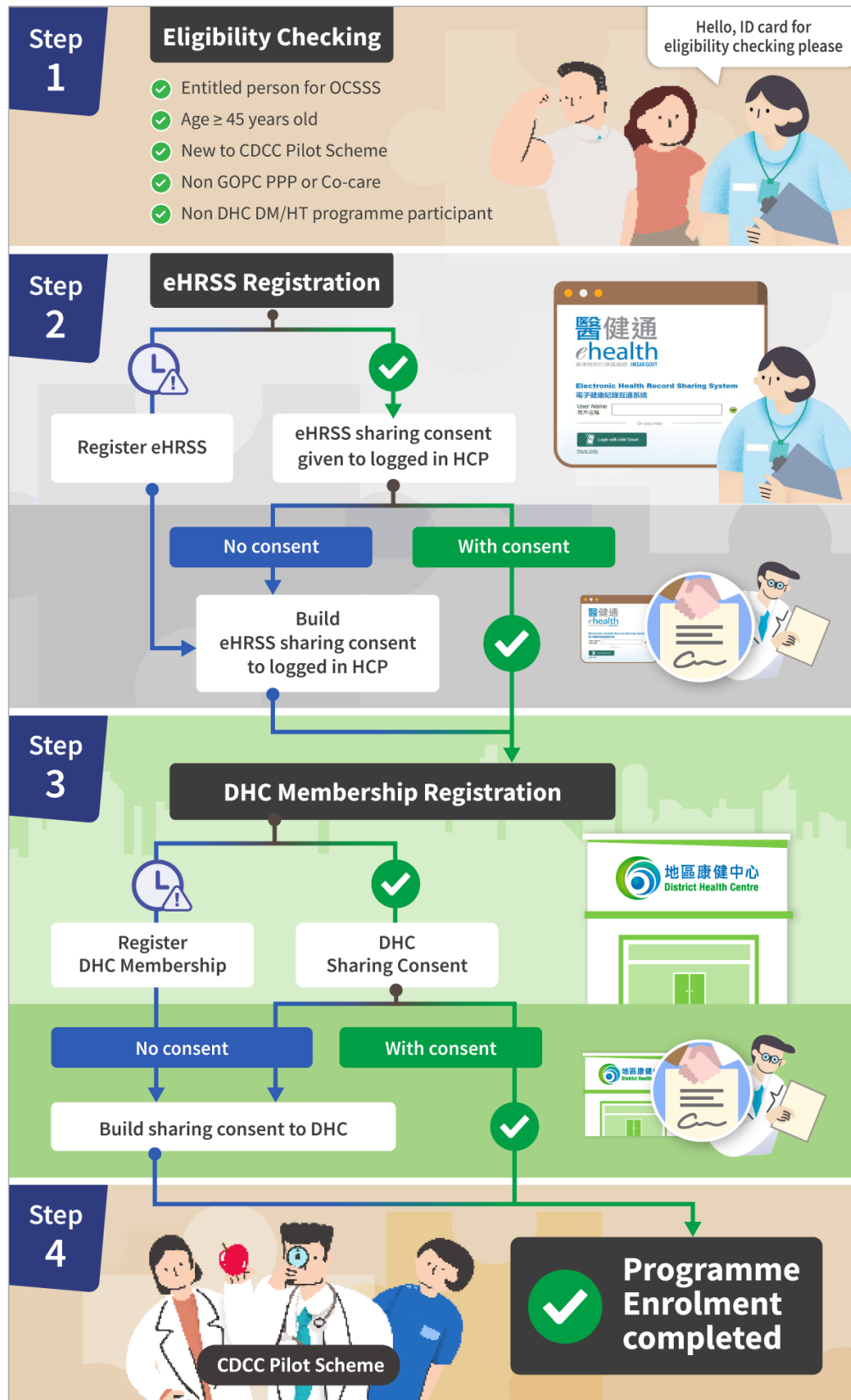
Full name:

Chronic Disease Co-Care Pilot Scheme Participant

Definition:

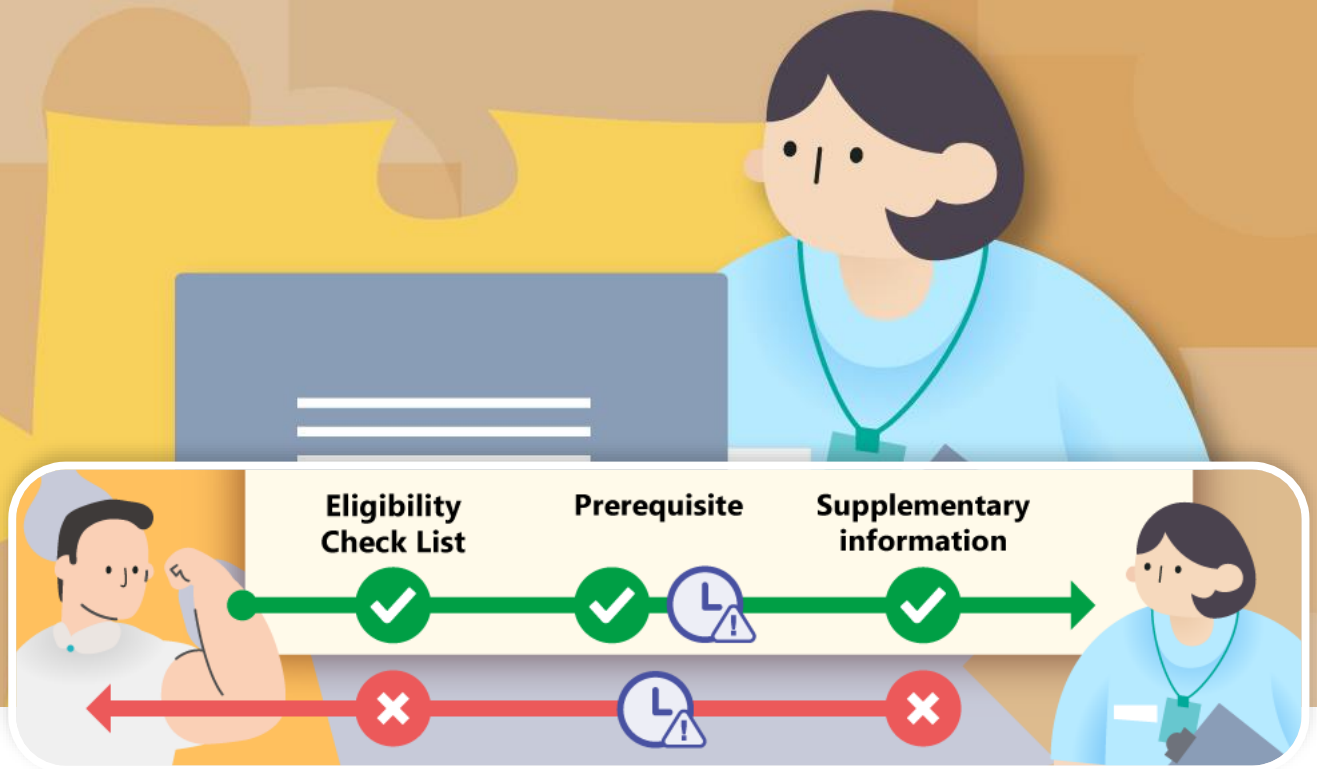
Members of the public who enrolled CDCC

Participant Journey

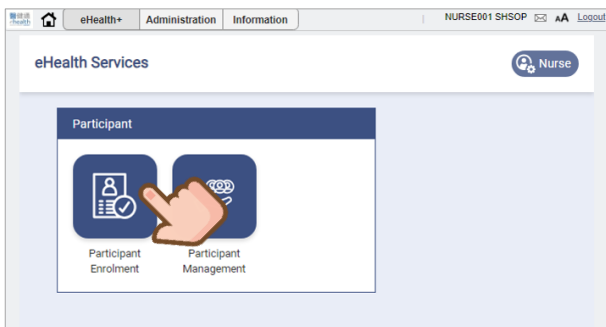


See [Appendix A](#) for details.

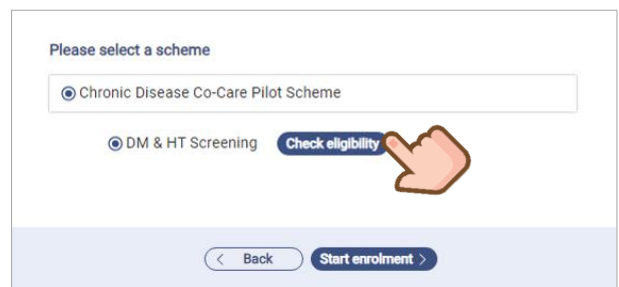
B. Eligibility Checking



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.

Status of Family Doctor pairing

Eligibility Check List

Prerequisite

Supplementary Information

- ✓ 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

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

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

Status of corresponding enrolment prerequisites completion.

**Eligible**

Participant is eligible to join CDCC Pilot Scheme.

Entitled person for Online Checking System for Subsidised Public Healthcare Services (OCSSS)

Age \geq 45 years old

New to CDCC Pilot Scheme

Non GOPC PPP or Co-care programmes participant

Non DHC DM/HT programme participant

Paired Family Doctor: Dr. CHAN, Tai Man (eHRUID: 123xxx) /

Paired Family Doctor: Nil

**Outstanding Prerequisites**

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

Not yet registered in eHRSS

No sharing consent given to your organisation

Not yet registered in DHC

**NOT eligible**

Participant is NOT eligible to join CDCC Pilot Scheme.

Not entitled person for Online Checking System for Subsidised Public Healthcare Services (OCSSS)

Age < 45 years old

Already enrolled to CDCC Pilot Scheme

Active GOPC PPP or Co-care programmes participant

Active DHC DM/HT programme participant

Paired Family Doctor: Dr. CHAN, Tai Man (eHRUID: 654xxx)

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.

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].

Method 1
Smart ID

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".

ii.

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



iii.

Click [Step 2 Insert HKID Card] icon.

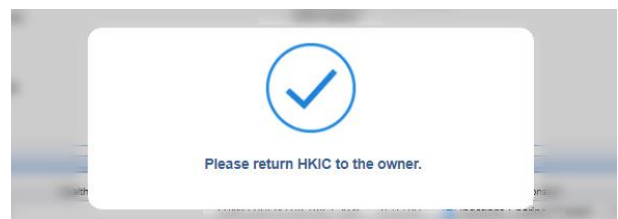
iv.

Reading Smart HKIC in progress.



v.

Return the Smart HKIC to participant.



vi.Click **[Check]** to proceed.

The screenshot shows the 'Checking Eligibility' interface. It has two main sections: 'Method 1 Smart ID' and 'Method 2 Input Document Information'. Method 1 includes steps for selecting HKIC symbol and sex, and inserting the HKID card. Method 2 includes fields for Document Type (set to 'Hong Kong Identity Card'), HKIC No., HKIC Symbol, Date of Issue, Full Name (Surname and Given Name), Date of Birth, and Sex. At the bottom, there are 'Check' and 'Cancel' buttons. A hand icon is pointing to the 'Check' button.

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.

This is a sample of the 'Method 2 Input Document Information' form for a Hong Kong Identity Card. The 'Document Type' dropdown is highlighted with a red box and contains 'Hong Kong Identity Card'. Other fields include: HKIC No. (T242), HKIC Symbol (A), Date of Issue (01 Jan 2020), Full Name (TANG SIX), Date of Birth (01 Jan 1960), and Sex (Male).

Sample of inputting HKIC

This is a sample of the 'Method 2 Input Document Information' form for an Exemption Certificate. The 'Document Type' dropdown is highlighted with a red box and contains 'Exemption Certificate'. Other fields include: HKIC No. (T242), Document No. (2024), Serial No. (2024), Reference No. (8004-1226), Date of Issue (01 Jan 2024), Full Name (TANG SIX), Date of Birth (1 Jan 1960), and Sex (Male).

Sample of inputting Exemption Certificate

ii.Click **[Check]** to proceed.

Checking Eligibility

Please select enrolment method

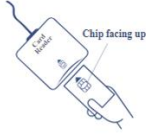
Method 1
Smart ID

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: Hong Kong Identity Card

HKIC No.: T242 ()

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


Date of Issue: 01 Jan 2020

Full Name: TANG SIX

☐ Single Name

Date of Birth: 01 Jan 1960

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 ✓

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 (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:

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

Supplementary information:

- Paired Family Doctor: SHSOR DOCTOR001 (eHRUD: 28549)

This participant is eligible to join CDCC Pilot Scheme.

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 (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:

- 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 (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:

- 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:	<input checked="" type="checkbox"/> Entitled person for Online Checking System for Subsidised Public Healthcare Services (OCSSS) <input checked="" type="checkbox"/> Age ≥ 45 years old <input checked="" type="checkbox"/> New to CDCC Pilot Scheme <input checked="" type="checkbox"/> Non GOPC PPP or Co-care programmes participant <input checked="" type="checkbox"/> Non DHC DM/HT programme participant
Prerequisite:	<input checked="" type="checkbox"/> Registered in eHRSS <input checked="" type="checkbox"/> Sharing consent given to your organisation <input checked="" type="checkbox"/> Registered in DHC (Kwai Tsing) <input checked="" type="checkbox"/> Paired Family Doctor: SHSOP, DOCTOR001 (eHRUID: 28549-11111)
Supplementary Information:	



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:	<input checked="" type="checkbox"/> Entitled person for Online Checking System for Subsidised Public Healthcare Services (OCSSS) <input checked="" type="checkbox"/> Age ≥ 45 years old <input checked="" type="checkbox"/> New to CDCC Pilot Scheme <input checked="" type="checkbox"/> Non GOPC PPP or Co-care programmes participant <input checked="" type="checkbox"/> Non DHC DM/HT programme participant
Prerequisite:	<input checked="" type="checkbox"/> Registered in eHRSS <input type="checkbox"/> No sharing consent given to your organisation <input type="checkbox"/> Not yet registered in DHC <input checked="" type="checkbox"/> Paired Family Doctor: Nil
Supplementary Information:	



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.

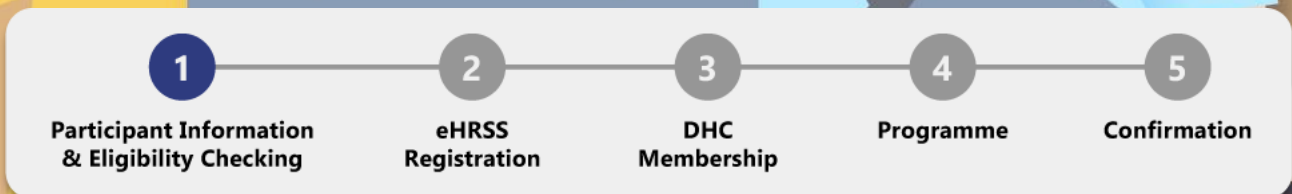
Eligibility Checking Summary	
Eligibility Check List:	<input type="checkbox"/> Not entitled person for Online Checking System for Subsidised Public Healthcare Services (OCSSS) <input type="checkbox"/> Age < 45 years old <input checked="" type="checkbox"/> New to CDCC Pilot Scheme <input checked="" type="checkbox"/> Non GOPC PPP or Co-care programmes participant <input checked="" type="checkbox"/> Non DHC DM/HT programme participant
Prerequisite:	<input checked="" type="checkbox"/> Not yet registered in eHRSS <input type="checkbox"/> No sharing consent given to your organisation <input type="checkbox"/> Not yet registered in DHC <input checked="" type="checkbox"/> Paired Family Doctor: Nil
Supplementary Information:	



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 | eHRSS Registration

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
- Paired Family Doctor: Nil

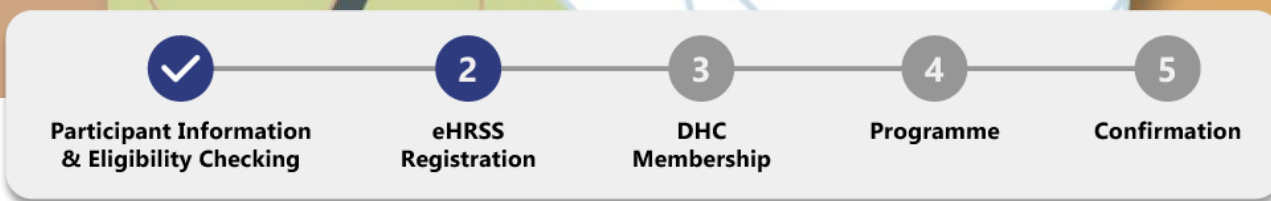
Prerequisite:









Supplementary information:

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

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Step 2. eHRSS Registration



	Scenario 2A	Scenario 2B	Scenario 2C
 eHRSS Registration			
 Sharing Consent to HCP			

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.

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

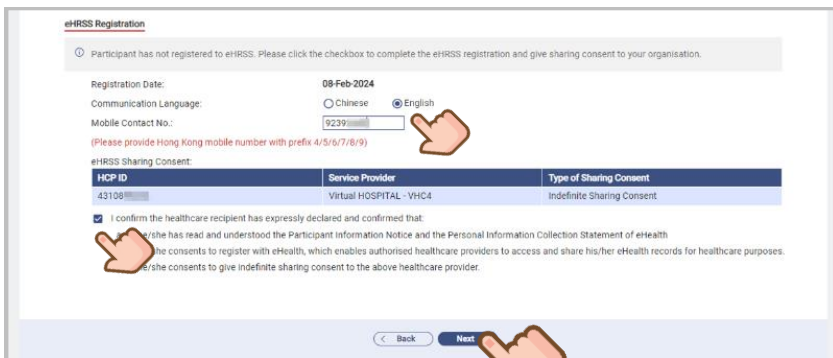
-  Not yet registered in eHRSS
-  No sharing consent given to your organisation
-  Not yet registered in DHC

Supplementary Information

- ☒ Paired Family Doctor: Nil

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)

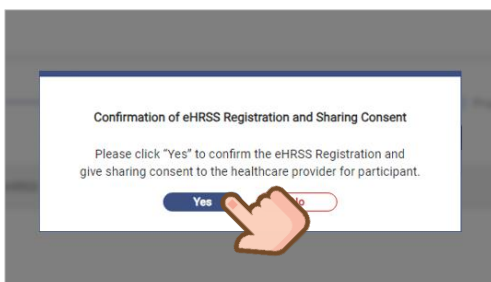
HCP ID	Service Provider	Type of Sharing Consent
43108	Virtual HOSPITAL - VHC4	Indefinite Sharing Consent

☒ I confirm the healthcare recipient has expressly declared and confirmed that:
 I/We have read and understood the Participant Information Notice and the Personal Information Collection Statement of eHealth.
 I/We consents to register with eHealth, which enables authorised healthcare providers to access and share his/her eHealth records for healthcare purposes.
 I/We consents to give indefinite sharing consent to the above healthcare provider.

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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.

[Yes](#) [No](#)

C

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

eHRSS Registration

Participant's eHRSS registration and sharing consent is given successfully.

eHR No.: 0034-0061
 Registration Date: 08-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

I confirm 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 of eHealth
- he/she consents to register with eHealth, which enables authorised healthcare providers to access and share his/her eHealth records for healthcare purposes.
- he/she consents to give indefinite sharing consent to the above healthcare provider.

[< Back](#)
[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

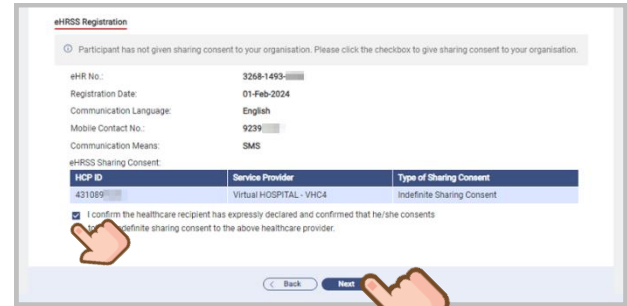


Sample 2 eHRSS sharing consent to HCP

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.: 3258-1493-
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.

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

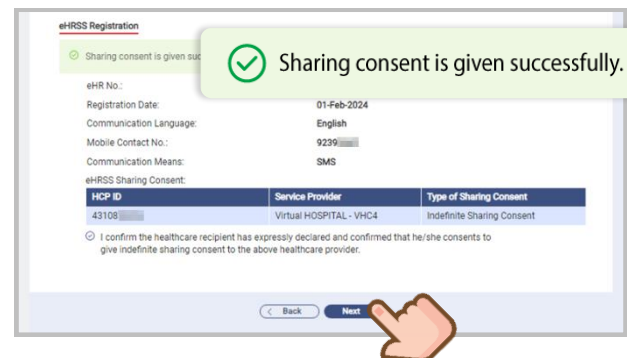


Confirmation of Giving Indefinite Sharing Consent

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.: 3258-1493-
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.

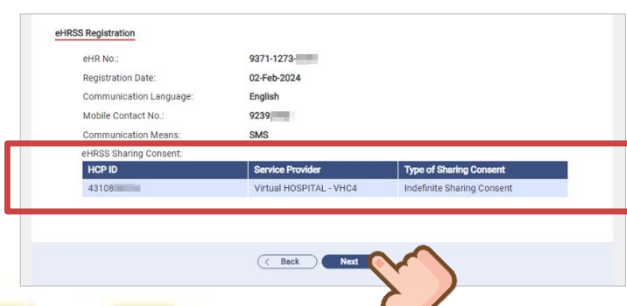
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Scenario 2C

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]**.

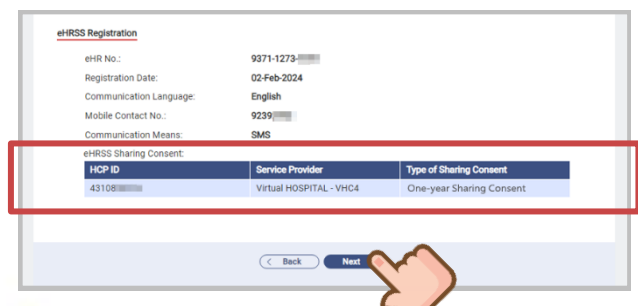


eHRSS Registration

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

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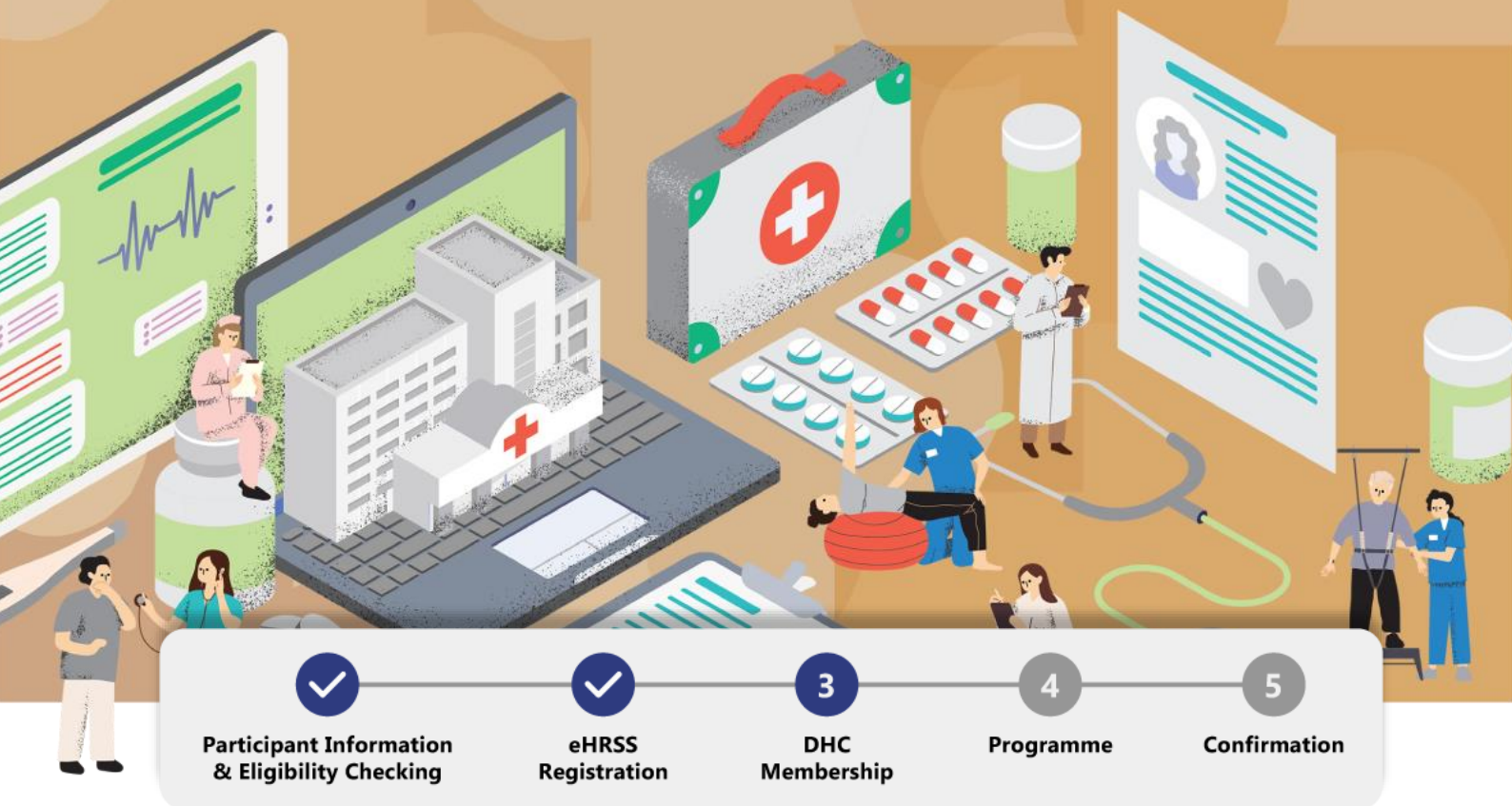
eHRSS Registration









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

[< Back](#) [Next >](#)

Step 3. DHC Membership



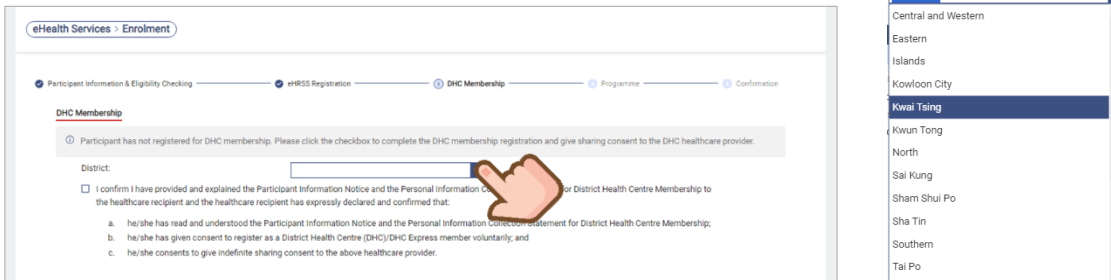
	Scenario 3A	Scenario 3B	Scenario 3C
 DHC Membership			
 Sharing Consent to DHC			

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.



eHealth Services > Enrolment

Participant Information & Eligibility Checking — eHRSS Registration — **DHC Membership** — Programme — Confirmation

DHC Membership

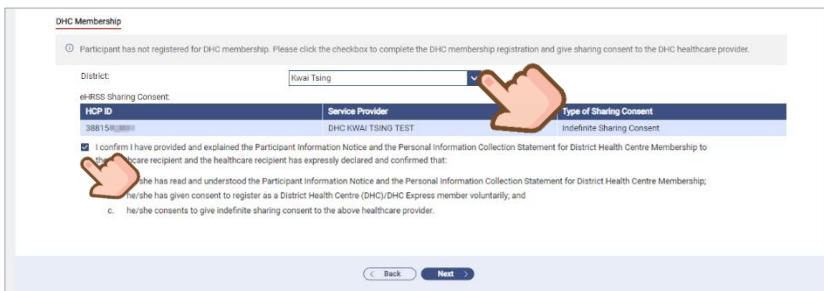
Participant has not registered for DHC membership. Please click the checkbox to complete the DHC membership registration and give sharing consent to the DHC healthcare provider.

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:

- a. he/she has read and understood the Participant Information Notice and the Personal Information Collection Statement for District Health Centre Membership;
- b. he/she has given consent to register as a District Health Centre (DHC)/DHC Express member voluntarily; and
- c. 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

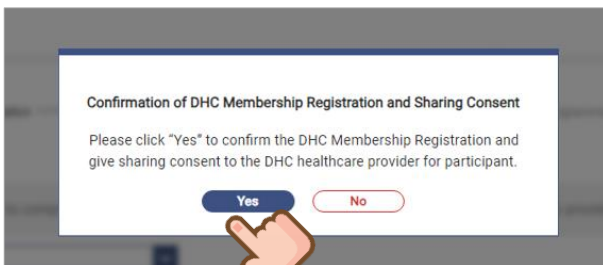
Participant has not registered for DHC membership. Please click the checkbox to complete the DHC membership registration and give sharing consent to the DHC healthcare provider.

District:

☒ 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:

☒ I confirm I have 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

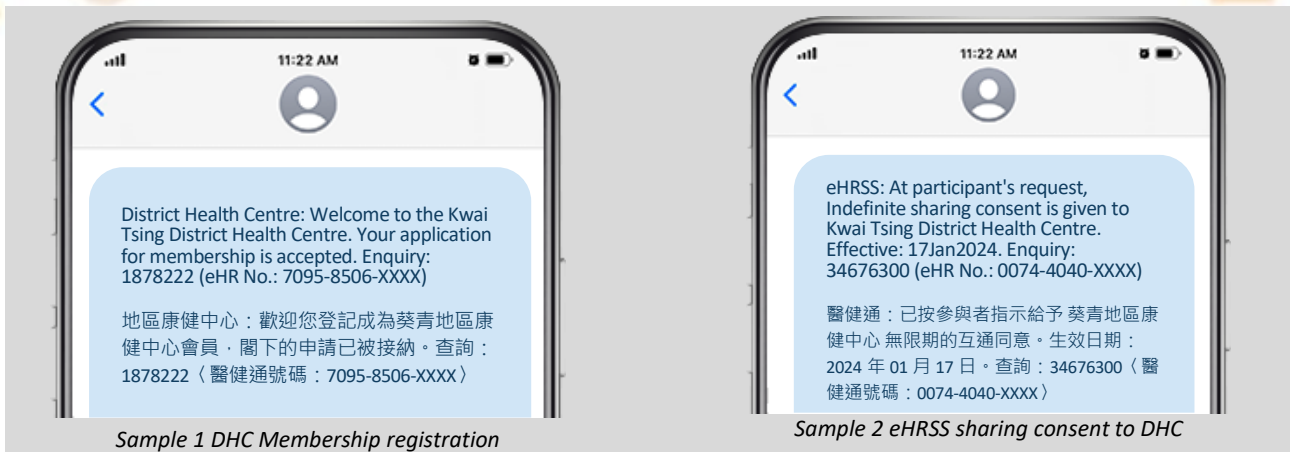
Participant's DHC membership registration and sharing consent is given successfully.

DHC Membership No.: 243
Registration Date: 11/11/2021
District: Kwai Tsing
Paired Family Doctor: No paired Family Doctor

☒ 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:

☒ I confirm I have 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

eHRSS Sharing Consent:

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.

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

- 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.

[Yes](#) [No](#)

- 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

eHRSS Sharing Consent:

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.

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

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

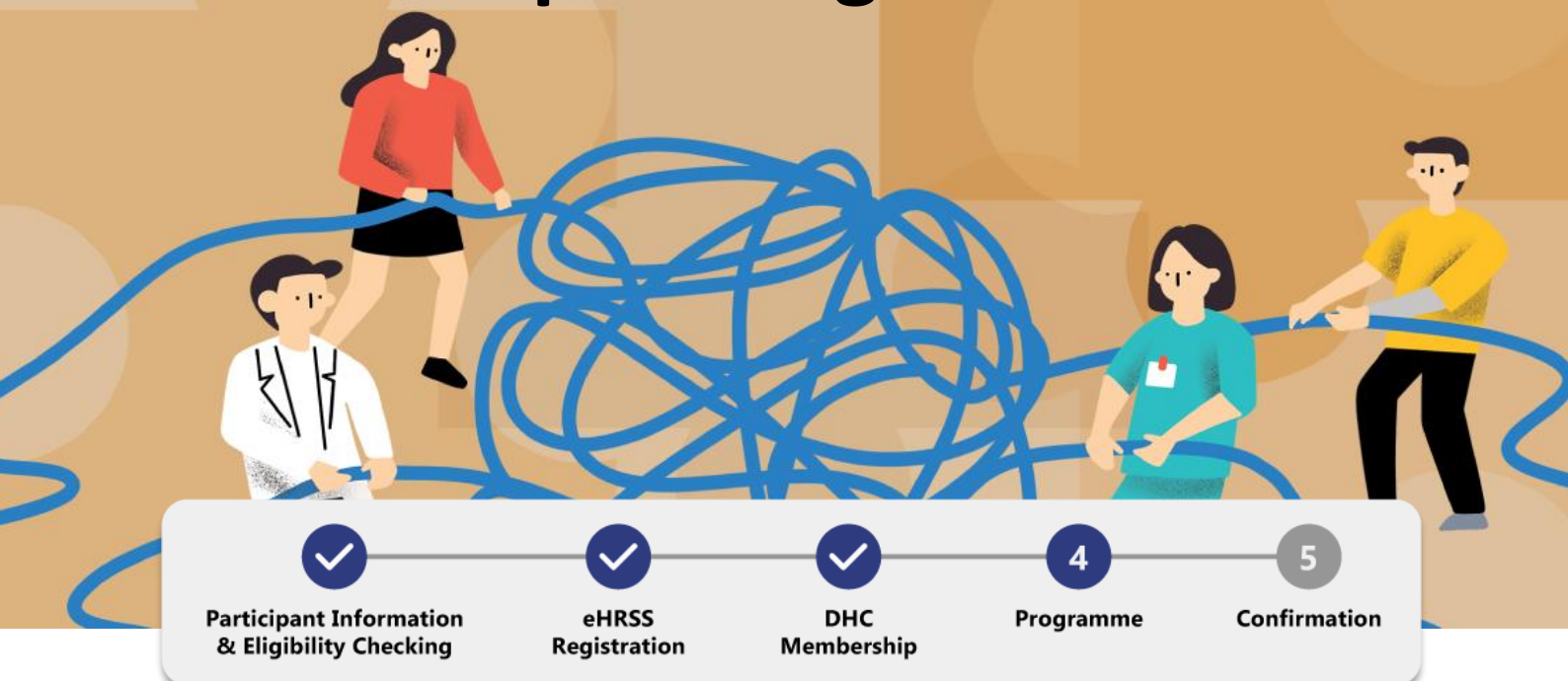
Paired Family Doctor: No paired Family Doctor

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: SHISOP DOCTOR001 (eHRUID: 28549) [Selected]

Service: Virtual HOSPITAL - VHCA (HCP ID: 43108) [Selected]

Only allowed to select logged in Family Doctor

Family Doctor: SHISOP DOCTOR001 (eHRUID: 28549)

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

- Virtual HOSPITAL - VHCA (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.


The healthcare recipient has read and understood 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)

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

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:

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:

Healthcare Service Location Providing CDCC Service:

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.

The healthcare recipient has read and understood the Participant Information Notice, Public Pamphlet and the Personal Information Collection Statement under the CDCC Pilot Scheme to the healthcare recipient.

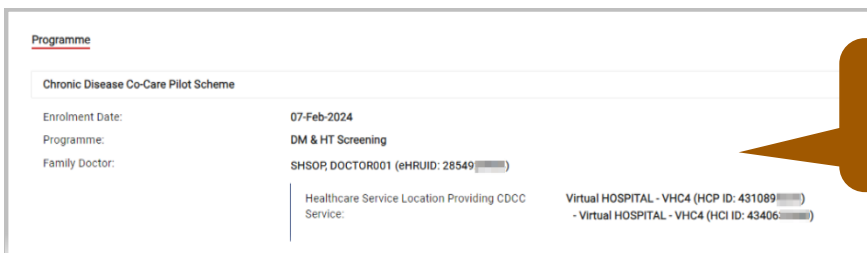
The healthcare recipient has expressly declared and confirmed that:

- 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.

Login by Clinic Assistant (With paired Family Doctor)

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

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

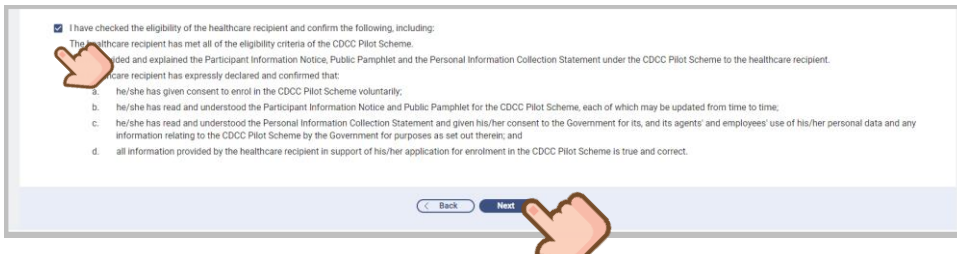
Programme: DM & HT Screening

Family Doctor: SHSOP, DOCTOR001 (eHRID: 28549)

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

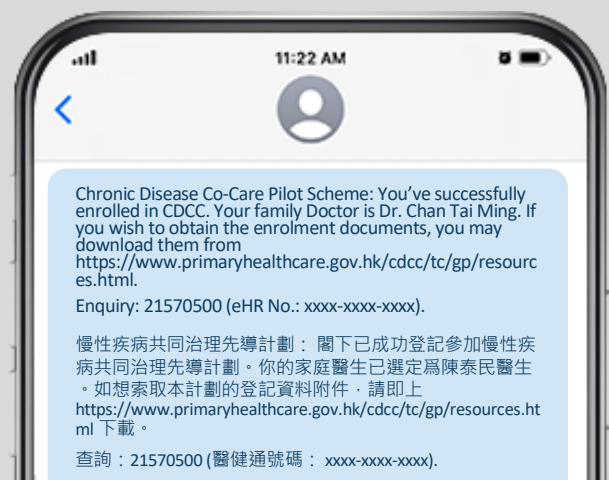
I have read and explained the Participant Information Notice, Public Pamphlet and the Personal Information Collection Statement under the CDCC Pilot Scheme to the healthcare recipient.

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.

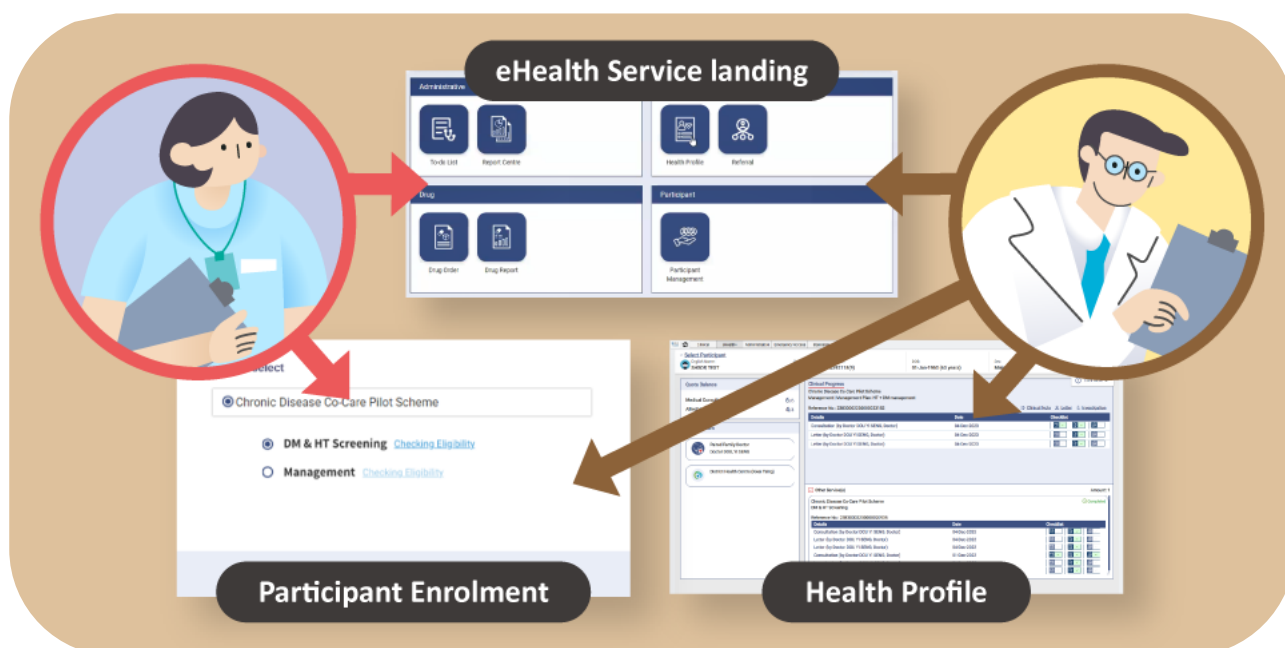
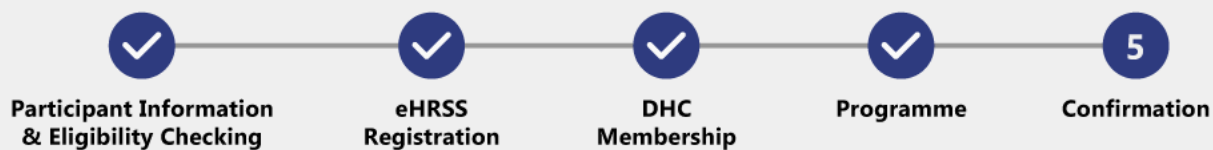
[Back](#) [Next](#)

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	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	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.

[< Back](#) [Confirm](#)

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.

Confirmation

Enrolment completed successfully.

Participant Information

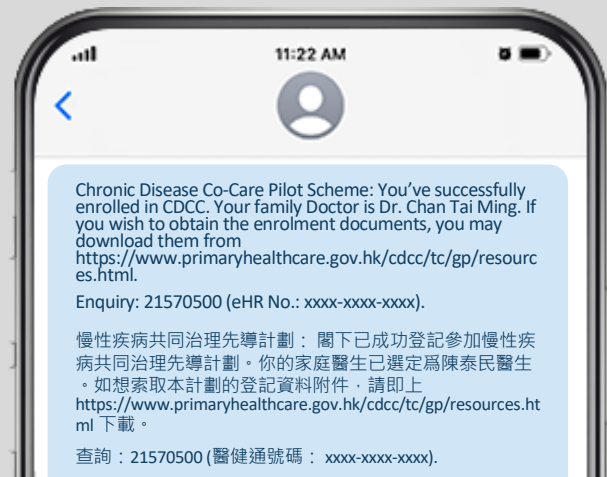
Personal Information

Document Type:	Hong Kong Identity Card
HKIC No.:	T242
HKIC Symbol:	A
Date of Issue:	01-Feb-2012

Print

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.

Confirmation

Enrolment completed successfully.

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

Print

Close New Enrolment Go to Consultation

Please select the following document(s) for printing:

☒ Family Doctor Appointment Slip

Print Close

e

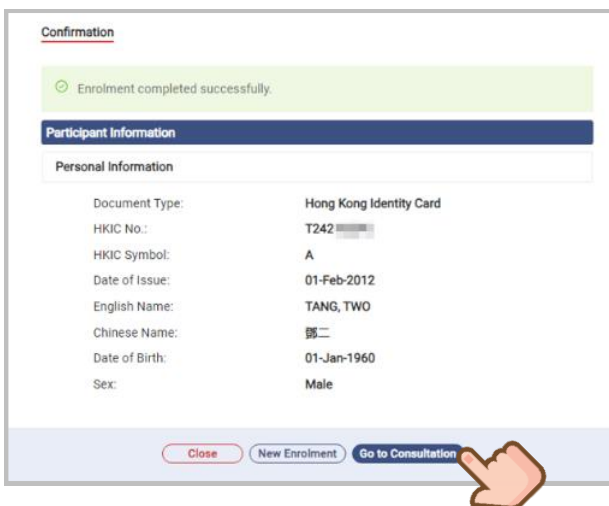
Print the Appointment Slip with printer icon. Click [x] to close the popup.



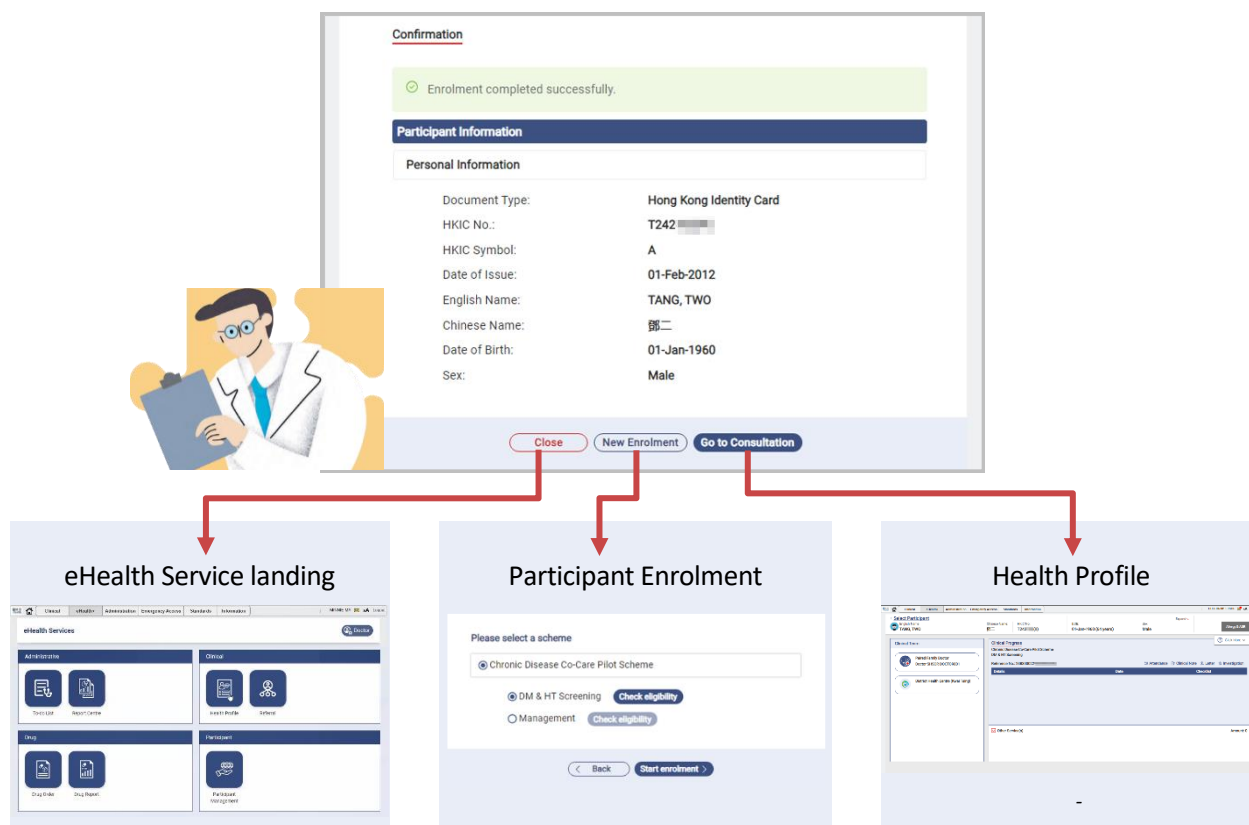
See [Appendix B](#) for a sample.

f

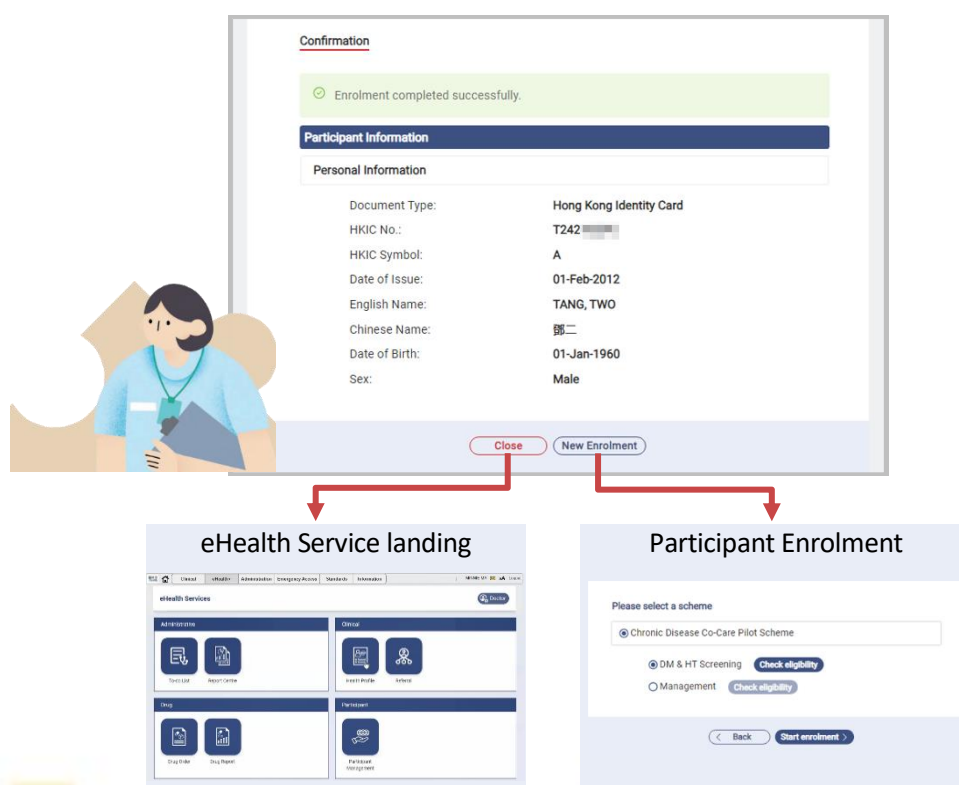
For Family Doctor, click [Go to Consultation] to redirect to Health Profile to start CDCC screening.



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



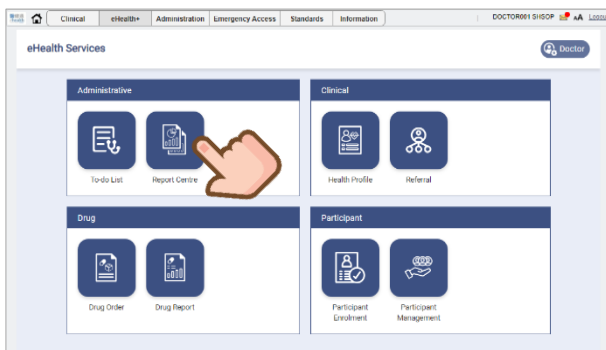
Login by Clinic Admin, two navigation of action buttons will be displayed.



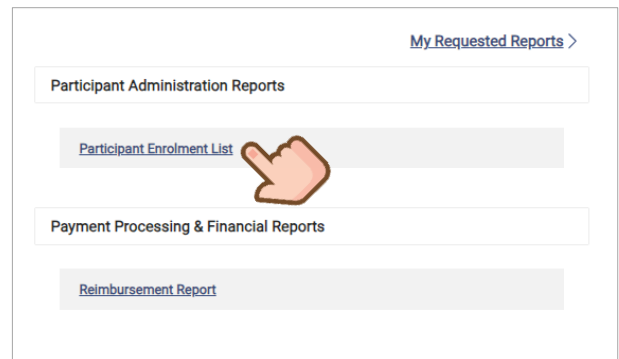
D. Enrolment List



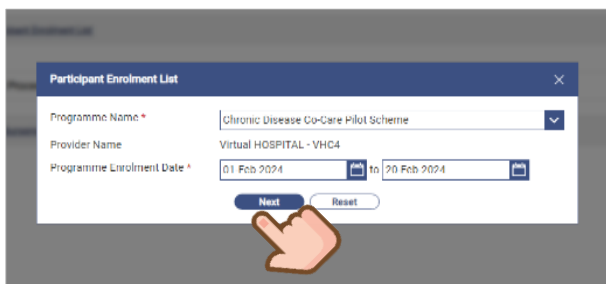
a Click **[Report Centre]** under “Administrative”.



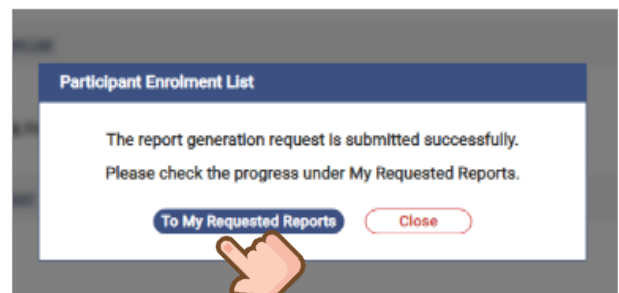
b Click **[Participant Enrolment List]** to proceed.



c Enter the enrolment date range.



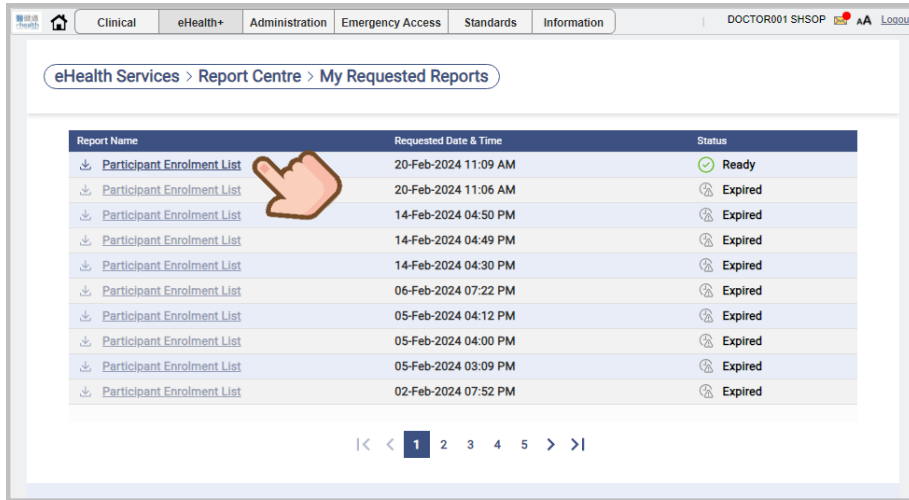
d Open **[To My Requested Reports]**.



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.

Today (1)

SHSOP_Enrolment_20240220110957

Last month

A long time ago

Open

Open in new window

Extract All...

7-Zip

Pin to Start

Scan with Microsoft Defender...

Share

Open with...

Give access to

Restore previous versions

Send to

g

For Family Doctor: The list includes all enrolled cases paired with the family doctor

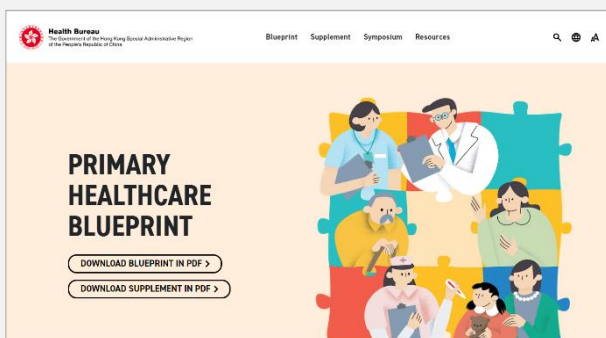
For Clinic admin: The list includes all enrolled cases under the HCP of the paired family doctor

Participant Name															
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
	Participant Name	Enrolment Status	Enrolment Date	HR No.	Phone (Mobile)	DHC Membership No.	DHC District	Paired Family Doctor (Full Paired Family Doctor Programme)	Programme Status	Programme Start	Programme End	Management Plan	Enrolled By		
2	CHAN, SU MING	A	01-Feb-2024	364147	832-7894	241000	Kwai Tsing	SHSOP, DOCTOR001	28540	DM & HT Screening	Active	01-Feb-2024	Family Doctor		
3	CHAN, SU MING	A	01-Feb-2024	1506719	832-7894	542000	Shan Shai Po	SHSOP, DOCTOR001	28540	DM & HT Screening	Active	01-Feb-2024	Family Doctor		
4	CHAN, SU MING	A	01-Feb-2024	281797	832-4840	242000	Central and Western	SHSOP, DOCTOR001	28540	DM & HT Screening	Active	01-Feb-2024	Family Doctor		
5	CHAN, SU MING	A	01-Feb-2024	589104	832-7894	243000	Wai Chi	SHSOP, DOCTOR001	28540	DM & HT Screening	Active	01-Feb-2024	Family Doctor		
6	CHAN, SU MING	A	01-Feb-2024	455040	832-4894	248000	Eastern	SHSOP, DOCTOR001	28540	DM & HT Screening	Active	01-Feb-2024	Family Doctor		
7	CHAN, SU MING	A	01-Feb-2024	400193	832-7894	249000	Yee Tin Mong	SHSOP, DOCTOR001	28540	DM & HT Screening	Active	01-Feb-2024	Family Doctor		
8	CHAN, SU MING	A	01-Feb-2024	520111	832-8940	240000	Kowloon City	SHSOP, DOCTOR001	28540	DM & HT Screening	Active	01-Feb-2024	Family Doctor		
9	CHAN, SU MING	A	01-Feb-2024	565165	832-8970	248000	Kwai Tsing	SHSOP, DOCTOR001	28540	DM & HT Screening	Active	01-Feb-2024	Family Doctor		
10	CHAN, SU MING	A	01-Feb-2024	448699	832-7777	242000	222 Westkoon Hospital	SHSOP, DOCTOR001	28540	DM & HT Screening	Active	01-Feb-2024	Family Doctor		
11	TEST, KAO	A	01-Feb-2024	948510	832-6666	542000	Shan Shai Po	SHSOP, DOCTOR002	67749	DM & HT Screening	Active	01-Feb-2024	Family Doctor		
12	TEST, H2724A	T	01-Feb-2024	994529	832-4444	541000	Kwai Tsing	SHSOP, DOCTOR001	28540	DM & HT Screening	Completed	01-Feb-2024	Family Doctor		
13	TEST, H2724A	T	01-Feb-2024	994529	832-4444	241000	Kwai Tsing	SHSOP, DOCTOR001	28540	Management	Closed	01-Feb-2024	Family Doctor		
14	TEST, H2724A	T	01-Feb-2024	994529	832-4444	541000	Kwai Tsing	SHSOP, DOCTOR001	28540	Management	Active	01-Feb-2024	Family Doctor		
15	TEST, Q51041	A	02-Feb-2024	174235	832-7777	541000	Kwai Tsing	SHSOP, DOCTOR001	28540	DM & HT Screening	Completed	01-Feb-2024	Family Doctor		
16	PARTICIPANTPARTA	A	02-Feb-2024	594002	832-4444	541000	Kwai Tsing	SHSOP, DOCTOR001	28540	DM & HT Screening	Active	02-Feb-2024	Family Doctor		
17	SHSOP, TEST	A	02-Feb-2024	121358	832-9870	541000	Kwai Tsing	SHSOP, DOCTOR001	28540	DM & HT Screening	Active	02-Feb-2024	Family Doctor		
18	PARTICIPANTPARTA	A	02-Feb-2024	53843	832-8888	242000	Shan Shai Po	SHSOP, DOCTOR001	28540	DM & HT Screening	Active	02-Feb-2024	Family Doctor		
19	TEST, P19	A	02-Feb-2024	59141	832-8888	541000	Kwai Tsing	SHSOP, DOCTOR001	28540	DM & HT Screening	Active	02-Feb-2024	Family Doctor		
20	TEST, P19	A	02-Feb-2024	567484	832-6666	541000	Kwai Tsing	SHSOP, DOCTOR001	28540	DM & HT Screening	Active	02-Feb-2024	Family Doctor		
21	CHAN, SU MING	A	04-Feb-2024	545728	832-8888	541000	Kwai Tsing	SHSOP, DOCTOR001	28540	DM & HT Screening	Active	04-Feb-2024	Family Doctor		
22	SUN, MING	A	04-Feb-2024	438396	832-8450	241000	Kwai Tsing	SHSOP, DOCTOR001	28540	DM & HT Screening	Active	04-Feb-2024	Clinic Staff		
23	SUN, MING	A	04-Feb-2024	506391	832-8450	241000	Kwai Tsing	SHSOP, DOCTOR001	28540	DM & HT Screening	Active	04-Feb-2024	Clinic Staff		
24	TEST, Q51041	A	05-Feb-2024	577051	832-6666	541000	Kwai Tsing	SHSOP, DOCTOR001	28540	DM & HT Screening	Active	05-Feb-2024	Family Doctor		
25	TEST, RY28	A	05-Feb-2024	541468	832-6666	541000	Kwai Tsing	SHSOP, DOCTOR001	28540	DM & HT Screening	Active	05-Feb-2024	Family Doctor		
26	TEST, V88	A	05-Feb-2024	511214	832-6666	541000	Kwai Tsing	SHSOP, DOCTOR001	28540	DM & HT Screening	Active	05-Feb-2024	Family Doctor		
27	SHSOP, TEST	T	05-Feb-2024	3468731	832-4234	231006	Kwai Tsing	SHSOP, DOCTOR002	67749	DM & HT Screening	Active	05-Feb-2024	Family Doctor		
28	SHSOP, TEST	A	05-Feb-2024	622003	832-9999	541000	Kwai Tsing	SHSOP, DOCTOR004	67749	DM & HT Screening	Completed	05-Feb-2024	Family Doctor		
29	SHSOP, TEST	A	05-Feb-2024	622003	832-9999	541000	Kwai Tsing	SHSOP, DOCTOR004	67749	Management	Active	05-Feb-2024	Family Doctor		
30	SHSOP, TEST	A	05-Feb-2024	622001	832-4234	231006	Kwai Tsing	SHSOP, DOCTOR001	28540	DM & HT Screening	Completed	05-Feb-2024	Family Doctor		
31	SHSOP, TEST	A	05-Feb-2024	622001	832-4234	231006	Kwai Tsing	SHSOP, DOCTOR001	28540	Management	Closed	05-Feb-2024	Family Doctor		
32	SHSOP, TEST	A	05-Feb-2024	622001	832-4234	231006	Kwai Tsing	SHSOP, DOCTOR001	28540	Management	Active	05-Feb-2024	Family Doctor		
33	CHAN, SU MING	A	05-Feb-2024	567786	832-5333	541000	Kwai Tsing	SHSOP, DOCTOR001	28540	DM & HT Screening	Active	05-Feb-2024	Clinic Staff		
34	SHSOP, TEST	A	05-Feb-2024	497999	832-9999	541000	Kwai Tsing	SHSOP, DOCTOR004	67749	DM & HT Screening	Completed	05-Feb-2024	Family Doctor		
35	SHSOP, TEST	A	05-Feb-2024	497999	832-9999	541000	Kwai Tsing	SHSOP, DOCTOR004	67749	Management	Active	05-Feb-2024	Family Doctor		
36	PARTICIPANTPARTA	A	05-Feb-2024	520823	832-9999	541000	Kwai Tsing	SHSOP, DOCTOR001	28540	DM & HT Screening	Active	05-Feb-2024	Family Doctor		

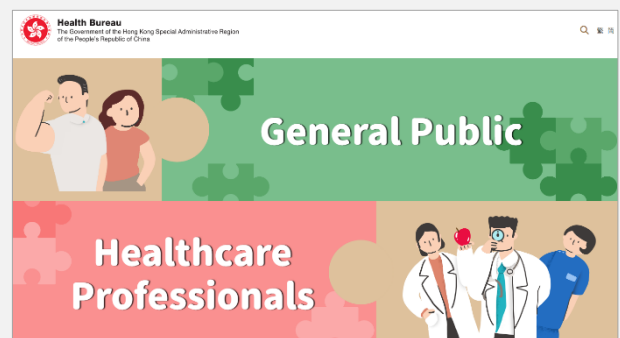
Helpdesk Support

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

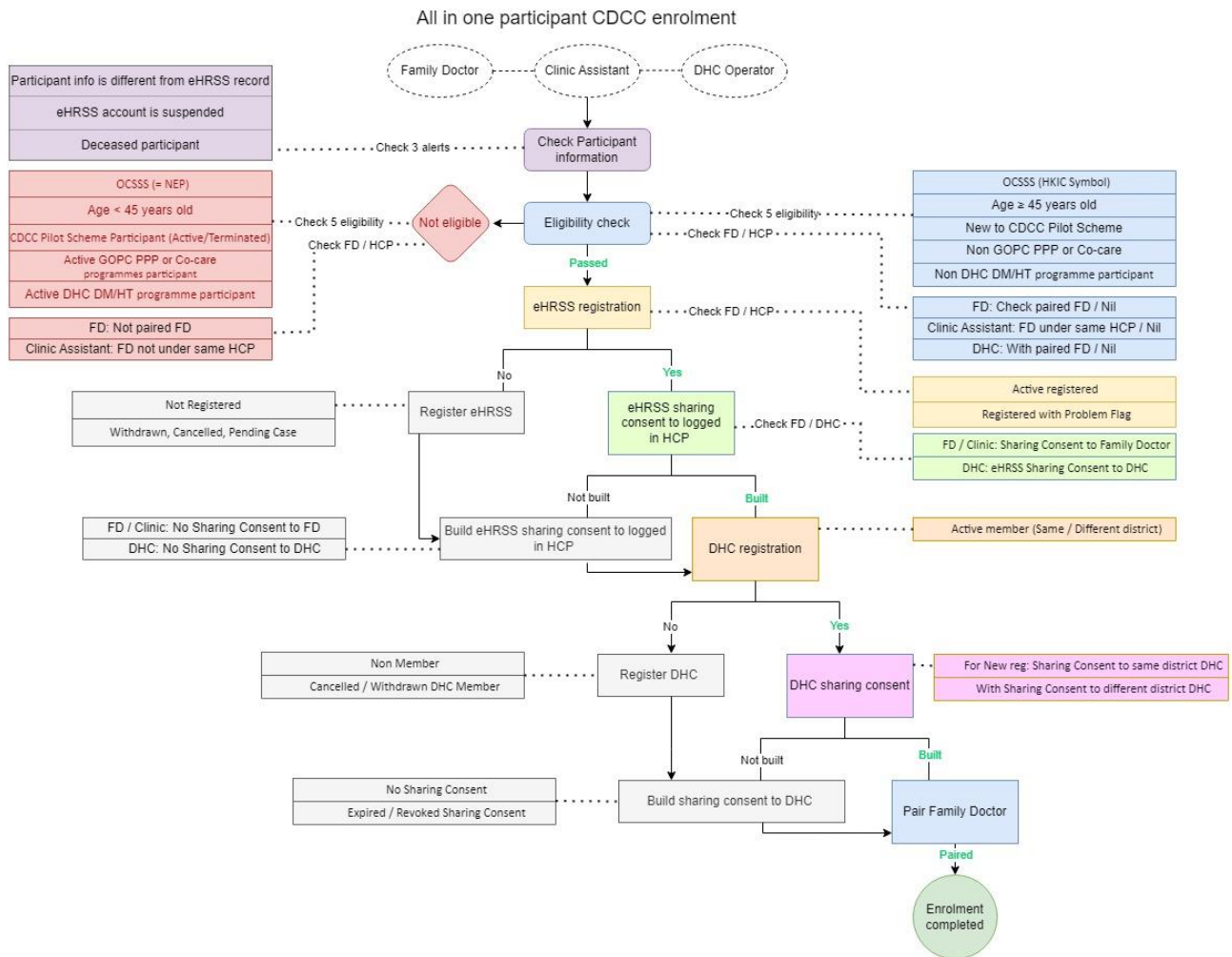


www.primaryhealthcare.gov.hk/cdcc/en/index.html



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)	Chan Tai Ming Clinic (Central)
地址: 香港中環貿易商場 3 樓 10 室	Address: Room 10, 3/F, Trading Centre, Central, Hong Kong
電話: 31234567	Tel No.: 31234567
陳泰民醫務所(旺角)	Chan Tai Ming Clinic (Mong Kok)
地址: 九龍旺角太平中心 3 樓 10 室	Address: Room 10, 3/F, Tai Ping Centre, Mong Kok, Kowloon
電話: 31234568	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