



公眾在家庭醫生診所登記指南

Guidebook for Public Enrolment in Family Doctor Clinic

健道同行

Partnering in the Health Journey



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

糖尿病及高血壓篩查和治理

Screening & Treatment for Diabetes Mellitus and Hypertension



請即登記
Enrol Now

- 45歲或以上香港居民*
Hong Kong residents aged 45 or above*
- 沒有已知的糖尿病或高血壓
No known history of diabetes mellitus or hypertension



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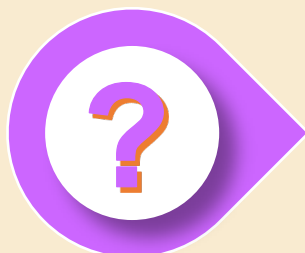
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健道同行

Partnering in the Health Journey

慢性疾病共同治理先導計劃

Chronic Disease Co-Care Pilot Scheme

公眾人士簡介
Public Pamphlet



2025年4月修訂版

Revised Edition in April 2025



中華人民共和國香港特別行政區政府

醫務衛生局

Health Bureau

The Government of the Hong Kong Special Administrative Region
of the People's Republic of China



Strengthening Primary Healthcare

- The "Primary Healthcare Blueprint" sets out the direction of development and strategies for strengthening the primary healthcare system in Hong Kong
- Around 40% of patients with diabetes mellitus (DM) and hypertension (HT) are unaware of their condition due to lack of check-ups
- The Chronic Disease Co-Care Pilot Scheme (the Scheme) encourages early detection and management of chronic diseases
- To strengthen "Family Doctor for All" concept for building doctor-patient relationship with trust
- To promote "Life Course Preventive Care" among citizens in alerting them to different health needs at different stages of life

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Keys to Good Health

Life Course Preventive Care

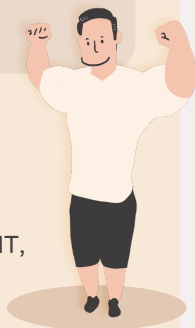
One-stop Care at District Health Centre (DHC)/
District Health Centre Express (DHCE)

Personal Health Record in eHRSS



Scheme Objectives

- To provide convenient screening services for DM and HT, and extend to cover more disease areas in the future, including hepatitis B
- To provide a tailored health management plan for participant to control risk factors for chronic diseases
- To prevent chronic diseases at an early stage, thus reducing related complications
- To realise the goal of "Family Doctor for All"



Caring Services



Family Doctor
for All

Participant can choose his/her preferred Family Doctor to receive personalised and comprehensive primary healthcare services



Comprehensive
Care

Family Doctor will formulate health management plan based on screening results and provide medical consultations, medications as well as referrals to laboratory investigations, nurse clinic and allied health services to meet the medical needs of participant



Personalised
Case
Management

DHC/DHCE will coordinate health management group activities, nurse clinic and allied health services based on the health management plan of participant



Integrated Care
by
Professional Team

A multidisciplinary team including Family Doctor, nurses, allied health professionals (optometrist/ podiatrist/ dietitian/ physiotherapist) and DHC/DHCE will support various medical needs of participant



eHealth App
Support

Participant can use the eHealth App to browse health information, access personal health record, as well as record and self-monitor certain health parameters such as blood pressure and weight



Government
Subsidy

The Government will partially subsidise medical consultations with Family Doctor, medications, laboratory investigations, nurse clinic and allied health services under the Scheme. Participant is required to pay the co-payment fee only



Incentive
Mechanism

Starting from the second participant programme year, participant who achieves health incentive targets will enjoy a one-off reduction in co-payment fee by \$150 maximum (i.e. the co-payment fee recommended by the Government) for the first subsidised consultation in the following participant programme year of the Scheme

Scheme Content



Screening Services

- Family Doctor will perform assessment and arrange investigations for screening
- Family Doctor will arrange blood test(s) at designated medical laboratory
- Family Doctor will explain investigation report and diagnosis, and formulate appropriate health management plan



Health Management Plan — “Three highs covered”

- Family Doctor will provide subsidised consultation together with the necessary medications, to participant as follows:

Diagnosis	Number of Subsidised Consultation
HT and/or DM	Up to six annually
Prediabetes	Up to four annually
Dyslipidaemia	Up to four in the first participant programme year and two from the second participant programme year onwards
Chronic hepatitis B	To be announced

- Covering blood lipid testing allows a comprehensive approach to the assessment and proper management of cardiovascular disease risk factors, including the “three highs”
- Family Doctor will arrange necessary laboratory tests and examinations as required
- DHC/DHCE will arrange nurse clinic and/or allied health services according to referral by the Family Doctor and condition of the participant



Coordination and Support from DHC/DHCE



- To follow up and coordinate health management plan of participant
- To set health goals together with participant based on Family Doctor's suggestion
- To enhance participant's self-health management, promote participant empowerment and help to build a healthy lifestyle



Elderly Health Care Voucher (including the reward under Pilot Reward Scheme) is applicable to the Scheme



Medical fee waiver is not applicable to the Scheme

Enrol Now

- Hong Kong residents aged 45 or above*
- No known medical history of DM or HT
- Visit a DHC/DHCE and register as a member, join eHRSS, enrol in the Scheme and choose a Family Doctor; or can be invited by Family Doctor to enrol in the Scheme directly at the clinic



Subsidy & Co-payment

Screening Phase	<ul style="list-style-type: none"> • Include screening consultation and related laboratory investigations and examinations • The Government will provide a one-off fixed subsidy of \$196 to cover the relevant expenses. Participant will only need to pay a one-off co-payment fee of \$120 or less 	
Treatment Phase	Consultation and Drug	<ul style="list-style-type: none"> • The Government will provide a partial subsidy of \$166 for each subsidised consultation, while participant will only need to pay the co-payment fee determined by Family Doctor upon enrolment to the Scheme. The Government recommended co-payment fee is \$150 • No additional payment on receiving drugs under the list of Specified Drugs and/or up to 3 days of drugs for episodic illnesses
	Laboratory Investigation	<ul style="list-style-type: none"> • The Government will provide a partial subsidy for each item. Participant only has to pay the co-payment fee
	Dedicated Nurse Clinic and Allied Health Services under District Health Network	<ul style="list-style-type: none"> • The Government will provide a partial subsidy for each subsidised visit • Participant only has to pay the co-payment fee (per visit) Nurse Clinic : \$80 Optometrist/Physiotherapist : \$150 Dietitian/Podiatrist : \$380

Note: Subject to mutual agreement, Family Doctor may charge the Scheme participant for services outside the service scope of the Scheme

*Holding (1) a valid Hong Kong Identity Card within the meaning of the Registration of Persons Ordinance (Cap. 177), except those who obtained their Hong Kong Identity Card by virtue of a previous permission to land or remain in Hong Kong granted to them and such permission has expired or ceased to be valid, or (2) a valid Certificate of Exemption within the meaning of the Immigration Ordinance (Cap.115)

計劃網頁
Scheme
Website



地區康健中心/站
DHC/DHCE



查詢計劃詳情

Enquiries for further information

電話 Telephone : 2157 0500

網頁 Website : www.primaryhealthcare.gov.hk/cdcc



中華人民共和國香港特別行政區政府
醫務衛生局

Health Bureau

The Government of the Hong Kong Special Administrative Region
of the People's Republic of China



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

Overview of Scheme Participant Enrolment Workflow



Scan to browse detailed steps

Check Eligibility

1. Login Electronic Health Record Sharing System (eHRSS) to access eHealth+
2. Click [Participant Enrolment]
3. Select [CDCC Pilot Scheme (DM & HT Screening)]
4. Select HKIC Symbol and insert Hong Kong Identity Card (HKIC)* 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 (FD)#

If not yet registered with eHRSS and/or DHC/ DHCE :

Express registration at Clinic via system - go through relevant enrolment documents with Applicant and obtain sharing consent



Remove HKIC after the checking process is completed

Confirm that Applicant has no known history of diabetes mellitus or hypertension through consultation and review of health record

Go Through Enrolment Documents with Applicant[^]

1. CDCC Pilot Scheme pamphlet for the public
2. Participant Information Notice and Personal Information Collection Statement



Confirm Informed Consent of Applicant

Insert HKIC to confirm informed consent to join the CDCC Pilot Scheme

Enrol in CDCC Pilot Scheme and pair with FD (if not yet done so)



Scheme Participant will receive SMS confirmation on successful enrolment of the CDCC Pilot Scheme

* Alternatively, Clinic may input HKIC information manually. Please scan the QR code for detailed steps

If paired FD already exists but Applicant prefers to change to another FD, refer the Applicant to his/her corresponding DHC/DHCE for changing FD

[^] You may refer Applicants who are illiterate or require interpretation service to DHC/ DHCE for follow-up

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

Enrolment Workflow at Family Doctor's Clinic - Guide to Applicant

1. Check Eligibility

Provide Hong Kong Identity Card (HKIC) for checking on

- basic eligibility criteria
- whether Applicant has joined the Electronic Health Record Sharing System (eHRSS) and registered as a District Health Centre (DHC)/ DHC Express (DHCE) member *
- whether Applicant has a paired Family Doctor (FD)#

2. Go Through Enrolment Documents

- CDCC Pilot Scheme pamphlet for the public
- Participant Information Notice and Personal Information Collection Statement

3. Enrol in CDCC Pilot Scheme

- Provide HKIC to indicate consent to join the CDCC Pilot Scheme
- Clinic to complete enrolment and pair with FD (if not yet done so) via system
- Receive SMS confirmation on successful enrolment of the CDCC Pilot Scheme

* If not yet registered with eHRSS and / or DHC / DHCE, Applicant should go through the relevant enrolment documents. Applicant should then provide HKIC again to indicate consent 1) to have express registration for DHC / DHCE membership and / or eHRSS with sharing consent given via system, and 2) to join the CDCC Pilot Scheme thereafter.

If paired FD already exists but Applicant prefers to change to another FD, Applicant should approach his / her corresponding DHC / DHCE for changing FD.



Chronic Disease Co-Care Pilot Scheme

Participant Information Notice

1. Eligibility

- 1.1 To enrol in the Chronic Disease Co-Care Pilot Scheme (“**CDCC Pilot Scheme**”) as a participant (“**Scheme Participant**”), an individual must meet all of the following criteria:
- (a) be a holder of a valid Hong Kong Identity Card within the meaning of the Registration of Persons Ordinance (Cap. 177 of the laws of Hong Kong), unless he/she is a holder of the Hong Kong Identity Card by virtue of a previous permission to land or remain in Hong Kong granted to him/her and such permission has expired or ceased to be valid; or be a holder of a valid certificate of exemption within the meaning of the Immigration Ordinance (Cap. 115 of the laws of Hong Kong);
 - (b) is aged 45 years or above;
 - (c) has no known history of hypertension (“**HT**”)/diabetes mellitus (“**DM**”), nor related symptom(s)¹; and
 - (d) has enrolled in the Electronic Health Record Sharing System (“**eHRSS**”) and registered as a District Health Centre or District Health Centre Express (each a “**DHC**”) member.
- 1.2 An individual needs to provide his/her consent to enrol in the CDCC Pilot Scheme via electronic application or by submission of a duly signed application form to the Government of the Hong Kong Special Administrative Region of the People’s Republic of China (“**Government**”).
- 1.3 If at any time after being enrolled in the CDCC Pilot Scheme, a Scheme Participant ceases to fulfil any of the eligibility criteria set out in Section 1.1(a) above and/or ceases to agree to/comply with the eligibility criterion set out in Section 1.1(d) above, he/she shall notify his/her corresponding DHC immediately and shall not be entitled to receive any subsidy from the Government under the CDCC Pilot Scheme after he/she does not fulfil any of the aforementioned eligibility criteria.

2. Scope of Service of the CDCC Pilot Scheme

- 2.1 The CDCC Pilot Scheme is a comprehensive programme formulated to promote (a) early detection and timely intervention of HT and DM, with a view to better manage these target chronic diseases,

¹ Screening is targeted at asymptomatic individuals. Those with symptom(s) are advised to have early medical consultation.

as well as (b) continuous and holistic primary care through pairing of each Scheme Participant with a registered medical practitioner (as registered under section 14 or section 14A of the Medical Registration Ordinance (Cap. 161 of the laws of Hong Kong)) who is enrolled in the CDCC Pilot Scheme, not employed by the Government and in private practice (“**Family Doctor**”).

- 2.2 Upon being enrolled in the CDCC Pilot Scheme, the Scheme Participant shall have the right to select a Family Doctor according to his/her own choice. The Government or DHC shall endeavour to pair the Scheme Participant with the selected Family Doctor. The Government or DHC will not recommend any Family Doctor to the Scheme Participant. Upon successful pairing of a Family Doctor and Scheme Participant by the Government or DHC, the Scheme Participant will then enter the Screening Phase (as defined in Section 2.3 below).
- 2.3 The “**Screening Phase**” is the phase during which the Family Doctor shall provide the Scheme Participant who is paired up with him/her with services subsidised by the Government in order to identify whether such Scheme Participant suffers from, or is prone to HT or DM and whether further treatment or monitoring is needed. It shall commence on the date of enrolment of a Scheme Participant in the CDCC Pilot Scheme and end on a date on which the Family Doctor completes the tasks and provided services to the Scheme Participant as set out in Section 2.4 below, or when the Scheme Participant ceases to be enrolled in the CDCC Pilot Scheme, whichever is the earlier.
- 2.4 During the Screening Phase, the Scheme Participant will receive from the Family Doctor, *inter alia*, the following subsidised services:
- (a) one (1) subsidised visit (i.e. medical consultation and assessment) with the paired Family Doctor;
 - (b) referral to medical laboratories for laboratory investigation(s) including blood test(s) and urine analysis if necessary;
 - (c) diagnosis and explanation of the Scheme Participant’s medical condition(s) which fall within the scope of the CDCC Pilot Scheme; and
 - (d) admission to the Treatment Phase or referral to DHC for management of his/her health conditions.
- 2.5 The “**Treatment Phase**” is the phase during which the Family Doctor shall provide services to the Scheme Participant in respect of his/her assigned management programme based on the diagnosis (for details, please see Section 2.6 below). It shall commence on the date after the Scheme Participant has undergone and completed the Screening Phase and subsequently been admitted to a management programme and shall end on the date when the Scheme Participant is no longer eligible for, or applies to cease his/her, enrolment in the CDCC Pilot Scheme.
- 2.6 If the Scheme Participant is diagnosed with any of the following illnesses or health conditions (“**Relevant Illnesses**” or each, a “**Relevant Illness**”) in the Screening Phase:
- (a) HT;
 - (b) DM;
 - (c) prediabetes with (i) a blood sugar level within a glycated haemoglobin measurement of 6.0 – 6.4% or (ii) fasting blood glucose measurement of 6.1 – 6.9 mmol/L (“**Specific Blood Sugar Level of Prediabetes**”);

- (d) dyslipidaemia with (i) a low-density lipoprotein-cholesterol level ≥ 5.0 mmol/L or (ii) a low-density lipoprotein-cholesterol level $2.6 - < 5.0$ mmol/L with an estimated cardiovascular disease risk $\geq 20\%$ (“**Specified Condition of Dyslipidaemia**”); or
- (e) any other illness(es) or health condition(s) as specified by the Government,

he/she may be admitted to the Treatment Phase and receive from the Family Doctor, *inter alia*, the following subsidised services in respect of his/her health condition with or without episodic illnesses:

- (i) up to the respective maximum allotted number of subsidised visits in each participant programme year (“PPY”)² as set out in Schedule with his/her paired Family Doctor depending on his/her respective management programmes based on disease groups .
- (ii) medication where clinically indicated;
- (iii) referral to medical laboratories where clinically indicated; and
- (iv) referral to healthcare services providers under arrangement by DHC, including but not limited to, nurse clinic follow-up and allied health services from service providers designated by the Government as clinically indicated.

- 2.7 If the Scheme Participant is not diagnosed with any Relevant Illnesses, he/she is not permitted to enter the Treatment Phase. Instead, he/she will receive health advice and management of the relevant health conditions under arrangement by DHC as clinically indicated.
- 2.8 Subject to the Reference Framework(s) published by the Government on preventive care and disease management and protocol(s) specified by the Government from time to time, the paired Family Doctor shall also apply his/her professional judgment in the course of provision of medical services to the Scheme Participant during the Treatment Phase in light of the Scheme Participant’s health condition and risk factors.
- 2.9 The DHC will be responsible for the case management and the arrangement of various service items for the Scheme Participant and provide support throughout his/her participation in the CDCC Pilot Scheme.
- 2.10 Scheme Participant shall note that the Government may vary the scope of services of the CDCC Pilot Scheme from time to time and any such variations will be binding on him/her. The current scope of services of the CDCC Pilot Scheme, may be found at www.primaryhealthcare.gov.hk/cdcc.

3. Co-Payment

- 3.1 The Government subsidises specific service items under the CDCC Pilot Scheme (including medical consultation, medication, investigation services, services provided by nurse clinics and allied health services). The Scheme Participant is required to pay a co-payment fee, as may be determined by the Family Doctor (the “**Co-Payment**”), to the Family Doctor for receiving services and/or medication under the CDCC Pilot Scheme from the Family Doctor. The Scheme

² PPY means a twelve (12)-month period starting from (i) unless (ii) applies, the date on which a Scheme Participant is admitted into the Treatment Phase, and (ii) the date on which a Scheme Participant, who has already been admitted into the Treatment Phase and, is subsequently assigned a new diagnosis within the CDCC Pilot Scheme.

Participant shall pay the Co-Payment directly to either the paired Family Doctor or the designated service provider(s) (as the case may be) for services provided under the Screening Phase and the Treatment Phase respectively. For Co-Payments charged by Family Doctors or other health service providers under the CDCC Pilot Scheme, please refer to www.primaryhealthcare.gov.hk/cdcc.

- 3.2 In the Screening Phase, a Scheme Participant cannot change his/her paired Family Doctor save for the exception where the Scheme Participant has attended the first subsidised visit and paid the Co-Payment to his/her paired Family Doctor but did not complete the services of the Screening Phase, then he/she may apply to the corresponding DHC for a change of his/her paired Family Doctor after 180 days from the date of the Scheme Participant's attendance at his/her first subsidised visit. Such Scheme Participant shall pay Co-Payment to his/her newly paired Family Doctor for services provided under the Screening Phase.
- 3.3 Where a service item or medication is outside the scope of the CDCC Pilot Scheme, the Scheme Participant shall bear all of the cost of such service or medication at his/her own expense.
- 3.4 The Scheme Participant may use Health Care Vouchers under the Elderly Health Care Voucher Scheme ("EHVS") to settle the Co-Payments chargeable by the Family Doctor and the relevant service provider(s) who are also registered under the EHVS and accept such form of payment.

4. Exit from the CDCC Pilot Scheme

- 4.1 The CDCC Pilot Scheme provides subsidy for the management of the Relevant Illnesses by the paired Family Doctor in the private healthcare sector. Should a Scheme Participant wish to receive follow-up for management of the aforementioned clinical conditions in the public sector (including but not limited to the Hospital Authority and the Department of Health of the Government) at any time after being enrolled in the CDCC Pilot Scheme, the Scheme Participant shall notify his/her corresponding DHC to arrange withdrawal from the CDCC Pilot Scheme.
- 4.2 Scheme Participant who wishes to withdraw from the CDCC Pilot Scheme may, by giving **not less than thirty (30) days' prior notice** to his/her corresponding DHC, terminate his/her enrolment in the CDCC Pilot Scheme.
- 4.3 If the Government has reasonable ground(s) to believe that a Scheme Participant is no longer eligible to enrol in the CDCC Pilot Scheme, the Government may terminate the Scheme Participant's enrolment in the CDCC Pilot Scheme by giving written notice to the Scheme Participant.
- 4.4 Scheme Participant diagnosed with HT and/or DM in the Screening Phase cannot re-enrol in the CDCC Pilot Scheme after termination of enrolment.
- 4.5 Should Scheme Participant have any feedback or complaints regarding the CDCC Pilot Scheme, he/she may call the designated hotline or contact his/her corresponding DHC.

Schedule

Maximum Allotted Subsidised Visits

The maximum number of subsidised visits allotted for respective management programmes based on disease groups under the Treatment Phase of the CDCC Pilot Scheme is set out as follows:

	Disease Group(s)	Management Programme
1	HT and/or DM ¹	Up to six (6) subsidised visits per Scheme Participant within each PPY
2	Specific Blood Sugar Level of Prediabetes ²	Up to four (4) subsidised visits per Scheme Participant within each PPY
3	Specified Condition of Dyslipidemia only ³	Up to four (4) subsidised visits per Scheme Participant within the first PPY and two (2) subsidised visits per Scheme Participant for each subsequent PPY

¹ A Scheme Participant who is diagnosed with HT and/or DM shall fall within this category regardless of whether he/she is also diagnosed with Prediabetes or Specified Condition of Dyslipidaemia.

² A Scheme Participant who is diagnosed with Specific Blood Sugar Level of Prediabetes, but is not diagnosed with HT, shall fall within this category, regardless of whether he/she is also diagnosed with Specified Condition of Dyslipidaemia.

³ A Scheme Participant who is diagnosed with Specified Condition of Dyslipidaemia without Specific Blood Sugar Level of Prediabetes, HT or DM shall fall within this category.



Chronic Disease Co-Care Pilot Scheme

Personal Information Collection Statement

Purposes of Collection

1. Any information, including the personal data provided to the Government of the Hong Kong Special Administrative Region of the People's Republic of China ("**Government**") in connection with any application for enrolment in the Chronic Disease Co-Care Pilot Scheme ("**CDCC Pilot Scheme**") or collected by the Government during the operation of the CDCC Pilot Scheme will be used by the Government for one or more of the following purposes (if applicable):
 - (a) processing the application for enrolment in the CDCC Pilot Scheme;
 - (b) administration, monitoring, auditing and evaluation of the CDCC Pilot Scheme including but not limited to processing of subsidy payment, providing necessary health care service and continuity of care to participants of the CDCC Pilot Scheme and investigation of incidents and complaints;
 - (c) statistical, scheme monitoring, evaluation and research purposes;
 - (d) other purposes directly related to any of the above stated purposes; and
 - (e) any other purposes as may be required, authorised or permitted by law.
2. The provision of personal data in the form is voluntary. However, if you, as applicant for enrolment in the CDCC Pilot Scheme, do not provide consent to the provision of personal data, the Government may not be able to process your application.

Classes of Transferees

3. The personal data will be transferred to and used by professional parties in the health field which are directly involved in the CDCC Pilot Scheme including:
 - (a) Registered medical practitioners who have registered under Section 14 or 14A of the Medical Registration Ordinance (Cap. 161 of the laws of Hong Kong) and have successfully enrolled in the CDCC Pilot Scheme and their authorised users (i.e. persons appointed by those registered medical practitioners to access and use the IT system for the CDCC Pilot Scheme for and on behalf of them for the purpose of assisting them to perform services under the CDCC Pilot Scheme).

- (b) District Health Centres / District Health Centre Expresses as managed by the Government and their agents;
- (c) providers of investigation services and their agents;
- (d) allied health professionals and their agents;
- (e) nurse clinics and their agents;
- (f) the Medical Council of Hong Kong and its agents;
- (g) the Hospital Authority and its agents; and
- (h) the Government's agents;

for the purposes set out in Clause 1 above.

4. The personal data you provide will be kept confidential. However, such personal data provided by you may also be disclosed by the Government to other persons, organisations, professional regulatory boards and councils, and third parties including the Government's work agents engaged for the CDCC Pilot Scheme, for any of the purposes stated in Clause 1 above to the extent necessary.

Access to Personal Data

5. You have the right to request access to and to request the correction of your personal data under sections 18 and 22 and Data Protection Principle 6, Schedule 1 of the Personal Data (Privacy) Ordinance (Cap. 486 of the laws of Hong Kong). A reasonable fee may be charged by the Government for processing any data access and/or correction request.



Enquiries

6. Any enquiries concerning personal data provided to us, including making data access and correction request, should be addressed to:

Executive Officer, Strategic Purchasing Office
Health Bureau, The Government of the Hong Kong Special Administrative Region
Room 4901, Hopewell Centre, 183 Queen's Road East, Wan Chai, Hong Kong
Email: sp@healthbureau.gov.hk
Hotline: 2157 0500

Register to the Electronic Health Record Sharing System (eHealth) via Health Programmes

- Citizens need to register with the Electronic Health Record Sharing System (“eHealth”) and give sharing consent to the concerned healthcare providers in authorizing the healthcare providers to access and share your health data in the eHealth for an indefinite term before participating in the Programme.
- Citizens need to read through the “Participant Information Notice” and “Personal Information Collection Statement” of eHealth before registration and the information can be accessed by scanning the QR codes below:

Participant Information Notice	Personal Information Collection Statement
	

- After successful registration of eHealth and giving the sharing consents to the healthcare providers, citizens will receive notifications. To facilitate you in receiving notifications from the eHealth, mobile SMS will be used for the communication means. The sharing consent period to the concerned healthcare providers will be defaulted as “indefinite”.
- Citizens may contact the Electronic Health Record Registration Office (Hotline: 3467 6300) for more information on eHealth registration.

Electronic Health Record Sharing System

Participant Information Notice

Background – What is Electronic Health Record?

Electronic Health Record (eHR) contains a person's personal and health-related information. With the person's express and informed consent, healthcare providers (HCPs) in the public and private sectors may access the person's eHR for healthcare purposes through an electronic platform called the Electronic Health Record Sharing System (eHRSS). This aims to enable more timely treatment and diagnosis, and reduce duplicative diagnostic tests.

Any person, for whom healthcare has been performed, is performed or is likely to be performed (i.e. a healthcare recipient (HCR)) can apply to join eHRSS. If the HCR is a minor (under 16 years old) or lacks the required mental capacity to join eHRSS, a person known as a "substitute decision maker" (SDM) can assist the HCR to join eHRSS.

Part I – How can an HCR give Joining or Sharing Consent in eHRSS?

Giving of Joining Consent

- (a) An HCR or an SDM on behalf of an HCR can give joining consent to join eHRSS.
- (b) By giving joining consent, the HCR or his/her SDM agrees to let the Commissioner for the Electronic Health Record (eHRC) share the HCR's sharable data in eHRSS, for healthcare and referral purpose, with any prescribed HCP who has been given sharing consent by the HCR or his/her SDM. When the joining consent is given, the HCR or the SDM on behalf of the HCR is taken to have given sharing consent to the Department of Health (DH) and the Hospital Authority (HA).

Giving of Sharing Consent

- (a) eHRSS will not automatically allow HCPs (other than DH and HA) to access an HCR's health data kept in eHRSS. The HCR or his/her SDM may choose to separately give sharing consent to an HCP participating in eHRSS who is providing or is about to provide healthcare to the HCR.
- (b) DH, HA and HCPs who have been given sharing consent can provide the HCR's sharable data to and obtain it from eHRSS, and can share it with another prescribed HCP for healthcare referral purpose.

Duration of Sharing Consent

- (a) An HCR or an SDM on behalf of an HCR can choose to give sharing consent to a prescribed HCP for an indefinite term or for a one-year renewable period (other than

DH and HA for whom the sharing consent is taken to be valid as long as the HCR is participating in eHRSS).

- (b) The HCR or his/her SDM can revoke any sharing consent given to a prescribed HCP (other than the sharing consent for DH and HA) at any time.
- (c) All sharing consents will be terminated if the HCR or the SDM on behalf of the HCR withdraws from eHRSS or if the HCR's registration is cancelled by eHRC.

Ways of Giving Consent

- (a) An HCR may use his/her Hong Kong Identity Card (Smart ID) as a means to give joining and/or sharing consent.
- (b) An HCR can insert his/her Smart ID into a government-approved card reader and allow his/her card face data (including the HCR's name, date of birth and identity card number) to be obtained.
- (c) An HCR may choose to give consent by signing on a printed form.
- (d) An HCR may choose to use his/her Access Key (a unique number assigned to him/her upon his/her registration to eHRSS) as a means to give sharing consent.

Part II – What to know about eHRSS?

Protection of eHR

- (a) eHR in eHRSS is under the protection of the eHRSS Ordinance (Cap. 625) (eHRSSO) and other relevant laws in Hong Kong, including the Personal Data (Privacy) Ordinance (Cap. 486) (PD(P)O).
- (b) Under emergency situations when an HCR is incapable of giving sharing consent to an HCP (e.g. the HCR has been injured in an accident), the eHR of the HCR may be accessed by HCPs for the purpose of providing emergency treatment to the HCR.
- (c) All access and use of eHR (including emergency access) in eHRSS must be under proper authorisation and will be logged and subject to audit.
- (d) The HCR or his/her SDM will receive notifications through the communication means chosen by him/her when the eHR of the HCR in eHRSS has been accessed.

Sharable Data in eHRSS

Scope of sharable data is defined based on professional advice. Only data within sharable scope will be shared on eHRSS. The scope of sharable data will be reviewed and updated from time to time. The joining and sharing consent given will remain valid for any changes in sharable scope. The scope of sharable data include the following:

- a. Personal Identification and Demographic Data (including name, date of birth and identity document number, etc.)
- b. Allergies and Adverse Drug Reactions
- c. Diagnosis, Procedures and Medication
- d. Encounters / Appointments (e.g. summary of appointments / bookings)
- e. Clinical Note / Summary (e.g. Discharge Summary)

- f. Birth and Immunisation Records
- g. Laboratory and Radiology Reports
- h. Other Investigation Reports
- i. Healthcare Referrals
- j. Observation(e.g. blood pressure and blood sugar records) and Lifestyle (e.g. smoking and drinking habit) Records*
- k. Medical Certificate

*Currently, only records contributed by users and uploaded to eHRSS via 醫健通eHealth App can be shared.

The latest scope and details will be published on the eHRSS website (<https://www.ehealth.gov.hk/>). At this stage, individual HCPs may only be able to share some but not all data within the sharable scope.

Use of eHR

Data in eHRSS may be used for healthcare, disease control and surveillance, or as permitted under any other law. Data in eHRSS may also be used for research and statistics after the relevant provisions in eHRSSO come into operation. Data in eHRSS may also be used for healthcare-related education and training.

Benefits and Limitations of eHR

eHR is an integrated summary of an HCR's health information contributed by different HCPs. It is not a complete record of an HCR's entire health history and it shall not be taken as a replacement of patient records kept by HCPs. An HCR should inform his/her HCPs all relevant health information when receiving healthcare service.

Part III – What are the matters relating to registration and de-registration?

Registration

An HCR may join eHRSS by giving joining consent and allow sharing of his/her eHR by giving sharing consent if he/she is able to understand the purpose and implications of joining eHRSS and eHR sharing.

Important Notes for SDM Handling Registration Matters on Behalf of an HCR

For an HCR under 16, or aged 16 or above and fulfills any of the following descriptions, an SDM may act on behalf of an HCR for eHRSS registration matters including giving of joining consent and sharing consent, renewal or revocation of a sharing consent, and request for withdrawal of participation in eHRSS.

1. Mentally incapacitated as defined by Mental Health Ordinance (Cap. 136) section 2(1);
2. Incapable of managing his or her own affairs;
3. Incapable of giving joining consent at the relevant time as defined in eHRSSO;
4. Incapable of giving sharing consent at the relevant time as defined in eHRSSO.

An SDM shall confirm that the person whom he/she is acting for and on behalf of meets the conditions for requiring an SDM as listed above.

An SDM may handle eHRSS registration matters for and on behalf of an HCR by submitting an application form in person at the Electronic Health Record Registration Office (eHR RO) or at one of the eHR Registration Centres or sending an application form to eHR RO by way of fax, postal mail or drop-in box.

When making the application on behalf of the HCR (e.g. when the consent is given by signing on the application form and sent to the eHR RO), the SDM should be accompanying the HCR and have regard to the best interests of the HCR.

The SDM shall be responsible for all matters regarding eHRSS registration acted for and on behalf of the HCR in the circumstances.

The SDM shall ensure that he/she is an eligible SDM in accordance with the requirements listed below

Eligible SDM for HCR <u>under 16</u>	Eligible SDM for HCR <u>aged 16 or above</u> and is incapable of giving the person's own consent
<ul style="list-style-type: none">(a) the person's parent;(b) the person's guardian¹;(c) a person appointed by court to manage the person's affairs;(d) if there is no one in (a)-(c), the person's family member or a person residing with him/her;(e) if there is no one in (a)-(d), a prescribed HCP who provides or is about to provide healthcare to him/her.	<ul style="list-style-type: none">(a) the person's guardian²;(b) the Director of Social Welfare or any other person as guardian under Mental Health Ordinance³;(c) a person appointed by court to manage the person's affairs;(d) if there is no one in (a)-(c), the person's family member; or a person residing with him/her;(e) if there is no one in (a)-(d), a prescribed HCP who provides or is about to provide healthcare to him/her.

¹ Appointed under Guardianship of Minors Ordinance (Cap. 13) or appointed by court

² Appointed under Mental Health Ordinance (Cap. 136)

³ Appointed under Mental Health Ordinance (Cap. 136) s44A(1)(i), 44B(2A) or 59T(1) or 44B(2B) or 59T(2)

Withdrawal of Registration

- (a) An HCR or an SDM on behalf of an HCR may at any time request for withdrawal of the HCR's registration.

- (b) eHRC will notify the HCR or his/her SDM when the withdrawal takes effect.
- (c) Once withdrawal is effective, the HCR's sharable data cannot be obtained from or provided to eHRSS by any prescribed HCP.

Suspension of Registration

- (a) eHRC may suspend an HCR's registration to eHRSS if eHRC reasonably suspects that the HCR's application for registration does not comply with eHRSSO or for other reasons as set out in eHRSSO.
- (b) eHRC will notify the HCR or his/her SDM when the suspension or lifting of the suspension takes effect.
- (c) Once suspension is effective, the HCR's sharable data may continue to be provided to eHRSS but cannot be viewed by any prescribed HCP.

Cancellation of HCR's Registration

- (a) eHRC may cancel an HCR's registration if the eHRC opines that the application for registration does not comply with eHRSSO or the HCR has died or other conditions set out in eHRSSO.
- (b) eHRC will notify the HCR or his/her SDM when the cancellation is effective and the reasons for the cancellation. If the HCR has died, cancellation takes effect on the day eHRC has confirmed the death information.
- (c) Once cancellation is effective, the HCR's sharable data cannot be obtained from or provided to eHRSS by any prescribed HCP.

Revocation of Sharing Consent

- (a) An HCR or an SDM on behalf of an HCR may at any time revoke a sharing consent given to any prescribed HCP (but not DH and HA).
- (b) eHRC will notify the HCR or his/her SDM when the revocation takes effect.
- (c) Once revocation is effective, the HCR's sharable data cannot be obtained from or provided to eHRSS by the prescribed HCP whose sharing consent given has been revoked.

Protection of Personal Data Privacy

- (a) A series of policies, guidelines and best practices for the collection, retention, uses, disclosure, protection and facilitation of access and correction of personal data contained in the eHRSS has been adopted to ensure compliance with the laws.
- (b) Reasonably practicable steps shall be taken to protect the personal data against any unauthorised or accidental access, processing, erasure, loss or use.
- (c) Different retention periods are applied to the various kinds of personal data kept in eHRSS in accordance with the respective Data Retention Policy. The personal data shall not be kept longer than necessary for the fulfilment of the purposes for which the data is or is to be used.

Part IV – Any other matters an HCR or an SDM on Behalf of an HCR should be aware of?

How to Obtain a Copy of or Amend the Record in eHRSS

An HCR or an SDM on behalf of an HCR may obtain a copy of the HCR's personal information kept in eHRSS and submit correction request for such information according to PD(P)O.

How to Appeal against Decisions regarding the Registration

If a person disagrees with eHRC's decision in refusing to register him/her or to suspend or cancel the person's registration, the person may within 28 days from the date of receipt of the notice of the decision, appeal to the Administrative Appeals Board.

Limitation of eHRC's Responsibility

Please take note that:

- eHRC makes no representation or warranty regarding eHRSS on
 - its fitness for a particular purpose.
 - its freedom from computer virus or other use as a conduit to damage others' systems.
 - its availability and proper functioning at any time.
- eHRC is not responsible for the delivery of data over the Internet or handling of data by systems that are not owned or operated by eHRC.
- eHRC is not liable for
 - any unauthorised access or use of eHR but eHRC will take appropriate and reasonable steps to protect the security of the data in eHRSS.
 - any direct, indirect, special or consequential losses or damages arising from access to or use of eHRSS, use of any eHR in eHRSS, or providing or obtaining data or information to and from eHRSS.
 - for any liability that is excluded by eHRSSO.
- eHRC does not guarantee the accuracy, completeness or correctness of the data kept in eHRSS as the data are contributed by the HCRs or their SDMs, and by the prescribed HCPs.

Further enquiries

An HCR or an SDM may contact the following for more information:

- Electronic Health Record Registration Office
- Address: Unit 1102, 11/F, Harbourside HQ, 8 Lam Chak Street
Kowloon Bay, Hong Kong
- Telephone: **(852) 3467 6300**
- Fax: **(852) 3467 6099**
- Email: ehr@ehealth.gov.hk
- Website: <https://www.ehealth.gov.hk/>

Glossary

DH means the Department of Health.

Electronic Health Record (eHR) means health-related data and information, including the Healthcare Recipient Index Data, of healthcare recipients stored on the Electronic Health Record Sharing System.

The Commissioner for the Electronic Health Record (eHRC) means the public officer appointed under section 48 of the Electronic Health Record Sharing System Ordinance (Cap. 625) to operate and maintain the Electronic Health Record Sharing System.

eHRO means the Electronic Health Record Office.

eHR RO means the Electronic Health Record Registration Office.

Electronic Health Record Sharing System (eHRSS) means an information infrastructure established and maintained by the eHRC for keeping the eHRs of registered healthcare recipients, and sharing and using data and information contained in those eHRs.

Electronic Health Record Sharing System Ordinance (Cap. 625) (eHRSSO) means the Ordinance which provides for the establishment of eHRSS, the sharing and using of data and information stored in eHRSS, the protection of eHRSS, data and information; and to provide for incidental and related matters.

HA means the Hospital Authority.

Healthcare Provider (HCP) means a person that provides healthcare.

Healthcare Recipient (HCR) means an individual for whom healthcare has been performed, is performed, or is likely to be performed in Hong Kong.

Registered Healthcare Recipient (HCR) means an HCR who is registered under section 8(1) of eHRSSO.

Identifiable means identity of an HCR is ascertainable from the data and information.

Joining Consent given by an HCR or a Substitute Decision Maker on behalf of an HCR (if applicable) is for the eHRC to share data with prescribed HCPs who has obtained sharing consent from the HCR or the Substitute Decision Maker on behalf of the HCR or who provides healthcare services by referral.

PD(P)O means Personal Data (Privacy) Ordinance (Cap. 486).

Prescribed Healthcare Provider means DH, HA, or a registered HCP.

Sharing means the act of providing or obtaining any sharable data of a registered HCR through eHRSS.

Sharing Consent given by an HCR or a Substitute Decision Maker on behalf of an HCR (if applicable) is for the prescribed HCP to share the data of the HCR through eHRSS with other prescribed HCP(s) who also have obtained sharing consent from the HCR or his/her Substitute Decision Maker.

Substitute Decision Maker (SDM) means an eligible person giving consent on behalf of and in the name of the HCR under the requirements of eHRSSO.

Use, in relation to any data or information contained in an eHR, includes disclosure and transfer of the data or information.

The content of this booklet is subject to updates from time to time. The latest Participant Information Notice (PIN) of eHRSS is uploaded to the eHRSS website at www.ehealth.gov.hk. The latest version of the PIN published at the eHRSS website shall prevail wherever there is a discrepancy between the website version and the printed version.

Personal Information Collection Statement (for healthcare recipient and substitute decision maker)

Please READ this statement before you provide any personal data to us.

Purposes of collection

We, the Electronic Health Record Office under the Health Bureau of HKSARG, may collect your personal information including name, date of birth, gender, identity document number, and contact information (e.g. correspondence address, telephone number(s) and email address) if you are a healthcare recipient.

We may collect the personal information of you and the healthcare recipient concerned, including name, identity document number, contact information (e.g. correspondence address, telephone number(s) and email address) and details of your relationship with the healthcare recipient, if you are a substitute decision maker (if applicable) applying for the healthcare recipient in relation to matters of his/her registration and use of the Electronic Health Record Sharing System (eHRSS).

We may also receive information about you from other healthcare recipients, when they register you as their authorised person or contact person in eHRSS and your personal information including name and contact information (e.g. correspondence address, telephone number(s) and email address) will be collected.

The personal data and information we collect from you is for your application and registration and use of eHRSS; or for a healthcare recipient to apply and register to eHRSS with you as his/her substitute decision maker, authorised person, or a contact person, and related matters under the Electronic Health Record Sharing System Ordinance (Cap 625) (eHRSSO). Such matters include but are not limited to the following: the giving of and management of joining consent and/or sharing consent, withdrawal from eHRSS, updating of information in eHRSS, receipt of eHRSS notifications and the use of medical record in eHRSS (including access and deposit) by the relevant parties.

The health information of the registered healthcare recipient will be shared among healthcare providers, who have obtained sharing consent from that registered healthcare recipient or his/her substitute decision maker, via eHRSS. We may collect the personal information of the healthcare recipient concerned, including name, date of birth, gender and identity document number, and details of your relationship with the healthcare recipient, if you are caregiver (if applicable) of the healthcare recipient, in relation to matters of the use of 醫健通 eHealth App. The other caregiver(s) (if applicable) of the healthcare recipient concerned can also review your name and details of the access(es) you made to the healthcare recipient's eHR account via 醫健通 eHealth App.

Using your personal information in eHRSS for direct marketing is an offence.

Classes of transferees

Except with your prior consent, we will not transfer or disclose the collected personal data and information to any third party except as stated below:

1. the Department of Health, Hospital Authority or any person or entity whom we may appoint in writing to assist the Commissioner for the Electronic Health Record in performing a function and exercising a power, pursuant to eHRSSO;
2. any personnel, agent, adviser, auditor, contractor or service provider engaged by us to provide services or advice (e.g. technical, security or data processing service, etc.) in connection with our operations;
3. any person to whom we are required to make disclosure to under any law or court order applicable in Hong Kong.

Access and correction of your personal data

You have the rights of access and correction of the personal data provided under Personal Data (Privacy) Ordinance and the application forms for access to or correction of personal data can be obtained from the eHRSS website. You may also contact the Electronic Health Record Registration Office for more information. A non-excessive fee will be charged for complying with your data access request.

Enquiries

Enquiries concerning personal data provided, including data access requests and data correction requests should be addressed to:

Electronic Health Record Registration Office

Address:	Unit 1102, 11/F, Harbourside HQ, 8 Lam Chak Street, Kowloon Bay, Hong Kong
Hotline:	(852) 3467 6300
Fax:	(852) 3467 6099
Email:	ehr@ehealth.gov.hk



中華人民共和國香港特別行政區政府
醫務衛生局
Health Bureau
The Government of the Hong Kong Special Administrative Region
The People's Republic of China



Participant Information Notice

1. Eligibility

1.1 To enrol in the District Health Centre Scheme (“**DHC Scheme**”) as a member (“**Member**”), an individual must

(a) be one of the following:

(i) a holder of the Hong Kong Identity Card issued under the Registration of Persons Ordinance (Cap. 177 of the Laws of Hong Kong); for the avoidance of doubt a person who obtained his / her Hong Kong Identity Card by virtue of a previous permission to land or remain in Hong Kong granted to him and such permission has expired or ceased to be valid is not considered such a holder; or

(ii) a holder of a valid certificate of exemption within the meaning of the Immigration Ordinance (Cap. 115 of the Laws of Hong Kong); or

(iii) a child who is a Hong Kong resident and under 11 years of age; and

(b) have enrolled in the Electronic Health Record Sharing System (“**eHRSS**”) and consented to share his/her information available in the eHRSS with different classes of transferees including the District Health Centres / District Health Centre Expresses (each a “**DHC**”) and the healthcare service providers engaged by the Operators of DHC for provision of services under the DHC Scheme (“**Service Provider(s)**”).

1.2 An individual needs to provide his/her consent to enrol in DHC Scheme via electronic application or by submission of a duly signed application form to the Government of the Hong Kong Special Administrative Region of the People's Republic of China (“**Government**”).

1.3 If at any time after being enrolled in DHC Scheme, a Member ceases to fulfil any of the

eligibility criteria set out in Section 1.1(a)(i) and (a)(ii) above (or in the case of Section 1.1(a)(iii) above, does not qualify under Section 1.1(a)(i)) and/or ceases to comply with the eligibility criterion set out in Section 1.2 above, he/she shall notify his/her corresponding DHC immediately and shall not be entitled to receive any subsidy from the Government under the DHC Scheme after he/she does not fulfil any of the aforementioned eligibility criteria.

- 1.4 Membership of the DHC Scheme is non-transferrable and the use of a Member's membership by any person other than the Member is prohibited.

2. Scope of Services of the DHC Scheme

- 2.1 Services to be provided to the Members under the DHC Scheme are partially or fully subsidised by the Government funding. The following services are fully-subsidised by the Government and shall be provided to Members free-of charge:

- (a) health risk factors assessment;
- (b) self-management support programme;
- (c) patient empowerment programme;
- (d) nursing assessment, counselling and coordination;
- (e) drug review / counselling by pharmacist;
- (f) community resource support / counselling by social worker.

- 2.2 Health assessment and healthcare services are partially subsidised by the Government. Members are required to pay a Co-Payment fee for services provided by Healthcare Service Providers or DHC under the DHC Scheme as explained in Section 3.1(b) below. Such services include but not limited to the following –

- (a) Chronic Disease Co-Care Pilot Scheme;
- (b) Chronic Disease Management; and
- (c) Community Rehabilitation

- 2.3 Members shall note that the Government may vary the scope of services under the DHC Scheme from time to time and any such variations will be binding on them. The current scope of services and other information on the DHC Scheme may be found at https://www.dhc.gov.hk/en/healthcare_service_providers.html#hsp-faq

3. Government Subsidy, Co-Payment fee and Waiver

3.1 Government Subsidy

- (a) If a Member receives any of the services outlined in Section 2.1 above from a healthcare Service Provider under the DHC Scheme, the Government shall fully subsidise the costs of providing such services.
- (b) If a Member visits a Healthcare Service Provider (each visit, a “**Subsidised Visit**”) and receives any of the services mentioned in Section 2.2 above from a Healthcare Service Provider under the DHC Scheme, the Healthcare Service Provider shall charge a service fee for every Subsidised Visit and in relation thereto:
 - (i) the Government shall pay an amount equal to the difference between the amount

charged by the Healthcare Service Provider and the Co-payment fee (each payment, a **“Co-Payment”**) to the Healthcare Service Provider; and

- (ii) subject to Section 3.1 (b)(i) above, the Member shall pay Co-Payment fee set by the Government to the Service Provider.
- (c) A Member may settle the Co-Payment with Elderly Health Care Voucher.
- (d) Where a Member receives services from a healthcare Service Provider that falls outside of the scope of the DHC Scheme, the Member shall bear all of the costs of receiving such service at his/her own expense.

3.2 Waiver

- (a) Until a date to be specified by the Government, a Member may apply for waiver of the obligation to pay the Co-Payment fee (**“Waiver”**) if he/she is any of the following:
 - (i) a Comprehensive Social Security Assistance (CSSA) recipient;
 - (ii) an Old Age Living Allowance (OALA) recipient and aged 75 or above;
 - (iii) a Residential Care Service Voucher (RCSV) holder at level 0; or
 - (iv) a recipient of Medical fee waiver issued by the Hospital Authority of Hong Kong.
- (b) To apply for the Waiver, a Member is required to provide proof of identity and information and/or documentary proof as mentioned in Section 3.2 (a) above to evidence his/her eligibility for the Waiver.
- (c) The DHCs / DHC Expresses will verify the eligibility of the Members who have been granted medical fee waiver by the Hospital Authority of Hong Kong through the DHC IT system.
- (d) The Waiver does not cover any fees, costs or expenses associated with or incurred from the Member’s enrolment in or application for enrolment in, or services provided to them under, the Chronic Disease Co-Care Pilot Scheme.

3.3 Members shall note that the Government may vary the scope of services under the DHC Scheme from time to time and any such variations will be binding on them. The current scope of services and other information on the DHC Scheme may be found at <https://www.dhc.gov.hk/>

4. Termination of Membership of the DHC Scheme

4.1 Membership of the DHC Scheme is free. Subject to early termination due to the Member ceasing to meet the eligibility criteria for the DHC Scheme or withdrawing from the DHC Scheme, membership enrolment in the DHC Scheme is lifelong.

- 4.2 A Member who wishes to withdraw from the DHC Scheme may, by giving prior notice to his/her corresponding DHC, withdraw from, and cease to be a member of the DHC Scheme.
- 4.3 If the Government has reasonable ground(s) to believe that a Member is no longer eligible to enrol in the DHC Scheme, the Government may terminate his/her enrolment in the DHC Scheme by giving written notice to him/her.
- 4.4 All the Services scheduled for, and the unused Subsidised Visit sessions of a Member whose membership is terminated will be cancelled immediately from the date of termination of his/her membership.
- 4.5 A Member whose membership is terminated, (whether by himself / herself or by the Government) must settle all of his/her outstanding payment before the effective date of such termination.



Personal Information Collection Statement

Purposes of Collection

1. Any information, including the personal data provided to the Government of the Hong Kong Special Administrative Region of the People's Republic of China ("Government") in connection with any application for enrolment in the District Health Centre Scheme ("DHC Scheme") or collected by the Government during the operation of the DHC Scheme will be used by the Government for one or more of the following purposes (if applicable):
 - (a) processing the application for enrolment in the DHC Scheme;
 - (b) administration, monitoring, auditing and evaluation of the DHC Scheme including but not limited to processing of subsidy payment and applications for waiver of fees payable by members of the DHC Scheme under the DHC Scheme, providing necessary health care service and continuity of care to the members of the DHC Scheme and investigation of incidents and complaints;
 - (c) statistical, scheme monitoring, evaluation and research purposes;
 - (d) other purposes directly related to any of the above stated purposes; and
 - (e) any other purposes as may be required, authorized or permitted by law.
2. The provision of personal data in the form is voluntary. However, if you, as applicant for enrolment in the DHC Scheme, do not provide consent to the provision of personal data, the Government may not be able to process your application.

Classes of Transferees

3. The personal data will be transferred to and used by professional parties in the health field which are directly involved in the DHC Scheme including:
 - (a) Registered medical practitioners who have registered under Section 14 or 14A of the Medical Registration Ordinance (Cap. 161 of the laws of Hong Kong) and have successfully enrolled in the Chronic Disease Co-Care Pilot Scheme ("CDCC Pilot Scheme") and their authorised users (i.e. persons appointed by those registered medical practitioners to access and use the IT system for the CDCC Pilot Scheme for and on behalf of them for the purpose of assisting them to perform services under the CDCC Pilot Scheme);
 - (b) District Health Centres / District Health Centre Expresses as managed by the Government and their agents;
 - (c) providers of investigation services and their agents;
 - (d) allied health professionals and their agents;
 - (e) nurse clinics and their agents;
 - (f) the Hospital Authority and its agents;
 - (g) the Medical Council of Hong Kong and its agents;
 - (h) healthcare service providers engaged by the operators of DHC for provision of services under the DHC Scheme;

- (i) staff/students/trainees from healthcare or educational institutions (local or overseas) whose presence at DHC are authorized; and
- (j) the Government and its agents;

for the purposes set out in Clause 1 above.

- 4. The personal data you provide will be kept confidential. However, such personal data provided by you may also be disclosed by the Government to other persons, organizations, professional regulatory boards and councils, and third parties including the Government's work agents engaged for the DHC Scheme, for any of the purposes stated in Clause 1 above to the extent necessary.

Access to Personal Data

- 5. You have the right to request access to and to request the correction of your personal data under sections 18 and 22 and Data Protection Principle 6, Schedule 1 of the Personal Data (Privacy) Ordinance (Cap. 486 of the laws of Hong Kong). A reasonable fee may be charged by the Government for processing any data access and/or correction request.

Enquiries

- 6. Any enquiries concerning personal data provided to us, including making data access and correction request, should be addressed to:

Primary Healthcare Commission
Health Bureau, The Government of the Hong Kong Special Administrative Region
Unit 1505-06, 15/F, THE HUB, 23 Yip Kan Street, Wong Chuk Hang, Hong Kong

查詢詳情

Enquiry information



www.primaryhealthcare.gov.hk/cdcc/tc



系統操作查詢 (家庭醫生專線) Specific Enquiry on System Operation

(Designated line for Family Doctors)

2300 8388

星期一至星期五早上九時至下午五時 (公眾假期除外)

Monday to Friday, 9:00 AM to 5:00 PM (except public holidays)

一般查詢 (公眾及家庭醫生適用) General Enquiry (for the public and Family Doctors)

2157 0500

星期一至星期六早上九時至晚上九時 (公眾假期除外)

Monday to Saturday, 9:00 AM to 9:00 PM (except public holidays)

醫健通查詢 Enquiry on eHRSS

醫護人員適用 For healthcare professionals

3467 6230

星期一至星期五早上九時至晚上九時 (公眾假期除外)

Monday to Friday, 9:00 AM to 9:00 PM (except public holidays)



家庭醫生專用查詢電郵

Designated email for Family Doctors

cdccdoctor@healthbureau.gov.hk