

**特區政府對居粵之醫管局長期覆診港人特別支援計劃**  
**(下稱支援計劃)**

先生 / 女士：

鑑於在現時的強制檢疫措施下，部分身在廣東省的醫院管理局（醫管局）病人無法如常來港前往醫管局覆診後返回內地。為照顧他們的醫療需要，香港特別行政區政府（政府）推出特別支援計劃，委託香港大學深圳醫院（港大深圳醫院）為居於廣東省的醫管局慢性病患者提供疫情期間診症服務。

如欲參加本支援計劃，病人必須閱讀以下參與者須知，並填妥附上的表格，連同所需證明文件及醫管局預約證明書(如可提供)向港大深圳醫院提出申請。

如有任何問題，歡迎於辦公時間內致電港大深圳醫院 (+86) 0755-86913101 查詢。

**HKSAR Government Special Support Scheme for Hospital Authority  
Chronic Disease Patients Living in Guangdong Province to Sustain  
Their Medical Consultation under COVID-19 (the Support Scheme)**

Dear Sir / Madam,

In view of the compulsory quarantine measure imposed, some Hospital Authority (HA) patients residing in Guangdong Province are unable to attend follow-up medical consultations in the HA and return to the Mainland as they had done so previously. To address their medical need, the Government of the Hong Kong Special Administrative Region (the HKSAR Government) has launched the Support Scheme through the University of Hong Kong – Shenzhen Hospital (HKUSZH) to take up follow-up consultation for HA patients with chronic disease residing in Guangdong during the epidemic.

If you wish to join the Support Scheme, please read the Participant Information Notice below, and submit your application to HKUSZH with completed application form as attached, together with the supporting documents and follow-up appointment slip from HA (if available).

If you have any enquiries, please contact HKUSZH at (+86) 0755-86913101 during office hour for more information

**參與者須知**  
**Participant Information Notice**

**支援計劃 The Support Scheme**

1. 支援計劃為已預約醫管局指定的專科門診及普通科門診覆診的慢性病患者(覆診日期由2020年2月17日至2021年7月31日)，提供跟進診症服務。有關病人可在2021年7月31日或香港與內地的檢疫安排失效之前(以較早者為準)，在港大深圳醫院指定的診療中心接受獲資助的普通科或專科門診診症服務。港大深圳醫院提供專科門診包括：全科(慢病門診)，內科，外科(包括耳鼻喉科，心胸外科，神經外科)，眼科，麻醉科(僅止痛門診)，婦科，產科，腫瘤科，骨科，兒科。

Patients with chronic disease with appointments between 17 February 2020 to 31 July 2021 with the designated Special Outpatient Clinics (SOPC) and General Outpatient Clinics (GOPCs) of the HA would be eligible to receive subsidised consultation sessions at designated Outpatient Medical Centres of HKUSZH up to 31 July 2021 or until the lapse of the quarantine arrangement of both sides, whichever the earlier. SOPC services provided by HKUSZH include Family Medicine Clinics (Chronic Diseases), Medicine Clinic, Surgery Clinic (include Otorhinolaryngology, Cardiothoracic Surgery, Neurosurgery), Ophthalmology Clinic, Anaesthesiology Clinic (Pain Clinic only), Gynaecology Clinic, Obstetrics Clinic, Oncology Clinic, Orthopaedic Clinic and Paediatric Clinic.

2. 在支援計劃下，持有醫管局預約證明書的合資格人士每次接受港大深圳醫院門診診症服務只需繳付人民幣100元的費用，餘下費用差額則於支援計劃所指定的上限之內由政府資助。每位受惠病人可受資助合共金額上限人民幣2,000元。超於資助金額上限的診症費用需要由病人直接支付港大深圳醫院。醫管局的合資格人士包括：(i) 持有根據《人事登記條例》(第177章)所簽發香港身份證的人士，但若該人士是憑藉其已獲入境或逗留准許而獲簽發香港身份證，而該准許已經逾期或不再有效則除外；(ii) 身為香港居民的11歲以下兒童；或 (iii) 醫院管理局行政總裁認可的其他人士。

Under the Support Scheme, each eligible person with a follow-up appointment slip from the HA can would only need to pay Renminbi (RMB)100 to HKUSZH for each outpatient consultation session there, and the balance of the fees charged by HKUSZH would be subsidised by the HKSAR Government within the cap specified under the Support Scheme at a total of RMB2000. Fees beyond the cap should be paid by the patients to HKUSZH directly. HA Eligible Persons include (i) holders of Hong Kong Identity Card issued under the Registration of Persons Ordinance (Chapter 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; (ii) children who are Hong Kong residents and under 11 years of age; or (iii) other persons approved by the Chief Executive of HA.

3. 在支援計劃下及於資助金額上限內，領取綜合社會保障援助(綜援)或75歲或以上領取「高額長者生活津貼」受惠人每次接受港大深圳醫院門診診症服務時可獲豁免繳付人民幣100元的費用。可於政府獲取醫療及牙醫醫療福利的公務員、退休公務員、可於醫管局獲取醫療及牙醫醫療福利的醫管局員工或其合資格家屬的病人在支援計劃下及於資助金額上限內同樣獲得豁免。

Under the Support Scheme and subject to the cap subsidy, recipients of Comprehensive Social Security Assistance (CSSA) or recipients of Higher Old Age Living Allowance who are aged 75 or above would be entitled to be waived the need to pay to HKUSZH RMB100 per consultation session. Civil servants, pensioners, or their eligible dependants who are eligible

for medical and dental benefits within the civil service; as well as HA staff, retirees or their eligible dependents who are eligible for medical and dental benefits within the HA, will also be entitled to the same fee waiving arrangement under the scope of the Support Scheme and subject to the cap subsidy.

4. 為確保病人得到適切的治療，病人需登記香港電子健康紀錄互通系統，並向電子健康紀錄統籌處提出查閱資料要求，並授權港大深圳醫院收取及使用有關的電子健康紀錄的複本，以讓相關的醫護人員為其提供合適的醫護服務。

To ensure that patients receive appropriate treatment, patients need to register in the Hong Kong Electronic Health Record Sharing System (eHRSS) and submit a Data Access Request (DAR) to the Electronic Health Record Office (eHRO) for electronic health records on eHRSS, and authorize HKUSZH to obtain and use the copy of the relevant electronic health record so that relevant medical staff can provide them with appropriate medical services.

## 登記電子健康紀錄互通系統 Electronic Health Record Sharing System (eHRSS) Registration

5. 未登記電子健康紀錄互通系統的病人請參閱附件一以了解更多電子健康紀錄互通系統的詳情。

For patients who have not registered for eHRSS, please refer to Appendix 1 for more details of the programme.

6. 如病人未滿 16 歲，或年滿 16 歲但精神無行為能力、無能力處理其本身事務、或無能力處理有關參與或退出互通系統的事宜，須由其代決人提出申請。而有關代決人須符合下列的規定。

未滿 16 歲的病人(醫護接受者)的合資格代決人	年滿 16 歲而無能力自行給予同意的病人(醫護接受者)的合資格代決人
<p>(a) 該病人的家長；</p> <p>(b) 該病人的監護人<sup>1</sup>；</p> <p>(c) 獲法院委任以處理該病人事務的人士；</p> <p>(d) 如沒有(a)至(c)項所述的人士，則該病人的家人或與病人同住的人士；</p> <p>(e) 如沒有(a)至(d)項所述的人士，則正在或即將向該病人提供醫護服務的訂明醫護提供者。</p>	<p>(a) 根據《精神健康條例》委任的監護人<sup>2</sup>；</p> <p>(b) 社會福利署署長或根據《精神健康條例》委任為監護人的任何其他人士<sup>3</sup>；</p> <p>(c) 獲法院委任以處理該病人事務的人士；</p> <p>(d) 如沒有(a)至(c)所述的人士，則該病人的家人或與該醫護接受者同住的人士；</p> <p>(e) 如沒有(a)至(d)項所述的人士，則正在或即將向該病人提供醫護服務的訂明醫護提供者。</p>

1. 根據《未成年人監護條例》(第 13 章)委任或獲法院委任的人

2. 根據《精神健康條例》(第 136 章)委任為有關醫護接受者的監護人的人

3. 根據《精神健康條例》(第 136 章)第 44A(1)(i)條、第 44B(2A)條或第 59T(1)條或第 44B(2B)條或第 59T(2)條

其他有關詳情請參閱附件一的「代決人為醫護接受者處理登記事宜時應注意事項」。

If a patient is under the age of 16; or is aged 16 or above and is mentally incapacitated, incapable of managing his/her own affairs, or incapable of managing matters relating to the participation in/withdrawal from eHRSS, the application shall be submitted by a Substitute Decision Maker (SDM) on his /her behalf. The SDM must fulfil the requirements listed below.

Eligible SDM for patient (Healthcare Recipient) <u>Under 16</u>	Eligible SDM for patient (Healthcare Recipient) <u>aged 16 or above</u> and is incapable of giving the person's own consent
<p>(a) the person's parent;</p> <p>(b) the person's guardian<sup>1</sup>;</p> <p>(c) a person appointed by court to manage the person's affairs;</p> <p>(d) if there is no one in (a)-(c), the person's family member or a person residing with him/her;</p> <p>(e) if there is no one in (a)-(d), a prescribed HCP who provides or is about to provide healthcare to him/her.</p>	<p>(a) the person's guardian<sup>2</sup>;</p> <p>(b) the Director of Social Welfare or any other person as guardian under the Mental Health Ordinance (MHO)<sup>3</sup>;</p> <p>(c) a person appointed by court to manage the person's affairs;</p> <p>(d) if there is no one in (a)-(c), the person's family member; or a person residing with him/her;</p> <p>(e) if there is no one in (a)-(d), a prescribed HCP who provides or is about to provide healthcare to him/her.</p>

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)

Please refer to the "Important Notes for SDM Handling Registration Matters On Behalf of an Healthcare Recipient" of Appendix 1 for more details.

7. 通訊方式收取電子健康紀錄的系統通知  
系統會為透過是次計劃登記電子健康紀錄互通系統的病人，選擇以中文為通訊語言，並以「電郵」為通訊方式，以方便長時間在香港境外逗留病人收取有關電子健康紀錄的通知。如病人未能提供電郵地址，系統則會以「手機短訊」作為通訊方式，但病人需留意有關短訊只能發送至香港本地登記之流動號碼(+852)。  
Communication means to receive eHRSS notification  
eHRSS will choose Chinese the communication language for patients who have registered for eHRSS via the Support Scheme, and use "email" as the communication means to facilitate patients who will stay outside Hong Kong for a certain period of time to receive notifications from eHRSS. If the patient fails to provide an email address, eHRSS will use "SMS" as the communication means, but patients should note that notifications can only be sent to a Hong Kong registered mobile number (+852).
8. 如病人選擇拒絕接收關電子健康紀錄被取覽的通知，請致電子健康紀錄申請及諮詢中心聯絡(電話：(+852)3467-6300)以作出有關安排。  
If patient choose to refuse in receiving notification whenever the eHR has been accessed, please contact eHR Registration Office (Tel: (+852)3467-6300) for further arrangement.

### **電子健康紀錄互通系統查閱資料要求 Data Access Request in eHRSS**

9. 病人(資料當事人)或與病人(資料當事人)有關的人士，可根據《個人資料(私隱)條例》(第486章)(《私隱條例》)，取得載於電子健康紀錄互通系統(互通系統)內有關資料當事人(醫護接受者)的個人資料的複本。  
Patient (Data Subject) or Relevant Person of the Patient (Data Subject) may obtain a copy of the record of the personal data of the patient currently kept in eHRSS according to Personal Data (Privacy) Ordinance (Cap 486) (PD(P)O).
10. 如病人未滿 16 歲，或年滿 16 歲但無能力提出查閱資料要求，則只有與病人有關的人士，才可代其提出查閱資料要求。請參閱表格的 3.5 部份以了解有關詳情。  
Only Relevant Person can make DAR on behalf of the patient if the patient is under 16 or if the patient is 16 or above but incapable of making a DAR. Please refer to Section 3.5 of the application form for more details.
11. 是次查閱資料要求，則由病人本人或與病人有關的人士，書面授權香港大學深圳醫院領取及查閱其載於互通系統內的個人資料的複本。  
For this DAR, the patient or Relevant Person of the patient has authorised The University of Hong Kong – Shenzhen Hospital (HKUSZH) in writing to collect his/her DAR Report for the patient's personal data in eHRSS.
12. 是次查閱資料要求取得的資料報告只供本計劃使用，相關行政費用已獲豁免。但病人或與病人有關的人士如要取得有關報告的複本，需根據現行電子健康紀錄互通系統查閱資料要求程序，另行申請。  
The administrative fee for handling this particular DAR shall be waived and this DAR Report will only be used for this programme only. Patient or Relevant Person of the patient has to submit for another DAR according to the existing procedures for DAR in eHRSS, if he/she would like to get copy of this DAR report.
13. 互通系統內所紀錄的個人資料包括由醫院管理局、衛生署及已獲得資料病人的互通同意的醫護機構所上載。  
The personal data recorded in eHRSS are uploaded from the Hospital Authority, the Department of Health and other participating Healthcare Providers which have obtained the patient's sharing consent.
14. 如對查閱資料要求有任何疑問，可與電子健康紀錄申請及諮詢中心聯絡(電話：(+852)3467-6300)。

Please contact Electronic Health Record Registration Office at (+852)3467-6300 if patient/  
Relevant Person has any enquiry on DAR.

## 支援計劃及電子健康紀錄互通系統 《收集個人資料聲明》

### 收集資料的目的

如閣下是病人(醫護接受者及資料當事人)，香港特別行政區政府食物及衛生局轄下的電子健康紀錄統籌處及醫院管理局(我們) 會收集閣下的個人資料，包括姓名、出生日期、性別、身分證明文件號碼和聯絡資料(例如通訊地址、電話號碼和電郵地址)。

如閣下是代表某病人提出登記申請的代決人/有關人士(如適用)，我們可就該病人在支援計劃及電子健康紀錄互通系統(互通系統) 中相關的登記事宜，收集閣下的個人資料，包括姓名、身分證明文件號碼、聯絡資料(例如通訊地址、電話號碼和電郵地址)，以及閣下與該病人之間的關係。

我們向閣下收集的個人資料和資訊，將用於閣下在支援計劃及互通系統中的登記及申請，或有關病人，以閣下作為其代決人，向支援計劃及互通系統作出的登記及申請；及於《電子健康紀錄互通系統條例》(第625章) 訂明的相關事宜。相關的事宜包括但不限於：給予及管理參與及/或互通同意、更新互通系統內的資料、收取互通系統的通知及退出互通系統的事宜。而已登記的醫護接受者的健康資料，將會被取得有關醫護接受者或其代決人互通同意的醫護提供者所取覽。

### 可獲披露資料的機構／人士類別

我們不會在未經閣下同意下向第三者轉移或披露閣下的個人資料和資訊，但下列機構／人士則不在此限：

- (1) 衛生署、醫院管理局或我們根據《電子健康紀錄互通系統條例》以書面委任以協助電子健康紀錄專員執行其職能及行使相關權力的個人或實體；
- (2) 我們所聘用，以便就互通系統的運作提供服務或意見(如技術、保安或數據處理服務等)的任何人員、代理人、顧問、核數師、承辦商或服務供應商；
- (3) 我們根據香港境內適用的任何法例或法院命令要求，而需要向其作出披露的任何人士。

### 查閱及更正個人資料

閣下有權查閱及改正有關閣下所提供的個人資料，相關人士可申請查閱及更正個人資料。有關支援計劃的資料可致電支援計劃辦事處 (+852)2300-7070作出申請。

有關互通系統的資料，申請表格可於電子健康紀錄互通系統網頁([www.ehealth.gov.hk](http://www.ehealth.gov.hk)) 下載。閣下亦可向電子健康紀錄申請及諮詢中心(電話：(+852)3467-6300)了解有關詳情。我們可按查閱資料要求，向閣下收取適度的費用。

## **PERSONAL INFORMATION COLLECTION STATEMENT**

### **For the Support Scheme and eHRSS**

#### **Purposes of Collection**

We, the Electronic Health Record Office under the Food and Health Bureau of HKSARG and Hospital Authority (HA), 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 patient (Healthcare Recipient (HCR)/ Data Subject).

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

The personal data and information we collect from you is for your application and registration to the Support Scheme and eHRSS or for a patient to apply and register to the Support Scheme and eHRSS with you as his/her substitute decision maker, 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, updating of information in eHRSS, receipt of eHRSS notifications, and withdrawal from eHRSS. 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.

#### **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.

For data about this Support Scheme please contact Designated Office of Support Scheme at (+852)2300-7070.

For data about eHRSS, the application forms for access to or correction of personal data can be obtained from the eHRSS website ([www.ehealth.gov.hk](http://www.ehealth.gov.hk)). You may also contact the Electronic Health Record Registration Office at (+852)3467-6300 for more information. A non-excessive fee will be charged for complying with your data access request.



特區政府對居粵之醫管局長期覆診港人特別支援計劃  
HKSAR Government Special Support Scheme for Hospital Authority Chronic Disease Patients Living  
in the Guangdong Province to Sustain Their Medical Consultation under Coronavirus Disease-2019

**第 1 部 SECTION I**

**申請參加支援計劃 Application for Participation in the Support Scheme**

由病人或病人的監護人填寫（如適用）

**To be completed by Patient or legal guardian of the Patient (if applicable)**

我/病人有資格按照適用於「符合資格人士」# 的收費率繳付醫院管理局轄下的醫院 / 門診服務收費。

# 「符合資格人士」之定義：

- 持有根據《人事登記條例》(第 177 章) 所簽發香港身份證的人士，但若該人士是憑藉其已獲入境或逗留准許而獲簽發香港身份證，而該准許已經逾期或不再有效則除外；
- 身為香港居民的 11 歲以下兒童；或
- 醫院管理局行政總裁認可的其他人士。

I am / The patient is an Eligible Person# for public charges of medical fees provided by HA hospitals / clinics.

# Definition of Eligible Persons:

- holders of Hong Kong Identity Card issued under the Registration of Persons Ordinance (Chapter 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;
- children who are Hong Kong residents and under 11 years of age; or
- other persons approved by the Chief Executive of the Hospital Authority.

**第 2 部 SECTION II**

**繳付港大深圳醫院門診診症服務費用或豁免申請 Payment for outpatient fees of HKUSZH or application for waiving**

**To be completed by Patient or legal guardian of the Patient (if applicable)**

由病人或病人的監護人填寫（如適用）

- I agree that I/the patient will be charged Renminbi (RMB)100 for each outpatient consultation session and#, or; 本人同意本人/有關病人每次接受港大深圳醫院門診診症服務需繳付人民幣 100 元的費用及#，或;
- I/The patient am(is) eligible for any of the following medical fees waiving (if applicable) for the HKUSZH RMB100 per consultation session and agree#:

本人/有關病人符合以下其中一項資格(如適用)豁免繳付人民幣 100 元的醫療費及同意#:

- (a) 領有綜合社會保障援助（「綜援」）。  
Recipient of **Comprehensive Social Security Assistance**.
- (b) 年滿75歲或以上高齡長者生活津貼受惠人。  
**Higher Old Age Living Allowance Recipient aged 75 or above.**
- (c) 可於政府獲取醫療及牙醫醫療福利的公務員、退休公務員及合資格人士。  
**Civil servants, pensioners or their dependents who are eligible for medical and dental benefits within the civil service.**
- (d) 可於醫管局獲取醫療及牙醫醫療福利的醫管局職員、退休醫管局職員及合資格人士。  
**HA staff, retirees or their eligible dependents who are eligible for medical and dental benefits within HA.**

#the balance of the fees charged by HKUSZH would be subsidised by the HKSAR Government within the cap specified under the Support Scheme at a total of RMB2000. Fees beyond the cap should be paid by me/the patient to HKUSZH directly.

餘下費用差額則於支援計劃所指定的上限之內由政府資助(上限人民幣 2,000 元)。超於資助金額上限的診症費用需要由本人/病人直接支付港大深圳醫院。

please tick as appropriate 請在適當的方格填上✓號

\* delete whichever is inappropriate 請刪去不適用者

(11/2020)

**特區政府對居粵之醫管局長期覆診港人特別支援計劃**  
**HKSAR Government Special Support Scheme for Hospital Authority Chronic Disease Patients Living in the Guangdong Province to Sustain Their Medical Consultation under Coronavirus Disease-2019**

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**第 3 部 SECTION III**

**登記電子健康紀錄互通系統及查閱資料要求申請表**  
**Electronic Health Record Sharing System (eHRSS) Registration and Data Access Request (DAR) Form**

**3.1 病人(醫護接受者及資料當事人)資料**  
**Details of the Patient (Healthcare Recipient (HCR) and Data Subject)**

中文姓名 (*先生/女士/小姐) Name in Chinese	英文姓名 (*Mr/Ms/Miss) Name in English	性別 Sex
姓氏 Surname                      名字 Name	姓氏 Surname                      名字 Name	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female

香港身份證號碼 Hong Kong Identity Card (HKIC) No.	出生日期 Date of Birth		
(                      )	日 Day	月 Month	年 Year

通訊地址 Correspondence Address

電郵地址 Email Address	本港手提電話號碼 Hong Kong Local Mobile Telephone No.
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本人/有關病人

已年滿十六或以上及有能力給予參與同意及/或提出查閱資料要求 (請跳到3.3)  
The patient is 16 or above and capable to give joining consent and/or making a DAR. (Please skip to 3.3)

未滿十六，或年滿十六但無能力給予參與同意及/或提出查閱資料要求 (請填寫3.2)  
The patient is under 16 or is 16 or above but incapable of giving joining consent and/or making a DAR. (Please fill in 3.2)

**3.2 代決人及提出查閱資料要求人士(有關人士)資料<sup>1</sup>**  
**Details of Substitute Decision Maker (and Relevant Person who submit the DAR)<sup>1</sup>**

中文姓名 (*先生/女士/小姐) Name in Chinese	英文姓名 (*Mr/Ms/Miss) Name in English
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香港身份證號碼 Hong Kong Identity Card (HKIC) No.	(                      )
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與病人(醫護接受者及資料當事人)關係 Relationship with Patient (HCR and Data Subject)	聯絡電話號碼 Contact Telephone No.
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如非香港身份證持有人，請填寫其他身份證明文件資料  
For non HK Identity Card holder, please fill in information of other identity document

類別 Type	證件號碼 Document No.
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<sup>1</sup> 如病人(醫護接受者/資料當事人)未滿十六歲或年滿十六歲但精神無行為能力、無能力處理其本身事務、或無能力處理有關參與或退出互通系統的事宜及提出查閱資料要求，須由其代決人/有關人士提出申請。  
If patient (healthcare recipient/ data subject) is under the age of 16; or is aged 16 or above and is mentally incapacitated, incapable of managing his/her own affairs, or incapable of managing matters relating to the participation in/withdrawal from eHRSS or DAR, the application shall be submitted by a Substitute Decision Maker/ Relevant Person on his /her behalf.

please tick as appropriate 請在適當的方格填上✓號  
\* delete whichever is inappropriate 請刪去不適用者  
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**3.3 登記電子健康紀錄互通系統授權書 Authorisation Letter for eHRSS Registration**

本人(病人或病人的代決人)未能親身前往電子健康紀錄登記站或電子健康紀錄申請及諮詢中心遞交有關登記參加互通系統及給予有關醫護提供者互通同意之申請，現授權**香港大學深圳醫院**代表本人遞交有關申請，並附上本人身份證明文件副本以供查證。  
 I (HCR and SDM of HCR) am unable to come in person to eHR Registration Centres or eHR Registration Office to submit my application to register with eHRSS and to give sharing consent to healthcare provider. I hereby authorise **HKUSZH** to submit this application on my behalf. A copy of my identity document is attached for identity authentication.

**3.4 查閱資料要求 Data Access Request**

病人(資料當事人)所要求查閱的個人資料(要求資料) 詳情:

**Details of Personal Data of the patient (Data Subject) under request (Requested Data) are:**

本人透過本查閱資料要求，查閱本人/有關病人下列載於互通系統內最近 3 年的紀錄：  
 I hereby request to access the following types of record(s) of the last 3 years in the eHRSS through this DAR:

- 過敏和藥物不良反應 Allergy & Adverse Drug Reaction
- 出生紀錄 Birth Record
- 與醫護提供者接觸的資料/預約摘要 Encounter / Appointment Record
- 診斷紀錄 Problem / Diagnosis
- 醫療程序 Procedure
- 藥物配發紀錄 Medication Dispensing Record
- 藥物處方紀錄 Medication Prescribing Record
- 臨床紀錄和摘要 Clinical Note and Summary
- 其他檢驗報告 Other Investigation Report
- 轉介 Referral
- 化驗紀錄 Laboratory Record
- 放射檢查紀錄 Radiology Examination
- 防疫注射紀錄 Immunisation Record

本人/有關病人

I/the patient:

已年滿十六或以上及有能力提出查閱資料要求。(請跳到3.6)。  
**is 16 or above and capable to give joining consent and/or making a DAR. (Please skip to 3.6)**  
 未滿十六，或年滿十六但無能力給予參與同意及/或提出查閱資料要求。(請填寫3.5)  
**is under 16 or is 16 or above but incapable of giving joining consent and/or making a DAR. (Please fill in 3.5)**

**3.5 有關人士與病人(資料當事人)的關係  
 Relationship between the Relevant Person and Patient (Data Subject)**

請選擇 EITHER  (a) 有關病人(資料當事人)未滿 16 歲，而有關人士對其有父母責任；  
 The Relevant Person has parental responsibility for the Patient (Data Subject) who is under age 16;

或 OR  (b) 有關病人(資料當事人)無能力處理其本身事務，而法庭委任有關人士處理其事務；  
 The Patient (Data Subject) is incapable of managing his/her own affairs and the Relevant Person has been appointed by a court to manage the affairs of the Data Subject (HCR)

或 OR  (c) 病人(資料當事人)屬《精神健康條例》(第 136 章)第 2 條所指的精神上無行為能力的人士以處理資料當事人(醫護接受者)的事務。  
 The Patient (Data Subject) is mentally incapacitated within the meaning of Section 2 of the Mental Health Ordinance (Cap 136) to manage the affairs of the Data Subject (HCR).  
 根根據《精神健康條例》第 44A、59O 或 59Q 條，法庭、裁判官或監護委員

please tick as appropriate 請在適當的方格填上✓號

\* delete whichever is inappropriate 請刪去不適用者

**特區政府對居粵之醫管局長期覆診港人特別支援計劃**  
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<p>會已委任有關人士擔任其監護人。          appointed as a guardian of the Patient (Data Subject) by a court, magistrate or the Guardianship Board under section 44A, 59O or 59Q of the Mental Health Ordinance;</p> <p><input type="checkbox"/> 根據《精神健康條例》第 44B(2A)或 59T(1)條，有關資料當事人(醫護接受者)的監護已轉歸社會福利署署長。          the Director of Social Welfare who, pursuant to section 44B(2A) or 59T(1) of the Mental Health Ordinance, is vested the guardianship of the Patient (Data Subject);</p> <p><input type="checkbox"/> 根據《精神健康條例》第 44B(2B)或 59T(2)條，社會福利署署長或經監護委員會認可的人士已獲授權就有關資料當事人(醫護接受者)執行監護人的職能。          the Director of Social Welfare or a person approved by the Guardianship Board who, pursuant to section 44B(2B) or 59T(2) of the Mental Health Ordinance is authorised to perform the functions of a guardian for the Patient (Data Subject).</p>
<p>如選擇第(c)項，請填寫有關人士獲委任擔任監護人／監護轉歸有關人士 /有關人士獲授權執行監護人職能的日期：</p> <p>If the box in (c) is ticked, state the date when the Relevant Person was appointed a guardian / was vested the guardianship / was authorised to perform the functions of a guardian:</p>
<p>就(c)項所指的監護，有關的委任／轉歸／授權是否仍然有效？</p> <p>Is the appointment / vesting / authority to perform under 2(c) still subsisting?</p> <p><input type="checkbox"/> 是 Yes      <input type="checkbox"/> 否 No</p>
<p>請一併提供能證明有關人士與有關病人(資料當事人)之間關係的證明文件副本。證明文件例子可參閱附註。          Please also provide a copy of the documentary evidence to support the relationship between the Relevant Person and the Patient (Data Subject). Please refer to Note for examples of the documentary supporting evidence.</p> <p><u>附註 Note:</u>          證明病人(資料當事人)與有關人士關係的證明文件例子為:          Examples of documentary evidence to support the relationship between the Relevant Person and the Patient (Data Subject) are:</p> <p><input type="checkbox"/> (a) 出生證明書／法定管養權證明書(如有關人士聲稱對病人(資料當事人)負有父母責任；或          a birth certificate/legal custody paper if the Relevant Person claims parental responsibility over the Patient (Data Subject); or</p> <p><input type="checkbox"/> (b) 法庭簽發任命有關人士管理病人(資料當事人)事務的法院文件(若病人(資料當事人)無能力管理本身事務)；或          a court document issued by a court appointing the Relevant Person to manage the affairs of the Patient (Data Subject) who is incapable of managing his own affairs; or</p> <p><input type="checkbox"/> (c) 監護委員會／法庭／裁判官發出的監護令，顯示有關人士現正委任為精神上無行為能力的病人(資料當事人)的監護人；或          a guardianship order issued by the Guardianship Board/court/magistrate which can show that the Relevant Person is currently appointed as the guardian of the mentally incapacitated Patient (Data Subject); or</p> <p><input type="checkbox"/> (d) 證明文件顯示有關人士就《精神健康條例》的相關條文獲轉歸或獲授權執行監護人的職能。          documentary evidence to show that the Relevant Person has been vested the guardianship or that he is authorised to perform the functions of a guardian under the relevant section of the Mental Health Ordinance.</p>
<p><b>3.6 查閱資料要求授權書 Authorisation Letter for Data Access Request</b></p>
<p><input type="checkbox"/> 本人為病人(資料當事人)或其有關人士，現授權香港大學深圳醫院收集本人/有關病人(資料當事人)有關資料。          I hereby authorise HKUSZH to collect the information on myself/ Patient (Data Subject) as the Patient (Data Subject)/ Relevant Person of the Patient (Data Subject).</p>

please tick as appropriate 請在適當的方格填上✓號

\* delete whichever is inappropriate 請刪去不適用者

(11/2020)

**特區政府對居粵之醫管局長期覆診港人特別支援計劃**  
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**第 4 部 SECTION IV**

**聲明 Declaration**

在簽署本表格後，本人確認-  
**By signing this form, I confirm that-**

1. 所填報以支持本申請的資料均屬真確無訛。  
All information given to support this application is true and correct.
2. 我/病人申請參與本支援計劃。我/病人亦同意醫院管理局 / 香港大學深圳醫院（港大深圳醫院）提供我的個人資料給港大深圳醫院 / 醫院管理局（視乎何者適用），以及有關的政府部門、機構等，作為我參與本計劃之用途及核實我的身份、參與資格、收費及其相關目的。  
I/The patient apply(ies) to participate in the Support Scheme. I/The patient agree(s) to HA / The University of Hong Kong – Shenzhen Hospital (HKUSZH) whom I/the patient will attend to use and make available my/ the patient's personal data to HKUSZH / HA (as the case may be) and to appropriate government departments / agencies / authorities etc. for the purpose of my/the patient's participation in the Support Scheme and to verify my/ the patient's identity / status for eligibility to participate and for charging and related purposes..
3. 本人授權並同意醫院管理局，把申請表格上的資料與有關的政府部門及機構所持有關於本人/有關病人的個人資料進行核對，以處理本人/有關病人豁免門診診症服務費用的申請。本人明白核對程序旨在確定本人/有關病人是否符合豁免醫療費用的資格。  
I authorize and consent to the matching of my information provided in the application form by Hospital Authority with my/ the patient's personal data held by relevant departments of the Government and organizations for processing of my/the patient's application for fee waving the outpatient consultation fees. I understand that the matching procedure is conducted for ascertaining my/the patient's eligibility of fee waiving.

如已登記電子健康紀錄互通系統者，請略過 4-6.

*For individual who has already registered to Electronic Health Record Sharing System (eHRSS), please skip 4-6.*

4. 本人 / 本人已代表有關病人(醫護接受者)就登記參加互通系統給予「參與同意」，以及明白藉此本人/該病人(醫護接受者)被視為已向衛生署及醫院管理局給予「互通同意」  
I have given my joining consent/ I have given my joining consent on behalf of the patient ( to participate in eHRSS and I understand that by doing so, I/ the patient is taken to have given my/ the patient's sharing consent to the Department of Health (DH) and the Hospital Authority (HA).
5. 本人作為病人(醫護接受者)的代決人(如適用)，就本人所知所信，在本人提出本申請時病人(醫護接受者)是未滿十六歲；或年滿十六歲但精神無行為能力、無能力處理其本身事務、或無能力處理有關參與或退出互通系統的事宜。而本人是陪伴該病人(醫護接受者)，並已顧及該病人在有關情況下的最佳利益。  
I act, as the the Substitute Decision Maker (SDM) of patient (if applicable), to the best of my knowledge and belief that at the time this application is made, the concerned healthcare recipient is under the age of 16; or is aged 16 or above and is mentally incapacitated, incapable of managing his/her own affairs, or incapable of managing matters relating to the participation in/withdrawal from eHRSS. When making the application on behalf of the patient, I am accompanying the patient and had regard to the best interests of him/her.

please tick as appropriate 請在適當的方格填上✓號

\* delete whichever is inappropriate 請刪去不適用者

(11/2020)

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6. 本人已參閱及明白「參與者須知」，當中包括以下部分(i)已給予的「參與同意」的意義，以及(ii)就給予個別醫護提供者「互通同意」的意義，以讓其根據《電子健康紀錄互通系統條例》(第 625 章) 取得及互通本人 / 病人存放於互通系統的資料。而作為病人的代決人(如適用)，本人已參閱及明白「參與者須知」中「代決人為醫護接受者處理登記事宜時應注意事項」。

I have read and understood the "Participant Information Notice" including section(s) regarding (i) the meaning of the joining consent that I have / the patient has given; and (ii) the meaning of sharing consent given to individual healthcare provider(s) to obtain and share my data contained in eHRSS in accordance with the Electronic Health Record Sharing System Ordinance (Cap. 625). As the Substitute Decision Maker (SDM) of patient (if applicable), I have read and understood the "Important Notes for SDM Handling Registration Matters on Behalf of an HCR" in the "Participant Information Notice".

7. 本人已參閱及明白「收集個人資料聲明」。

I have read and understood the "Personal Information Collection Statement".

8. 本人同意在此表格上第 1 部、第 2 部及第 3 部份填寫的資料或本人 / 病人的資格如有任何更改，本人會立刻通知醫院管理局。

I agree to notify HA immediately upon any changes to any information or status provided on section I and section II of this form.

病人(醫護接受者及資料當事人)/代決人/有關人士簽署：

日期：

Signature of Patient (HCR and Data Subject)/

Substitute Decision Maker/Relevant Person : \_\_\_\_\_

Date : \_\_\_\_\_

please tick as appropriate 請在適當的方格填上✓號

\* delete whichever is inappropriate 請刪去不適用者

(11/2020)