

申請表
Application Form

[請在填寫此申請表前，參閱「申請須知」及「病人/申請人通知書 – 個人資料」，並按「申請須知」第四點提供所需文件。]

Please read "Points to Note" and "Notice to Patient/Applicant – Personal Data" before completing this Application Form and provide such documents as required in Point 4 of the Points to Note.]

病人姓名 (中文) Name of Patient (Chinese)	<input type="text"/>	(英文) (English)	<input type="text"/>
香港身份證/ 出世紙 HKID /HKBC.	<input type="text"/>	出生日期 (日/ 月/ 年) Date of Birth (D/ M/ Y)	<input type="text"/>
		性別 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
聯絡電話號碼 Contact Number(s)	<input type="text"/>	電郵地址 (如適用) E-mail Address (if available)	<input type="text"/>
手提電話號碼 [用於接收電子病歷正被檢閱的手機短訊] Mobile Phone Number [to receive security SMS messages when Electronic Patient Records ("ePR") is accessed]	<input type="text"/>		
手機短訊語言選擇 SMS Language	<input type="checkbox"/> 中文 Chinese	<input type="checkbox"/> 英文 English	

病人簽署 To be signed by patient:

- 本人已參閱及明白此申請表夾附的「申請須知」，同意參加試驗計劃及「申請須知」的條款。本人授權醫管局發放本人之電子醫療記錄予獲授權並已參加試驗計劃的私家醫生/其他醫療機構/服務提供者作醫療本人或其他相關的用途。
I have read and understood the "Points to Note" attached to this Application Form. I agree to participate in the Pilot Project and the terms set out in the Points to Note. I authorize HA to disclose my ePR to authorized private medical practitioners/other healthcare institutions/service providers participating in the Pilot Project for my healthcare and other related purposes.
- 本人要求更改本人在醫院管理局登記的住址如下 [就所需證明文件，請參閱「申請須知」第四點]：
I request to change my residential address recorded in Hospital Authority to [Please refer to Point 4 of "Points to Note" for the documentary proof required]:

* 請注意: 病人/申請人如沒有在此申請表提出更改住址要求，通知信件將會寄往病人於醫院管理局登記的住址

* Please note: Notification letter will be sent to the residential address of the patient recorded in Hospital Authority if no request for change of residential address is made on this form

病人簽署 Patient's Signature	<input type="text"/>	日期 Date	<input type="text"/>
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申請者簽署 (適用於有監護人 或 未滿十八歲的病人)

To be signed by applicant (legal guardian of patient or parent of patient under 18 years old):

- 本人為病人的監護人/ 父母，已參閱及明白此申請表夾附的「申請須知」，並同意上述病人參加試驗計劃及「申請須知」的條款。本人授權醫管局發放上述病人之醫療記錄予獲授權並已參加試驗計劃的私家醫生/其他醫療機構/服務提供者作醫療上述病人或其他相關的用途。
I, the applicant, have read and understood the Points to Note attached to this Application Form. I agree to the above patient participating in the Pilot Project and the terms set out in the Points to Note. I authorize HA to disclose the ePR of the above named patient to authorized private medical practitioners/other private healthcare institutions/service providers participating in the Pilot Project for the above patient's healthcare and other related purposes.
- 本人要求更改病人在醫院管理局登記的住址如下 [就所需證明文件，請參閱「申請須知」第四點]：
I request to change the patient's residential address recorded in Hospital Authority to [Please refer to Point 4 "Points to Note" for the documentary proof required]:

* 請注意: 病人/申請人如沒有在此申請表提出更改住址要求，通知信件將會寄往病人於醫院管理局登記的住址

* Please note: Notification letter will be sent to the residential address of the patient recorded in Hospital Authority if no request for change of residential address is made on this form

申請人姓名 Applicant's Name	<input type="text"/>	申請人香港身份證/ 護照號碼 Applicant's HKID/ Passport no.	<input type="text"/>
與病人關係 Relationship with patient	<input type="text"/>	聯絡電話 Contact Phone no.	<input type="text"/>
申請人簽署 Applicant's Signature	<input type="text"/>	日期 Date	<input type="text"/>

請在適當方格加上✓號 (Please tick as appropriate)

此欄由辦理機關填寫 For Official Use Only (To be completed by staff receiving the application and checking the patient/applicant's identity document)

Signature _____	Institution Chop <input type="text"/>
Name _____	Date _____
Post _____	

Public-Private Interface – Electronic Patient Record Sharing
Pilot Project (“Pilot Project”)- Points to Note

- (1) Patients (holder of Hong Kong Identity Card (HKID) / Hong Kong Birth Certificate) can join the Pilot Project on a voluntary basis. Patient/Applicant should notify the PPI-ePR Programme Office of the Hospital Authority (HA) at 2300 6654 during office hours if patient/applicant wants to withdraw from the Pilot Project.
- (2) HA’s electronic Patient Record (“ePR”) of a patient who has joined the Pilot Project may with the patient’s/applicant’s agreement be released to, accessed and, used by authorized private medical practitioners, other healthcare institutions or service providers participating in the Pilot Project for the individual patient’s continuing patient care. ePR includes information recorded on, before and after the application date. It includes diagnosis, discharge summaries, medications, allergy, laboratory and radiology reports. HA may at any time withdraw, add or amend any data available for sharing under the Pilot Project without advance notice. Under the Pilot Project, patients will not be provided printouts of the ePR.
- (3) For those applying in person, an Authorization Code will be sent to the patient/applicant using a designated mobile phone number through SMS by HA and will be effective in about 1 hour. For those applying by fax, mail or email, the Authorization Code will be posted to the patient’s residential address recorded in HA. Authorized private medical practitioners, other healthcare institutions or service providers can only access the ePR of a patient in HA with the Authorization Code issued for that patient.
- (4) Patient/Applicant can submit application by fax, mail, e-mail or in person. A request to changing the patient’s residential address can be made on the application form.

(I) Application in person

Application can be made at HA, authorized private hospitals or private healthcare institutions (see leaflet provided with this application form for their locations). Application details are as follows:

(A) HA’s Patient Registration Centres or other HA clusters’ liaison offices

Patient should bring along his Hong Kong Identity Card (HKID).

Applicant (legal guardian of patient or parent of patient under 18 years old) applying for the patient should bring along (i) the applicant’s HKID/passport, (ii) the patient’s HKID/Hong Kong Birth Certificate (HKBC) and (iii) documentary proof of the applicant’s relationship with the patient.

Patient/Applicant may request staff at these HA venues to process the application immediately and on completion of the process print out a notification letter with the Authorization Code for retention by patient/applicant. Alternatively, the notification letter will be posted within 2 weeks to the patient’s residential address recorded in HA.

(B) Authorized Private Hospitals / other authorized Private Healthcare Institutions

Patient should bring along (i) his HKID and (ii) a photocopy of his HKID.

Applicant (legal guardian of patient or parent of patient under 18 years old) applying for the patient should bring along (i) the applicant’s HKID/passport, (ii) the patient’s HKID/HKBC, (iii) documentary of the applicant’s relationship with the patient and (iv) photocopy of (i) to (iii).

Photocopy of documentary proof of change in residential address is required if such request is made.

Application submitted will be sent to HA for further processing.

HA will mail a notification letter to the patient’s residential address recorded in HA within 2 weeks after the Authorization Code is sent out. If the patient does not receive such letter within 2 weeks after the Authorization Code is sent out, enquiry should be made to the institution to which the application was submitted for enquiry.

(II) Application by fax, mail or email

Patient/Applicant can fax, mail or email the duly completed application form to the PPI-ePR Programme Office as follows:

Address: PPI-ePR Programme Office, Unit 1193, 11/F, Kowloonbay International Trade & Exhibition Centre, 1 Trademart Drive, Kowloon Bay.

Fax Number: 2194-0666

Email Address: ppi.epr@ha.org.hk

For such application, patient should submit with the application a copy of his HKID.

Applicant (legal guardian of patient or parent of patient under 18 years old) applying for the patient should submit with the application copies of (i) the applicant's HKID/passport, (ii) the patient's HKID/HKBC, and (iii) documentary proof of the applicant's relationship with patient.

Photocopy of documentary proof of change in residential address is required if such request is made.

Upon successful application, HA will mail a notification letter with the Authorization Code to the patient's residential address recorded in HA.

- (5) Patient/Applicant should ensure that personal data provided is accurate and complete for successful application. Reference can be made to the "Notice to Patient/ Applicant – Personal Data" before providing the personal data to HA. The Notice can be obtained from HA webpage at << [http:// www.ha.org.hk/ppp/ppiepr](http://www.ha.org.hk/ppp/ppiepr) >>. Please also note that your Personal Data may be made available to other relevant parties who require it for matters related to project audit or evaluation purposes.
- (6) Patient/Applicant should notify the HA PPI-ePR Programme Office in case of loss/need to change the Authorization Code.
- (7) Patient/Applicant will not be charged any fee for participating in the Pilot Project during the pilot stage.
- (8) If patient is under 18 years old, the application form should be submitted by patient's parent or legal guardian. Should patient wish to authorize the continuation of PPI-ePR account upon reaching 18 years of age, resubmission of a new application form is required. Please note that the juvenile HKID card is only valid for 30 days after the 18th birthday, and for details on how to submit the application please refer to note (4) above. Then a new Authorization Code will be issued. If no reply is received within 6 months of the 18th birthday, the PPI-ePR account would be deleted.
- (9) Permission to access ePR may cease or be restricted, interrupted or revoked at any time. Such permission shall immediately cease upon termination of the Pilot Project.
- (10) Please note that data sent over the Internet cannot be guaranteed to be completely secure. The HA will not be responsible for any loss, damages or expense incurred or suffered by any person as a result of any delay, loss, diversion, alteration or corruption of any information received from or made available by the HA through the Pilot Project over the Internet. In particular, no warranty or representation regarding accuracy, timeliness, completeness, fitness for a particular purpose given in conjunction with such information and materials.
- (11) When medically necessary, a patient may authorize his/her private medical practitioner to contact HA's responsible doctor to obtain his/her medical information.

公私營醫療合作 - 醫療病歷互聯試驗計劃 [“試驗計劃”] - 申請須知

- (1) 病人 (需持有有效香港身份證/出世紙)參與試驗計劃均為自願性質。病人/申請人如欲退出試驗計劃，請於辦公時間內向醫院管理局(“醫管局”)的計劃辦事處提出，電話：2300 6654。
- (2) 病人參與試驗計劃後，醫管局會在病人/申請人授權之情況下，向獲授權及已參與試驗計劃的私家醫生、其他醫療機構或服務提供者披露病人之電子病歷記錄，並容許他們參閱及使用有關資料延續治療該病人。電子病歷記錄包括申請日期當天，之前及之後的各項記錄。電子病歷資料包括臨床診斷及治療、住院撮要、藥物處方、藥物過敏反應、化驗報告及放射診斷報告。醫管局可隨時撤回、增加或修改於試驗計劃內提供之任何共享資料，而無須事先作出通知。病人不會於試驗計劃下獲提供電子病歷的列印本。
- (3) 若親身提交申請，醫管局會透過指定手機號碼向病人/申請人發出載有授權號碼的短訊，號碼約在一小時後生效。若以傳真、郵遞或電郵提出申請，授權號碼會郵寄到病人在醫管局登記的住址。獲授權的私家醫生、其他醫療機構或服務提供者必需輸入相關的授權號碼，方可查閱該病人的電子病歷記錄。
- (4) 病人/申請人可以傳真、郵遞、電郵或親身提出申請，亦可於申請同時提出更改病人住址的要求。

(I) 親身提出申請

申請可於醫管局、獲授權的私家醫院或私營醫療機構(地點可參閱此申請表夾附的單張)提出，申請詳情如下：

(A) 醫管局轄下的病人登記處或指定的醫院聯網辦事處：

病人需攜同身份證。

申請人(適用於監護人 或 未滿十八歲的病人之父母)替病人申請需攜同：

- (i) 申請人的身份證/護照
- (ii) 病人的身份證/出世紙
- (iii) 與病人關係的證明文件

病人/申請人可要求該處的職員即時處理此項申請，並於辦妥申請後編印附有授權號碼之通知信件予病人/申請人保存。若選擇以郵寄方式收取授權號碼，通知信件會在兩星期內寄到病人在醫管局登記的住址。

(B) 指定的私家醫院、獲授權的私營醫療機構：

病人需攜同：

- (i) 身份證
- (ii) 身份證副本

申請人(適用於監護人 或 未滿十八歲的病人之父母)替病人申請需攜同：

- (i) 申請人的身份證/護照
- (ii) 病人的身份證/出世紙
- (iii) 與病人關係的證明文件
- (iv) 上述(i)至(iii)的副本

如若提出更改住址要求，需提交住址證明文件。

申請需遞交醫管局作進一步處理。

醫管局會在授權號碼短訊發出後之兩星期內，郵寄通知信件到病人在醫管局登記的住址。若病人在授權號碼短訊發出後兩星期內尚未收到有關信件，需向遞交申請表的機構作出查詢。

(II) 以傳真、郵遞或電郵提出申請

病人/申請人可以傳真、郵遞或電郵向計劃辦事處提交填妥的申請表如下：

地址：九龍灣展貿徑一號九龍灣國際展貿中心11樓1193室

傳真號碼：2194-0666

電郵地址：ppi.epr@ha.org.hk

以上述方式申請，病人需提交身份證副本。

申請人(適用於監護人 或 未滿十八歲的病人之父母)替病人申請需提交下列文件副本：

- (i) 申請人的身份證/護照
- (ii) 病人的身份證/出世紙
- (iii) 與病人關係的證明文件

如若提出更改住址要求，需提交住址證明文件。

辦妥申請後，附有授權號碼之通知信件會在兩星期內寄到病人在醫管局登記的住址。

- (5) 為免申請延誤，請確保各項個人資料準確及完整。請於向醫管局提供個人資料前參閱「病人 / 申請人通知書 - 個人資料」。此通知書可透過醫管局的網站下載<<[http:// www.ha.org.hk/ppp/ppiepr](http://www.ha.org.hk/ppp/ppiepr)>>。你的個人資料可能會被我們交予有關人士或機構，作為辦理有關計劃的審核或研究用途。
- (6) 病人/申請人如遺失或希望更改授權號碼，請向計劃辦事處提出。
- (7) 試驗計劃在試行階段不會向病人/申請人徵收費用。
- (8) 如病人未滿十八歲，申請表格須由病人的父母或合法監護人遞交。病人如欲於年滿十八歲後繼續參加本計劃，屆時須重新遞交申請表(遞交申請的方法可參閱本須知第(4)項)，否則該病人之試驗計劃戶口將於其滿十八歲的六個月後被中止。若成功申請，病人會獲發一個新的授權號碼。請注意病人之兒童身分證只限於其十八歲生日起的三十天內有效。
- (9) 查閱病人的電子病歷記錄的許可性可能隨時會受到限制、中斷或取消。試驗計劃完結時，該項許可亦即時終止。
- (10) 於互聯網上傳遞之訊息並不保證絕對保密。醫管局透過試驗計劃經互聯網發出之訊息如有任何延誤、損失、變更、改動或訛誤，引致任何人士的損失、損害或支出，醫管局概不負責，特別對於網上資料的準確性、時間性、完整性、是否適合某一特別用途，並不作出任何保證。
- (11) 因應私家醫生診症需要，病人可授權其私家醫生聯絡醫管局的負責醫生以取得病人的病歷資料。

醫院管理局
公私營醫療合作－醫療病歷互聯試驗計劃(“試驗計劃”)
病人/申請人通知書－個人資料

在向醫院管理局提供任何個人資料之前，請先閱讀本通知書

醫院管理局(「醫管局」)是一法定機構，負責管理公立醫院。我們的員工可能會請你提供你的個人資料，作為有關你的個案/申請參與試驗計劃之用。

當你提供個人資料給我們時，請提供準確及完整的資料。如果你不向醫管局提供所需的資料或提供錯誤/不完整的資料，你的個案/申請可能因而受到影響。

並請注意，你的個人資料可能會被我們交予：

- 醫管局內的適當人士；
- 參與試驗計劃的醫生、其他醫療機構或服務提供者；
- 任何需要使用上述資料，辦理你的個案/申請之有關人士；
- 在法例所規定/容許下向適當的政府部門/辦事處/管理機構等透露個人資料，或在因為公眾利益需要的情況下透露。

除了上文所述以外，我們只會在下列情況把你向我們提供的個人資料使用、透露或轉移：

- 作為你的個案/申請之目的或其他直接有關連的目的；或
- 在法律容許的情況下。

我們將會在得到你的同意後，才使用你的個人資料作為其他目的。

如果你希望根據《個人資料(私穩)條例》要求查閱及/或改正你的個人資料，請在辦公時間內與醫院管理局總辦事處的資料控制員聯絡：

地址：香港九龍亞皆老街147號B醫院管理局大樓
5字樓529N室保障個人資料組

HOSPITAL AUTHORITY

PUBLIC-PRIVATE INTERFACE – ELECTRONIC PATIENT RECORD SHARING PILOT PROJECT
(“PILOT PROJECT”)

NOTICE TO PATIENT/APPLICANT – PERSONAL DATA

Please READ this notice before you provide any Personal Data to us

The Hospital Authority (HA) is a statutory body which manages public hospitals. Our staff members may ask you to provide your Personal Data for purposes related to your case/application for participation in the Pilot Project.

When you provide Personal Data to us, please make sure that the data is accurate and complete. If you fail to provide us with the information required or if the information provided is inaccurate or incomplete, our consideration of your case/application will be affected.

Please also note that your Personal Data may be made available to:

- appropriate persons in the HA;
- doctors/other healthcare institutions or service providers participating in the Pilot Project;
- any other relevant parties who require it for matters related to your case/application;
- appropriate government departments/agencies/authorities etc. when disclosure is required or permitted by law or is necessary in the public interest.

In addition to the above, we will only use, disclose or transfer the Personal Data you provide to us:

- for those purposes relating to your case/application or directly related purposes; or
- where permitted by law.

We will obtain your consent before using your Personal Data for any other purposes.

If you wish to require access to and/or correction of your Personal Data, you may do so under Personal Data (Privacy) Ordinance. Please contact the Data Controller of Hospital Authority Head Office during office hours at:

Address: Data Protection Unit, Room 529N, Hospital Authority Building, 147B Argyle Street, Kowloon, Hong Kong