

**Consent of Voucher Recipient to Transfer Personal Data**

To: (Name of the Enrolled Health Care Provider)\_\_\_\_\_

(SPID)\_\_\_\_\_

The Director of Health, HKSAR Government (“the Government”)

1. I hereby give consent to (name of the Enrolled Health Care Provider)\_\_\_\_\_ to transfer and release to the Government, its agents, or other persons authorized by the Government my personal data provided in connection with the “Consent of Voucher Recipient to Use Vouchers” and any information related to the consultation shown on the “Notice on Use of Health Care Voucher” for the use by the Government for the purposes as set out in the Appendix “Statement of Purpose”.
  
2. I agree to provide (name of the Enrolled Health Care Provider)\_\_\_\_\_ and the Government my personal data, including :
  - \* (a) in the case of Hong Kong Identity Card holder, Hong Kong Identity Card No., name (in English and Chinese), gender, date of birth, symbol on and date of issue of Hong Kong Identity Card, and residential status; OR
  - \* (b) in the case of Certificate of Exemption holder, name (in English and Chinese), gender, date of birth, Serial No., Reference (number), (issue) date and Hong Kong Identity Card No. shown on the Certificate of Exemption.
  
3. This consent shall be governed by and construed in accordance with the laws of Hong Kong Special Administrative Region and I and the Government shall irrevocably submit to the exclusive jurisdiction of the Courts of Hong Kong Special Administrative Region.
  
4. I have read this consent carefully and fully understood the “Statement of Purpose” before I give my consent.  
(For illiterate voucher recipient: This consent has been read over and explained to me and I fully understood my obligations and liability under this consent.)

**Statement of Purpose**

**Purposes of Collection**

1. The personal data provided will be used by the Government for one or more of the following purposes:
  - (a) processing of payment of voucher, and the administration and monitoring of the Health Care Voucher Scheme;
  - (b) for statistical and research purposes; and
  - (c) any other legitimate purposes as may be required, authorized or permitted by law.
2. The provision of personal data is voluntary. If you do not provide sufficient information, you may not be able to use the voucher(s).

**Classes of Transferees**

3. The personal data you provide are mainly for use within the Government but they may also be disclosed by the Government to other organizations for the purposes stated in paragraph 1 above, if required.

**Access to Personal Data**

4. You have a right to request access to and 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). A fee may be imposed for complying with a data access request.

**Enquiries**

5. Enquiries concerning the personal data provided, including the making of access and correction, should be addressed to:

Executive Officer  
Health Care Voucher Division  
Department of Health  
Suites 901-4, 9/F, AXA Tower, Landmark East,  
100 How Ming Street, Kwun Tong, Kowloon Telephone No.: 3582 4102