

<b>Consent of Voucher Recipient to Transfer Personal Data</b>
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To: (Name of the Enrolled Health Care Provider)\_\_\_\_\_

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

The Director of Health, the Government (“Government”) of the Hong Kong Special Administrative Region of the People’s Republic of China (“Hong Kong”)

1. I hereby give consent to transfer and release to (name of the Enrolled Health Care Provider)\_\_\_\_\_, the Government, its agents, or other persons authorized by the Government my personal data and any information related to this consultation for the use by the Government for the purposes as set out in the Appendix - “Statement of Purpose”.
2. My personal data referred to in paragraph 2 above includes all information as shown on my Hong Kong Identity Card (or the Certificate of Exemption, if applicable), residential status, telephone no., spousal relationship and balance of Vouchers in my eHealth (Subsidies) Account.
3. This consent shall be governed by and construed in accordance with the laws of Hong Kong and I shall irrevocably submit to the exclusive jurisdiction of the courts of Hong Kong.
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) the administration and monitoring of the Health Care Voucher Scheme, including verification by electronic means of the personal data obtained with the database of the Immigration Department;
  - (b) processing the payment of Vouchers;
  - (c) for statistical and research purposes; and
  - (d) 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) in your Account or use the vouchers in your spouse's Account.

**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