

Consent of Voucher Recipient to Use Vouchers

Transaction No. : _____

Void Transaction No. : _____

To: (Name of the Enrolled Health Care Provider) _____
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 consent to use voucher(s) in the amount of HK\$ _____ (i.e. HK\$ _____ from my eHealth (Subsidies) Account (“**Account**”) and HK\$ _____ from the Account of another voucher recipient (name) _____, bearing a *Hong Kong Identity Card No. _____ / Certificate of Exemption with Serial No.: _____) with whom I am in a spousal relationship^{Note (a)} for healthcare service provided by _____, with an extra service fee HK\$ _____ paid, for the consultation shown on the “Notice on Use of Health Care Voucher”.

2. 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”.

3. My personal data referred to in paragraph 2 above includes all information as shown on my latest Hong Kong Identity Card (or Certificate of Exemption, if applicable), spousal relationship and balance of vouchers in my Account.

4. This document 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.

5. #I declare that all information provided in this document is true, accurate and complete. I understand that if I knowingly or wilfully make any false statement, withhold any information, or otherwise mislead the Government for the purpose of sharing the vouchers respectively in my Account and the Account of another voucher recipient, I will be liable for prosecution. I fully understand my obligations and liability under this document.

Delete if you are not using the vouchers of another voucher recipient with whom you are in a spousal relationship.

6. The Appendix forms part of this document.

7. I have read this document carefully and have agreed to the content of this document.

*(For illiterate voucher recipient: This consent has been read over and explained to me and I have agreed to the content of this document.)

*(For mentally incapacitated voucher recipient: This document has been read and completed by the guardian of the voucher recipient who is mentally incapacitated.)

Signature of voucher recipient:

(or finger print if illiterate. Please complete (A) below)

(or leave blank if mentally incapacitated. Please complete (B) below)

Name of voucher recipient: _____

*Hong Kong Identity Card No./ Serial no. of the Certificate of Exemption: _____

Telephone No.^{Note (b)}: _____

Date: _____

**Delete the inapplicable*

Note (a) : To be filled only when the transaction involves the voucher recipient’s use of Vouchers in the Account of another voucher recipient with whom the former is in a spousal relationship. For the purpose of this document, two voucher recipients are in a spousal relationship if they are married under monogamous marriage (see section 2 of the Matrimonial Causes Ordinance (Chapter 179 of the laws of Hong Kong) to one another as recognized by the laws of Hong Kong.

Note (b) Please provide a Hong Kong mobile phone number which can receive SMS. The voucher recipient/ the guardian of the voucher recipient (as the case may be) will be notified, by SMS at the mobile phone number provided, the amount of voucher(s) used for services provided by an Enrolled Health Care Provider to the voucher recipient.

(A) Complete only if voucher recipient has mental capacity but is illiterate

I have read this document to the voucher recipient.

I give consent to the above Enrolled Health Care Provider to transfer and release to the Government, its agents, or other persons authorized by the Government my personal data for use by the Government for the purpose as set out in the Appendix "Statement of purpose".

Signature of witness: _____

Name of witness: _____

Hong Kong Identity Card No.: _____

Telephone No.: _____

Date: _____

(B) Complete only if voucher recipient is mentally incapacitated

I have read and completed this document in the capacity as the guardian of the voucher recipient.

I give consent to the above Enrolled Health Care Provider to transfer and release to the Government, its agents, or other persons authorized by the Government my personal data for use by the Government for the purpose as set out in the Appendix "Statement of purpose".

Signature of guardian: _____

Name of guardian: _____

Hong Kong Identity Card No.: _____

Telephone No. ^{Note (b)}: _____

Date _____

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 the voucher recipient, (if applicable) the witness and (if applicable) the guardian do not provide sufficient information, the voucher recipient may not be able to use the vouchers in his/ her Account or use the vouchers in the Account of another voucher recipient with whom the former is in a spousal relationship.

Classes of Transferees

3. The personal data provided in this document are mainly for use within the Government but 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. The voucher recipient, (if applicable) witness and (if applicable) guardian have a right to request access to and correction of the personal data provided under this document pursuant to sections 18 and 22, and Data Protection Principle 6, Schedule 1 of the Personal Data (Privacy) Ordinance (Chapter 486 of the laws of Hong Kong). 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 corrections, 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

Notice on Use of Health Care Voucher



To : _____
(Name of voucher recipient)

Enrolled Health Care Provider visited : _____

Date of visit : _____ / _____ / _____
(DD/MM/YYYY)

	My Account	The Account of another voucher recipient with whom I am in a spousal relationship
Available voucher amount before the visit	HK\$	HK\$
Voucher amount claimed for the visit	HK\$	HK\$
Remaining voucher amount	HK\$	HK\$

(No signature is required as this part is a computer generated notification.)

 Elderly Health Care Voucher Scheme Hotline: 2838 2311
 Checking Voucher Balance: 2838 0511