

**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 a total amount of HK\$ \_\_\_\_\_ reward (if applicable) and/or vouchers (i.e. HK\$ \_\_\_\_\_ reward and HK\$ \_\_\_\_\_ vouchers from my eHealth (Subsidies) Account (“**Account**”), and HK\$ \_\_\_\_\_ vouchers 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<sup>Note (a)</sup> 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, telephone number 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.<sup>Note (b)</sup>: \_\_\_\_\_

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. <sup>Note (b)</sup>: \_\_\_\_\_

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) assessing the entitlement to additional vouchers (“Reward”)
  - (c) processing the payment of vouchers and Reward, if any;
  - (d) for statistical and research purposes; and
  - (e) 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 (if applicable)
	Voucher	Reward <sup>Note</sup> (if applicable)	Voucher
Available amount before the visit	HK\$	HK\$	HK\$
Amount claimed for the visit	HK\$	HK\$	HK\$
Claimed Voucher counted for earning Reward <sup>Note</sup> : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
<b>Remaining amount</b>	<b>HK\$</b>	<b>HK\$</b> (To be used on or before 31 December on designated primary healthcare services)	<b>HK\$</b>

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

Note: A 3-year Elderly Health Care Voucher Pilot Reward Scheme has been launched since 13 November 2023. An elderly person who has accumulated used of at least \$1,000 vouchers on designated primary healthcare services such as disease prevention and health management (i.e. the elderly person's principal reason for visit for healthcare service as recorded in the eHealth System (Subsidies) falls within designated primary healthcare services) in a particular year (i.e. 2024, 2025 or 2026) will be allotted \$500 reward to his/her voucher account automatically for use on the same purpose. For the reward for 2024, accumulated use of vouchers on designated primary healthcare services could be counted from 13 November 2023, i.e. the reward earning period lasting from 11 November 2023 to 31 December 2024. Reward for each year will expire by the end of the following year, and expired reward will be forfeited.

If an elderly person has already been given reward for a particular year, any subsequent use of vouchers on designated primary healthcare services in that particular year will no longer be applicable for reward earning. Besides, the amount of reward used on designated primary healthcare services will not be counted for earning reward.

Up to now, you have already used \$\_\_\_ vouchers on designated primary healthcare services for earning the reward for \_\_\_\_\_. You will be given the reward for \_\_\_ after using further \$\_\_\_\_\_ vouchers on designated primary healthcare services by 31 December \_\_\_\_\_.)

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