

## Consent of Voucher Recipient to Use Vouchers

(Effective from  
27 October 2020)

Transaction No. : \_\_\_\_\_

Void Transaction No. : \_\_\_\_\_

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

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

I consent to use voucher(s) in the amount of HK\$ \_\_\_\_\_ 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”.

(Name) \_\_\_\_\_ has read and explained to me the content of the form “Consent of Voucher Recipient to Transfer Personal Data” and its Appendix. I understand what is explained to me and hereby give my consent described in the said form.

I **\*AGREE / DO NOT AGREE** to authorize the Enrolled Health Care Provider mentioned in paragraph one above to obtain my personal data<sup>Note</sup> stored in the chip embodied in my Smart Identity Card for use by the Government for the purposes as set out in the Appendix “Statement of Purpose” of the “Consent of Voucher Recipient to Transfer Personal Data”.

Signature of voucher recipient#: \_\_\_\_\_ (or finger print if illiterate)

Name of voucher recipient: \_\_\_\_\_

Hong Kong Identity Card No.: \_\_\_\_\_ (or serial no. of the Certificate of Exemption)

Telephone No.: \_\_\_\_\_ Date: \_\_\_\_\_

### Complete only if voucher recipient has mental capacity but is illiterate

I confirm that this document and the “Consent of Voucher Recipient to Transfer Personal Data” and its Appendix have been read and explained to the voucher recipient in my presence.

I have also read the “Consent of Witness/ Guardian to Transfer Personal Data” and hereby give my consent as described therein.

Signature of witness: \_\_\_\_\_

Name of witness: \_\_\_\_\_

Hong Kong Identity Card No.: \_\_\_\_\_ Date: \_\_\_\_\_

### #Complete only if voucher recipient is mentally incapacitated

I confirm that I give consent and sign on behalf of the voucher recipient as his/her guardian.

I have also read the “Consent of Witness/ Guardian to Transfer Personal Data” and hereby give my consent as described therein.

Signature of guardian: \_\_\_\_\_

Name of guardian: \_\_\_\_\_

Hong Kong Identity Card No.: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>Note</sup> Personal data are limited to Hong Kong Identity Card Number, name (in English and Chinese), date of birth and date of issue of Hong Kong Identity Card.

## Notice on Use of Health Care Voucher

To : \_\_\_\_\_  
(Name of voucher recipient)

Health Care Provider visited : \_\_\_\_\_



Date of visit : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Available voucher amount in your  
account before the visit : HK\$ \_\_\_\_\_

Voucher amount claimed for the visit : HK\$ \_\_\_\_\_

Remaining voucher amount for use: 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