

Consent of Voucher Recipient to Use Vouchers

**(Effective from
27 October 2020)**

To: (Name of the Enrolled Health Care Provider) _____
The Director of Health, HKSAR Government ("the Government")

Information of the Voucher Recipient: * Delete the inapplicable

Name in Chinese: _____ Name in English: _____
*Hong Kong Identity Card No./ _____
*Serial No. of the Certificate of Exemption: _____ Contact telephone No.: _____

Transaction records: (If a transaction is voided, the service provider should cross out that transaction with a red straight line and fill the "void transaction number" next to the "transaction number" bracket of that transaction.)

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". (Transaction No.: _____)

(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 (limited to Hong Kong Identity Card Number, name (in English and Chinese), date of birth and date of issue of Hong Kong Identity Card) 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)#: _____ 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 _____ Name of witness _____ Hong Kong Identity
witness : _____ (in English): _____ 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 _____ Name of guardian _____ Hong Kong Identity
guardian : _____ (in English): _____ Card No. : _____ Date: _____

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". (Transaction No.: _____)

(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.

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Signature of voucher recipient(or finger print if illiterate)#: _____ Date: _____

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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 _____ Name of witness _____ Hong Kong Identity
witness : _____ (in English): _____ 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 _____ Name of guardian _____ Hong Kong Identity
guardian : _____ (in English): _____ Card No. : _____ Date: _____

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Signature of voucher recipient(or finger print if illiterate)#: _____ 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 _____ Name of witness _____ Hong Kong Identity
witness : _____ (in English): _____ 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 _____ Name of guardian _____ Hong Kong Identity
guardian : _____ (in English): _____ Card No. : _____ Date: _____



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



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\$ _____
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