

Request to Change Particulars
Enrolled Health Care Provider (EHCP) under the Health Care Voucher Scheme

(Read “Notes for Attention” before completing this form)

To: Health Care Voucher Division
(Fax: 3582 4115 or email: hcvd@dh.gov.hk)

Legend: HCVS: Health Care Voucher Scheme
PCD: Primary Care Directory

<u>Present Particulars of EHCP</u>	
Name of EHCP	:
EHCP HKIC No.	:
Name of Medical Organisation	:
(SPID No.:)	
Change Requests - Complete only <u>RELEVANT</u> parts (Please put a “✓” in the appropriate box(es))	
(A) Personal Particulars of EHCP:	
<input type="checkbox"/>	Correspondence address :
	(in English) :
	(in Chinese) :
<input type="checkbox"/>	Contact email address :
<input type="checkbox"/>	Daytime contact tel. no. :
<input type="checkbox"/>	fax no. :
(B) Particulars of Medical Organisation:	
<input type="checkbox"/>	Correspondence address :
	(in English) :
	(in Chinese) :
<input type="checkbox"/>	Contact email address :
<input type="checkbox"/>	Daytime contact tel. no. :
<input type="checkbox"/>	fax no. :
(C) Practice Details:	
<input type="checkbox"/>	<u>REMOVE</u> an enrolled practice from EHCP’s enrolment
	Practice name (in English) :
	(in Chinese) :
	Practice address (in English) :
	(in Chinese) :
	Reasons for removal [Optional] :
Scheme / Programme to which this removed practice relates:	
<input type="checkbox"/>	HCVS
<input type="checkbox"/>	PCD

(C) Practice Details: (continue)

- ☐ **ADD** a new practice under EHCP's enrolment

[N.B. If a new bank account is nominated, please complete an "[Authority for Payment to a Bank](#)" (**Appendix B**) and submit the required documentary proofs **by post**.]

Practice name (in English) :

(in Chinese) :

Practice address (in English) :

(in Chinese) :

Practice tel. no. :

- ☐ Please deliver the Smart IC Card Reader to the new practice via post.

Scheme / Programme to which this new practice relates[^]:

☐ HCVS

☐ PCD (**Non-governmental Organisation / Private / University** ^{##})

[^] Only applicable to registered Scheme / Programme

^{##} Please circle as appropriate.

(D) Bank Details:

- ☐ **CHANGE** in bank details of currently enrolled practices

[N.B. To be supported by a completed "[Authority for Payment to a Bank](#)" (**Appendix B**) and submit the required documentary proofs **by post**.]

(E) Withdrawal:

WITHDRAW from : ☐ HCVS ☐ PCD

Reasons [Optional] : ☐ Resignation ☐ Retirement ☐ Others: _____

Signature of EHCP

Official Stamp and Authorised Signature
For and on behalf of the Medical Organisation

Name in Block Letters

Name in Block Letters

Date : _____

Date: _____

Notes for Attention

1. This change form **DOES NOT** apply to changes of EHCP's name, HKIC No., profession, medical organisation or Scheme / Programme enrolment. Such changes should be made in a new enrolment application. (For details, please visit Elderly Health Care Voucher Scheme website www.hcv.gov.hk.)
2. Please attach documentary proofs such as public utility bill, bank statement or valid Business Registration Certificate where applicable.
3. The name of EHCP, practice address and phone number will be displayed in the ***List of Enrolled Healthcare Service Providers*** at the website of the HCVS.
4. As applicable, please mail/ fax/ email the completed form together with a copy of Hong Kong Identity Card and the related supporting documents (such as documentary proof of correspondence address) to the Health Care Voucher Division of the Department of Health:

Address: Suites 901-4, 9/F, AXA Tower, Landmark East, 100 How Ming Street, Kwun Tong, Kowloon

Fax: 3582 4115

Email: hcvd@dh.gov.hk

Please note that all documentary proofs will not be returned.

Statement of Purpose

Purposes of Collection

1. The personal data provided will be used by the Department of Health (in relation to HCVS) and/or Health Bureau (in relation to PCD) for one or more of the following purposes:
 - (a) processing of payment, and the administration and monitoring of the concerned Scheme / Programme;
 - (b) Government programmes to promote primary care;
 - (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 in the change form is voluntary. If you do not provide sufficient information, the Government may not be able to update the change of your particulars in relation to your enrollment.

Classes of Transferees

3. The personal data you provide are mainly for use within the Department of Health (in relation to HCVS) and/or Health Bureau (in relation to PCD) but they may also be disclosed to other Government bureaux and departments, respective professional regulatory board and council, respective healthcare professional bodies accredited under the Accredited Registers Scheme for Healthcare Professions of the Government and other organisations for the purpose stated in paragraph 1 above, if required.

Access to Personal Data

4. You have a right to request access to and to request the correction of your personal data under Sections 18 and 22 and Data Protection Principle 6, Schedule 1 of the Personal Data (Privacy) Ordinance. 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

Health Care Voucher Division, Department of Health

Address: Suites 901-4, 9/F, AXA Tower, Landmark East, 100 How Ming Street, Kwun Tong, Kowloon

Tel. no.: 3582 4102

Fax: 3582 4115

Email: hcvd@dh.gov.hk

Executive Officer (Primary Healthcare Commission) 1A

Primary Healthcare Commission, Health Bureau

Address: 11/F, The HUB, 23 Yip Kan Street, Wong Chuk Hang, Hong Kong

Tel. no.: 2205 1855

Fax: 2556 2638

Email: phcc@healthbureau.gov.hk