

Elderly Health Care Voucher Scheme



Guide for Healthcare Service Provider



Department of Health

Table of contents

1.	Background	3
1.1	The Elderly Health Care Voucher Scheme	3
2.	Overview of the HCVS	3
2.1	Who are the eligible voucher recipients?	3
2.2	Who are the eligible service providers?	4
2.3	Use of vouchers	4
	2.3.1 <i>Services covered</i>	5
	2.3.2 <i>Services not covered</i>	6
2.4	How are the vouchers distributed?	6
2.5	The eHealth System (Subsidies)	6
	2.5.1 <i>The database of EHCPs and voucher recipients</i>	6
	2.5.2 <i>The eHealth System (Subsidies) – creating eHealth (Subsidies) account</i>	7
	2.5.3 <i>The eHealth System (Subsidies) – making voucher claims</i>	7
	2.5.4 <i>The eHealth System (Subsidies) – reimbursement</i>	8
2.6	Means of accessing the eHealth System (Subsidies)	8
3.	How to join the HCVS	9
3.1	Enrolment application	9
	3.1.1 <i>Enrolment through electronic application (online enrolment)</i> .	11
	3.1.2 <i>Enrolment through paper application (paper enrolment)</i>	14
3.2	Successful enrolment.....	17
3.3	Activation of EHCP Account.....	17
4.	Operation Flow of the HCVS	18
4.1	Creating “Data Entry Accounts”	18
4.2	Creating eHealth (Subsidies) accounts	18
	4.2.1 <i>Creating temporary eHealth (Subsidies) accounts</i>	18
	4.2.2 <i>Automated validation of temporary eHealth (Subsidies) account information</i>	20
	4.2.3 <i>Rectification of temporary eHealth (Subsidies) account information that failed validation</i>	20
4.3	Making voucher claims.....	22
4.4	Voiding claims.....	28
4.5	Confirming transaction information.....	28
4.6	Reimbursement	31
4.7	Monitoring	31
5.	Others	33
5.1	Loss or damage of materials provided by DH	33
5.2	Forgetting password	33
5.3	Locked account	33
5.4	Access to personal information	34
5.5	Amendment of particulars recorded in eHealth System (Subsidies) ..	34
5.6	Withdrawal from the HCVS	34

5.7	Suspension under the HCVS.....	35
5.8	Delisting from the HCVS	35
5.9	Data security and privacy	36
5.10	Use of HCVS logo.....	36
5.11	Anti-bribery.....	36
5.12	Contact information	37
6.	Annexes	38
	Annex 1 - Supplementary Information related to Certificate of Exemption.....	38
	Annex 2 - Sample of Consent of Voucher Recipient to Use Vouchers (including the Notice on Use of Health Care Voucher.....	39
	Annex 2a - Sample 1: Completion of Consent of Voucher Recipient to Use Vouchers in respect of elders who are able to sign (neither illiterate nor mentally incapacitated)	41
	Annex 2b - Sample 2: Completion of Consent of Voucher Recipient to Use Vouchers in respect of elders who are illiterate.....	43
	Annex 2c - Sample 3: Completion of Consent of Voucher Recipient to Use Vouchers in respect of elders who are mentally incapacitated	45
	Annex 3 - Sample of Consent of Voucher Recipient to Transfer Personal Data.....	47
	Annex 4 - Sample of Consent of Witness/ Guardian to Transfer Personal Data.....	49
	Annex 5 - Sample of Request to Change Particulars.....	51

1. Background

1.1 The Elderly Health Care Voucher Scheme

- The Government launched the Elderly Health Care Voucher Scheme (HCVS) on a pilot basis in 2009 to provide subsidies for the elders aged 70 or above to receive private primary healthcare services that best suit their health needs. The HCVS provides additional choices for elders on top of the existing public primary healthcare services with a view to enhancing the primary healthcare services for the elders.
- In 2014, the HCVS was converted into a recurrent programme and the annual voucher amount for each eligible elder was increased to \$2,000¹.
- With effect from 1 July 2017, the eligibility age for the HCVS has been lowered from 70 to 65. Elders aged 65 or above holding a valid Hong Kong Identity Card (HKIC) or Certificate of Exemption (EC) issued by the Immigration Department are eligible to receive vouchers.
- In each of 2018 and 2019, apart from the annual voucher amount of \$2,000, each eligible elder was also provided with an additional voucher amount of \$1,000 on a one-off basis.

2. Overview of the HCVS

2.1 Who are the eligible voucher recipients?

- Elder aged 65 or above who hold a valid HKIC or EC issued by the Immigration Department is eligible to receive and use vouchers, except for a person who obtained a HKIC by virtue of a previous permission to land or remain in Hong Kong granted to him and such permission has

¹ From 2009 to 2011, the annual voucher amount for each eligible elder was \$250, which was then increased to \$500 in 2012 and was further raised to \$1,000 in 2013. The annual voucher amount was further increased to \$2,000 after the passage of the Appropriation Bill 2014.

expired or ceased to be valid. On 1 January each year, the annual voucher amount an elder is eligible to receive for that year will be automatically deposited in the elder's eHealth (Subsidies) account².

2.2 Who are the eligible service providers?

- The following private healthcare professionals who are registered in Hong Kong are eligible to participate in the HCVS: registered medical practitioners, registered Chinese medicine practitioners, registered dentists, registered chiropractors, registered nurses and enrolled nurses, registered physiotherapists, registered occupational therapists, registered radiographers, registered medical laboratory technologists (the use of services provided by allied health professionals and laboratory test services is subject to the current referral arrangement) and registered optometrists (in Part I of the register)³.

2.3 Use of vouchers

- The unspent voucher amount in previous years will be carried forward automatically but there is a maximum accumulation limit of \$8,000 for each eligible elder. If the total amount of vouchers in an eHealth (Subsidies) account exceeds the accumulation limit, any exceeding amount will be forfeited.
- No advance of vouchers which are yet to be issued is allowed.
- There is no limit on the amount of vouchers that an elder may use for each consultation but the amount to be used should not exceed the service fee for the healthcare services received on that occasion and the available Quota⁴ (if applicable).
- A voucher recipient shall not be charged at a higher rate (whether directly or indirectly) than non-voucher users for equivalent healthcare services

² The additional one-off \$1,000 voucher amount provided in 2018 and 2019 was deposited in each eligible elder's eHealth (Subsidies) account on 8 June 2018 and 26 June 2019 respectively.

³ Optometrists (in Part I of the register) were allowed to join the HCVS starting from November 2011.

⁴ The amount of vouchers that can be used by each eligible elder on optometry services is capped at \$2,000 every two years ("Quota") with effect from 26 June 2019. The first cycle has started from 26 June 2019 until 31 December 2020. The first cycle of less than 2 years is also make available a Quota of \$2,000 vouchers for use on optometry services.

provided.

- Enrolled health care provider (EHCP) or the related medical organization(s) shall not enter into any agreement or arrangement with a voucher recipient which has the effect of sharing the value of any voucher with the voucher recipient. Any advantage, whether in cash/ kind/ coupons/ bonus points/ other equivalent which carries a cash value, offered by the EHCP or the related medical organization(s) to a voucher recipient in such agreement or arrangement shall be considered as having the effect of sharing the value of any voucher.
- Vouchers cannot be redeemed for cash, transferred to or shared with another person.
- Neither the EHCP nor the related medical organization(s) may charge any person any fees for creating an eHealth (Subsidies) account or using vouchers. EHCPs are recommended to increase the price transparency of his/her services as much as possible to avoid potential complaints or disputes.
- No medical laboratory technologist (MLT) enrolled under the HCVS should accept the use of the vouchers to perform any laboratory tests for a voucher recipient in the absence of a referral from (i) registered medical practitioner, (ii) registered dentist, or (iii) a person registered in respect of a medical clinic exempted under Section 8(1) of the Medical Clinics Ordinance, Cap. 343. If vouchers are to be accepted for settling payment of laboratory services offered by enrolled MLTs, the laboratory investigations must be conducted based on proper referral from qualified health care professionals mentioned in (i), (ii) and (iii) above.

2.3.1 Services covered

- Vouchers can be used for private (unsubsidised) primary healthcare services.
- Apart from treatment and rehabilitation services, vouchers can be used for preventive care services, such as appropriate health assessment and dental check-up.

2.3.2 Services not covered

- Vouchers cannot be used to employ staff or only to purchase products such as medication, spectacles, dried seafood, personal care products, food products or medical equipment.
- Unless otherwise specified, vouchers cannot be used for public healthcare services subsidised by the Government (including healthcare services which the Hospital Authority purchases from the private sector).
- Vouchers cannot be used for inpatient services, pre-paid healthcare services and day surgery procedures, such as cataract surgery or endoscopy services.
- Vouchers cannot be used to pay for those healthcare services received or medication obtained through the voucher recipient's family member or his/her proxy.
- Vouchers cannot be used to settle the service fees of healthcare services provided by the EHCP to himself/herself (i.e. the EHCP cannot be the voucher recipient at the same time for any voucher claims).
- Voucher claims should not be made by optometrists under the HCVS for services unrelated to eye or vision care.
- Vouchers cannot be used for settling the fees of healthcare services provided by healthcare service providers who have not enrolled in the HCVS. For procedures to enrol in the HCVS, please see Section 3.1.

2.4 How are the vouchers distributed?

- Vouchers are issued electronically through the eHealth System (Subsidies). No physical vouchers are distributed.
- Vouchers are used by making claims through the eHealth System (Subsidies) (Please see Section 2.5.3 and 4.3).

2.5 The eHealth System (Subsidies)

2.5.1 The database of EHCPs and voucher recipients

- The eHealth System (Subsidies) maintains a database of EHCPs.

- The eHealth System (Subsidies) also maintains a database of eligible elders with eHealth (Subsidies) account who have or have not made use of vouchers through EHCPs.

2.5.2 The eHealth System (Subsidies) – creating eHealth (Subsidies) account

- An eligible elder may approach an EHCP of his/her own choice to create eHealth (Subsidies) account and use vouchers.
- If an eHealth (Subsidies) account for the eligible elder cannot be found in the eHealth System (Subsidies), the EHCP will be required to input certain personal details (name, gender, date of birth, HKIC number and date of issue of HKIC) of the eligible elder into the System or request the elder to insert his/her HKIC into the Smart ID Card reader for creating his/her eHealth (Subsidies) account. *[Please see Section 4.2 for the procedures of creating eHealth (Subsidies) account and also the supplementary information at Annex 1 when creating eHealth (Subsidies) account for an elder holding EC.]*
- Neither the EHCP nor the related medical organization(s) may charge any person any fees for creating an eHealth (Subsidies) account.

2.5.3 The eHealth System (Subsidies) – making voucher claims

- To accept the use of vouchers by an eligible elder, the EHCP should ask the elder to provide his/her HKIC or EC for checking whether the elder already has eHealth (Subsidies) account or not.
- The EHCP can search the eligible elder's eHealth (Subsidies) account by inputting the elder's HKIC symbol relating to his/her residential status⁵, and then by inputting his/her HKIC number and date of birth in the eHealth System (Subsidies) or by requesting the elder to insert his/her HKIC into the Smart ID Card reader. Residential status of an elder holding HKIC will be checked automatically through the eHealth System (Subsidies). *[Please see Section 4.3 for the procedures of making*

⁵ HKIC symbol relating to residential status of an elder refers to the first alphabet below the date of birth as shown on the front face of the HKIC which can be A, C, R, U or other alphabets. EHCPs must choose the correct alphabet in the eHealth System (Subsidies) according to the symbol on the HKIC of the elder concerned.

voucher claims and also the supplementary information at Annex 1 when claiming vouchers for an elder holding EC.]

- The EHCP shall accept the use of vouchers by an eligible elder to settle the service fees of healthcare services provided to the elder.
- On claiming vouchers from the eligible elder's eHealth (Subsidies) account, the EHCP should also input other related information (e.g. service date, voucher amount to be claimed, net service fee charged and reason for visit) into the eHealth System (Subsidies).
- The eHealth System (Subsidies) will log the voucher claim made by the EHCP.
- The eHealth System (Subsidies) will check the amount of vouchers and Quota (if applicable) remaining in the eligible elder's eHealth (Subsidies) account, and allow claiming of vouchers only if the voucher balance and available Quota (if applicable) is positive.

2.5.4 The eHealth System (Subsidies) – reimbursement

- The eHealth System (Subsidies) will compile the information on the amount of voucher reimbursement payable to each EHCP every month.
- The eHealth System (Subsidies) will generate payment information on a monthly basis, based on the claim transactions confirmed by the EHCPs in the eHealth System (Subsidies). The reimbursement will be paid directly into the bank accounts nominated by the EHCPs within 30 days after the end of each month.

2.6 Means of accessing the eHealth System (Subsidies)

- The eHealth System (Subsidies) can be accessed through various means including -
 - Computers and personal digital assistants
 - Mobile phones
 - Fixed-line telephones
- Owing to technical constraints, phones without Internet access can only be used for making voucher claims for elders who already have eHealth (Subsidies) accounts but cannot be used for creating eHealth (Subsidies) accounts for elders. For procedures and flow charts for making voucher claims, please see Section 4.3.

3. How to join the HCVS

3.1 Enrolment application

- Healthcare service providers who are interested in joining the HCVS are required to enrol in the HCVS before they can use the relevant functions in the eHealth System (Subsidies). They should read the Definitions, and Terms and Conditions of Agreement of HCVS available on the HCVS website (www.hcv.gov.hk), complete and sign an application form for enrolment in the HCVS on an individual basis even if the medical organization where they are employed or engaged has other healthcare service providers enrolled in the HCVS.
- If the healthcare service providers are employed or engaged by a medical organization (whether it is incorporated or not) to provide relevant healthcare services in respect of the HCVS or if they provide such services under the name of a medical organization (whether as a sole proprietor, partner, shareholder, director or other officer of the medical organization, and whether the medical organization is incorporated or not), the medical organization should also complete and sign the application form.
- Healthcare service providers may also wish to consider joining other schemes/programmes covered in the application form. Enrolment details can be found in the “Covering Notes for Application by Health Care Provider for Enrolment in the Health Care Voucher Scheme, Vaccination Subsidy Schemes, Residential Care Home Vaccination Programme and Primary Care Directory” available on the HCVS website (www.hcv.gov.hk).
- Application forms can be completed by electronic means or in paper, but must be signed by both the applicant and the authorised signatory of the medical organization concerned and submitted in original copy.

- Healthcare service providers applying for the enrolment in the HCVS are required to:
 - Read the Definitions, and Terms and Conditions of Agreement of HCVS available on the HCVS website (www.hcv.gov.hk);
 - Complete the “Application Form” and “the Authority for Payment to a Bank” [either online (please see Section 3.1.1) or through paper application (please see Section 3.1.2);
 - Provide copy of documentary proofs [including HKIC, valid practising certificate (except in the case of a registration under section 85 of the Chinese Medicine Ordinance (Cap. 549)), address proof of the applicant, the medical organization and place(s) of practice, business registration certificate of the medical organization and document on the bank account nominated for reimbursement of vouchers]; and
 - Send the above documents to the Department of Health (DH).

- The “Application Form” and the “Authority for Payment to a Bank” should be signed by **both** the healthcare service provider and the medical organization which employs or engages him/her to provide healthcare services with respect to the HCVS.

- To ascertain the applicants’ professional registration status, personal particulars and professional registration information of applicants will be verified by electronic means with the database of the respective professional body or council.

3.1.1 *Enrolment through electronic application (online enrolment)*

- (1) Visit the HCVS website (www.hcv.gov.hk) and go to the enrolment function for healthcare service providers
- (2) Type in the required information regarding the personal and professional registration particulars, medical organization and place(s) of practice
- (3) Type in the required information regarding the nominated bank account(s) for reimbursement

** Upon completion of the enrolment application form by electronic means, the eHealth System (Subsidies) would provide an “enrolment reference number”*

- (4) Print out the completed enrolment form
- (5) Sign the “Application Form” (Part V – “Execution”)
 - By the applicant and the authorised signatory of the medical organization
- (6) Sign the “Authority for Payment to a Bank” (Part 2 – “Declaration”)
 - By the applicant and the authorised signatory of the medical organization
- (7) Send the following documents to DH by mail-
 - The completed “Application Form” (with Part V – “Execution” duly signed)
 - The completed “Authority for Payment to a Bank” (with Part 2 – “Declaration” duly signed)
 - The required documentary proofs, including
 - * HKIC (copy)
 - * Valid practising certificate [except in the case of a registration under section 85 of the Chinese Medicine Ordinance (Cap. 549)] (copy)
 - * Address proof of the applicant, the medical organization and place(s) of practice (e.g. copy of public utilities bill or bank statement)
 - * Business registration certificate of the medical organization (copy)

- * Bank account information document (e.g. **certified true copy**⁶ of bank correspondence showing the bank name, bank account number, name of the account holder)

[Copies of documentary proof will not be returned to the applicant]

(8) Mail the forms and documents to the respective office of DH:

For medical practitioners

Programme Management and Vaccination Division
2/F, 147C, Argyle Street, Kowloon

For healthcare service providers in other professions

Health Care Voucher Division
Suites 901-4, 9/F, AXA Tower, Landmark East,
100 How Ming Street, Kwun Tong, Kowloon

⁶ If the bank correspondence relates to the applicant, the copy must be certified by the applicant. If the bank correspondence relates to a medical organization, the copy must be certified by the authorised signatory of the medical organization appearing in Part 2 – "Declaration" of the "Authority for Payment to a Bank" Form.

Flow Chart for Enrolment through Electronic Application (online enrolment)

Visit the HCVS website (www.hcv.gov.hk) and go to the enrolment function



Type in the required information regarding the personal and professional registration particulars, medical organization and place(s) of practice



Type in the required information regarding the nominated bank account(s) for reimbursement
*(upon completion of the enrolment application form by electronic means,
an “enrolment reference number” will be provided by System)*



Print out the completed enrolment form



Sign the “Application Form” (Part V – “Execution”)
(to be signed by both the applicant and the authorised signatory of the medical organization)



Sign the “Authority for Payment to a Bank” (Part 2 – “Declaration”)
(to be signed by both the applicant and the authorised signatory of the medical organization)



Send the following documents to the DH by mail:

- The completed “Application Form” (with “Part V – Execution” duly signed)
- The completed “Authority for Payment to a Bank” (with “Part 2 - Declaration” duly signed)
- The required documentary proofs, including
 - * HKIC (copy)
 - * Valid practising certificate [except for the case of a registration under section 85 of the Chinese Medicine Ordinance (Cap. 549)] (copy)
 - * Address proof of the applicant, the medical organization and place(s) of practice (e.g. copy of public utilities bill or bank statement)
 - * Business registration certificate of the medical organization (copy)
 - * Bank account information document (e.g. **certified true copy** of bank correspondence showing the bank name, bank account number, name of the account holder)

3.1.2 *Enrolment through paper application (paper enrolment)*

- (1) Visit the HCVS website (www.hcv.gov.hk) and go to the enrolment function for healthcare service providers
- (2) Download and print the “Application Form”
- (3) Complete the “Application Form”
[The field for “Enrolment Reference Number” should be left blank]*
- (4) Sign the “Application Form” (Part V – “Execution”)
 - By the applicant and the authorised signatory of the medical organization
- (5) Complete the “Authority for Payment to a Bank”
- (6) Sign the “Authority for Payment to a Bank” (Part 2 – “Declaration”)
 - By the applicant and the authorised signatory of the medical organization
- (7) Send the following documents to the DH by mail-
 - The completed “Application Form” (with Part V – “Execution” duly signed)
 - The completed “Authority for Payment to a Bank” (with Part 2 – “Declaration” duly signed)
 - The required documentary proofs, including
 - * HKIC (copy)
 - * Valid practising certificate [except in the case of a registration under section 85 of the Chinese Medicine Ordinance (Cap. 549)] (copy)
 - * Address proof of the applicant, the medical organization and place(s) of practice (e.g. copy of public utilities bill or bank statement)
 - * Business registration certificate of the medical organization (copy)
 - * Bank account information document (e.g. **certified true copy**⁷ of bank correspondence showing the bank name, bank account number, name of the account holder)

[Copies of documentary proof will not be returned to the applicant]

⁷ If the bank correspondence relates to the applicant, the copy must be certified by the applicant. If the bank correspondence relates to a medical organization, the copy must be certified by the authorised signatory of the medical organization appearing in Part 2 – “Declaration” of the “Authority for Payment to a Bank” Form.

(8) Mail the forms and documents to the respective office of DH:

For medical practitioners

Programme Management and Vaccination Division
2/F, 147C, Argyle Street, Kowloon

For healthcare service providers in other professions

Health Care Voucher Division
Suites 901-4, 9/F, AXA Tower, Landmark East,
100 How Ming Street, Kwun Tong, Kowloon

Flow Chart for Enrolment through Paper Application (paper enrolment)

Visit the HCVS website [www.hcv.gov.hk] and go to the enrolment function



Download and print the "Application Form"



Complete the "Application Form"

(the field for "enrolment reference number" should be left blank)



Sign the "Application Form" (Part V – "Execution")

(to be signed by both the applicant and the authorised signatory of the medical organization)



Complete the "Authority for Payment to a Bank"



Sign the "Authority for Payment to a Bank" (Part 2 – "Declaration")

(to be signed by both the applicant and the authorised signatory of the medical organization)



Send the following documents to the DH by mail:

- The completed "Application Form" (with Part V – "Execution" duly signed)
- The completed "Authority for Payment to a Bank" (with Part 2 - "Declaration" duly signed)
- The required documentary proofs, including
 - * HKIC (copy)
 - * Valid practising certificate [except in the case of a registration under section 85 of the Chinese Medicine Ordinance (Cap. 549)] (copy)
 - * Address proof of the applicant, the medical organization and place(s) of practice (e.g. copy of public utilities bill or bank statement)
 - * Business registration certificate of the medical organization (copy)
 - * Bank account information document (e.g. **certified true copy** of bank correspondence showing the bank name, bank account number, name of the account holder)

3.2 Successful enrolment

- Confirmation letter will be sent to each healthcare service provider successfully enrolled in the HCVS together with a designated Service Provider ID for use in the eHealth System (Subsidies).
- EHCPs will also be issued with other HCVS materials, including the HCVS logo to be displayed at their places of practice for identification, an authentication token for accessing the eHealth System (Subsidies) and a Smart ID Card reader.

3.3 Activation of EHCP Account

- An “EHCP Account” will be created for each EHCP for using the eHealth System (Subsidies). On completion of the enrolment process, the EHCP will also receive an electronic mail from DH for activation of the “EHCP Account”. *[For those service providers who have already had an activated “EHCP Account” for using the eHealth System (Subsidies), in respect of other schemes, their accounts will then cover the HCVS and no account activation is required.]*
- To activate the “EHCP Account”, an EHCP should :
 - Check the electronic mail sent to the email address designated by the healthcare service provider in the application form;
 - Click the hyperlink provided in the electronic mail for accessing the designated eHealth System (Subsidies) webpage; and
 - Enter the following required information in the webpage:
 - * *Service Provider ID (shown on the enrolment confirmation letter)*
 - * *A personalised password for accessing the “EHCP Account” in the future*
 - * *Token passcode (shown on the authentication token)*

《Account activation should be completed within 21 days of the date of issuance of the enrolment confirmation letter.》

4. Operation Flow of the HCVS

4.1 Creating “Data Entry Accounts”

- Under his/her “EHCP Account”, an EHCP can log in the eHealth System (Subsidies) with his/her Service Provider ID, personalised password and the token passcode.
- To facilitate administrative work for processing claims and reimbursement, the EHCP can create “Data Entry Accounts” for the delegated data entry clerks.
- The EHCP can assign user ID and password to “Data Entry Accounts” created under his/her “EHCP Account”. The data entry clerks will be able to log in to the eHealth System (Subsidies) using his/her assigned user ID, corresponding password and the Service Provider ID/user name. Authentication token is not required for accessing “Data Entry Accounts”.
- The “Data Entry Accounts” can carry out certain data management work (such as search/retrieve eHealth (Subsidies) account records, input voucher claim transaction information) but with limited authority. The voucher claim transactions made through the “Data Entry Accounts” must be confirmed by the EHCP before they can be passed for reimbursement.
- At day end, the EHCP should check and confirm the eHealth (Subsidies) accounts created and claims entered by the “Data Entry Accounts”.

4.2 Creating eHealth (Subsidies) accounts

4.2.1 *Creating temporary eHealth (Subsidies) accounts*

- To create an eHealth (Subsidies) account, the EHCP is required to
 - (1) check the HKIC of the elder who comes forth to create eHealth (Subsidies) account to ensure that (a) he/she holds a valid HKIC (by inspecting the HKIC); (b) he/she is the one identified in the HKIC (by verifying the photo of the HKIC with the elder); and (c)

he/she is of an age eligible for vouchers.

- (2) explain to the eligible elder the purposes of collecting his/her personal data and obtain consent for collection, use and transfer of his/her personal data for creating an eHealth (Subsidies) account and in relation to the HCVS. *[Please refer to the sample of Consent of Voucher Recipient to Transfer Personal Data at Annex 3.]*
- (3) ascertain if an eHealth (Subsidies) account has been established for the elder and whether he/she is eligible to use vouchers by inputting the elder's HKIC symbol, and then (a) input HKIC number and date of birth in the eHealth System (Subsidies); or (b) request the elder to insert his/her HKIC into the Smart ID Card reader for retrieving the HKIC number and date of birth to search for the relevant record.
- (4) for an elder eligible to use vouchers but no eHealth (Subsidies) account is found, input the following information about the eligible elder to the eHealth System (Subsidies), or retrieve the required information of the elder through the Smart ID Card reader (except the gender of the elder):
 - Name
 - Gender
 - Date of birth
 - HKIC number
 - Date of issue of the HKIC

[Please also see the supplementary information at Annex 1 when creating eHealth (Subsidies) account for an elder holding EC.]

- (5) declare via the eHealth System (Subsidies) that the necessary consent has been obtained from the elder concerned.

[Upon submission of the required information to the eHealth System (Subsidies), a “temporary” eHealth (Subsidies) account will be created for the eligible elder.]

《EHCPs are encouraged to use Smart ID Card reader for retrieving the relevant personal data of elders. This will not only help reduce the

time and efforts in inputting the relevant data, but will also avoid the possible errors due to manual input.》

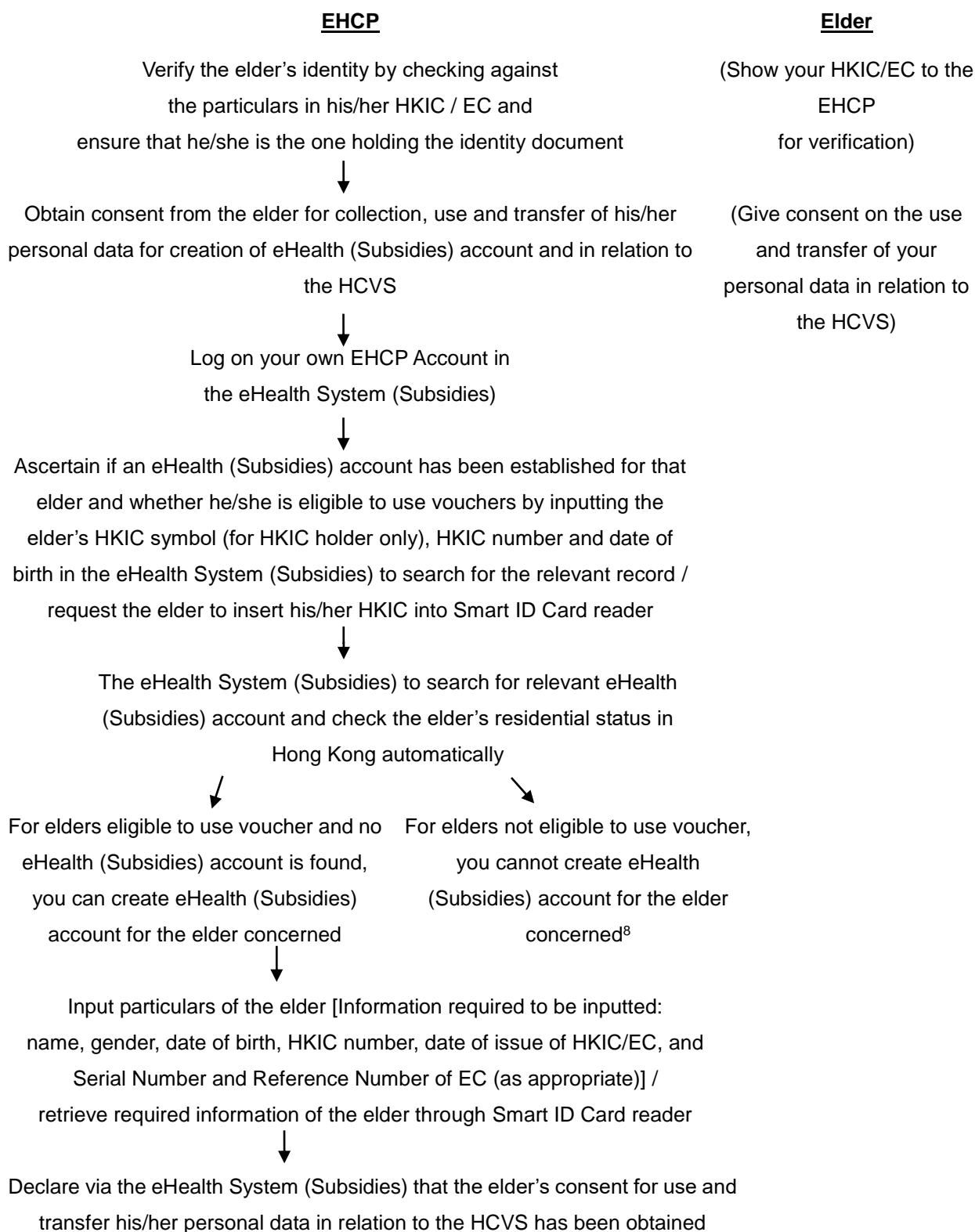
4.2.2 *Automated validation of temporary eHealth (Subsidies) account information*

- At day end, the input personal data of the temporary account will be validated through verification with the Registration of Persons database kept by the Immigration Department (ImmD):
 - If the inputted personal data are validated with the database of ImmD, the temporary account will be converted to a validated eHealth (Subsidies) account.
 - If the inputted personal data cannot be validated with the database of the ImmD (e.g. the HKIC number or the date of birth is wrongly inputted), the eHealth System (Subsidies) will notify the respective EHCP to check and rectify the information. At day end, the amended eHealth (Subsidies) account information will be re-submitted for validation.

4.2.3 *Rectification of temporary eHealth (Subsidies) account information that failed validation*

- Upon receipt of notification through the eHealth System (Subsidies) that the temporary account cannot be validated, EHCPs are required to rectify the eHealth (Subsidies) account information. Unless the eHealth (Subsidies) account has been validated, the claim(s) related to the account in question will not be processed and reimbursed.
- In case of prolonged failure to rectify the temporary eHealth (Subsidies) account information, the account will be deleted and the claim(s) related to the account in question will be voided.

Flow chart for creating eHealth (Subsidies) account



⁸ A message will be shown in the eHealth System (Subsidies) that the elder is not eligible to use vouchers due to his/her current residential status.

4.3 Making voucher claims

- Having created an eHealth (Subsidies) account, an eligible elder can use vouchers through any EHCP. An EHCP should log on his/her own EHCP Account in the eHealth System (Subsidies) to process voucher claims of elders who have received healthcare services from him/her. The EHCP should not allow other persons, including other registered healthcare professionals, to use his/her EHCP Account in the eHealth System (Subsidies) to make voucher claims for the healthcare services not provided by him/her.
- To make a voucher claim, the EHCP is required to-
 - (1) Check the HKIC of the elder to ensure that (a) he/she holds a valid HKIC (by inspecting the HKIC); (b) he/she is the one identified in the HKIC (by verifying the photo of the HKIC with the elder); and (c) he/she is of an age eligible for vouchers.
 - (2) Explain to the eligible elder the purposes for collection, use and transfer of his/her personal data in relation to the HCVS.
 - (3) Input the elder's HKIC symbol relating to his/her residential status, and then (a) input HKIC number and date of birth to the eHealth System (Subsidies); or (b) request the elder to insert his/her HKIC into the Smart ID Card reader to check whether the elder already has an eHealth (Subsidies) account and eligible to use vouchers:
 - if no existing eHealth (Subsidies) account is found and the elder is eligible to use vouchers:
 - create an eHealth (Subsidies) account for the elder first (please see Section 4.2 on Creating eHealth (Subsidies) account),
 - if an existing eHealth (Subsidies) account is found:
 - before the EHCP can proceed to use the account to make claim, he/she is required to check that the account retrieved by the eHealth System (Subsidies) corresponds to the identity of the elder who uses the vouchers;
 - the eHealth System (Subsidies) will check and ensure that there is sufficient voucher balance and Quota (if applicable)

in the account before the EHCP is allowed to deduct vouchers from the account.

- if the elder is not eligible to use voucher, the EHCP cannot make voucher claim for the elder concerned. A message will be shown in the eHealth System (Subsidies) that the elder is not eligible to use vouchers due to his/her current residential status. *[Please also see the supplementary information at Annex 1 when making voucher claims for an elder holding EC.]*
- (4) Confirm with the eligible elder the amount of vouchers to be used for settling the fees of healthcare services provided by the EHCP himself/herself.
- (5) Input information about the claim to the eHealth System (Subsidies):
- if the EHCP has registered more than one practice and/or bank account for reimbursement, he/she is required to indicate, by clicking on the suitable option shown on the eHealth System (Subsidies), the (a) place of practice (and type of professional service) and (b) bank account for reimbursement of the current claim;
 - the EHCP is required to input the exact voucher amount in dollars the elder has consented to use, as well as other information about the healthcare services provided to the elder, including
 - service date
 - reasons for visit
 - net service fee charged.
- (6) Print out the “Consent of Voucher Recipient to Use Vouchers” (consent form) and the “Notice on Use of Health Care Voucher” [sample - Annex 2].
- (7) Ask the eligible elder to sign the consent form to use vouchers
- For an illiterate elder, he/she can put a mark or finger print on the space for signature to indicate that he/she understands and agrees with the amount of vouchers used in the presence of a witness (an adult other than the EHCP). The “witness” part

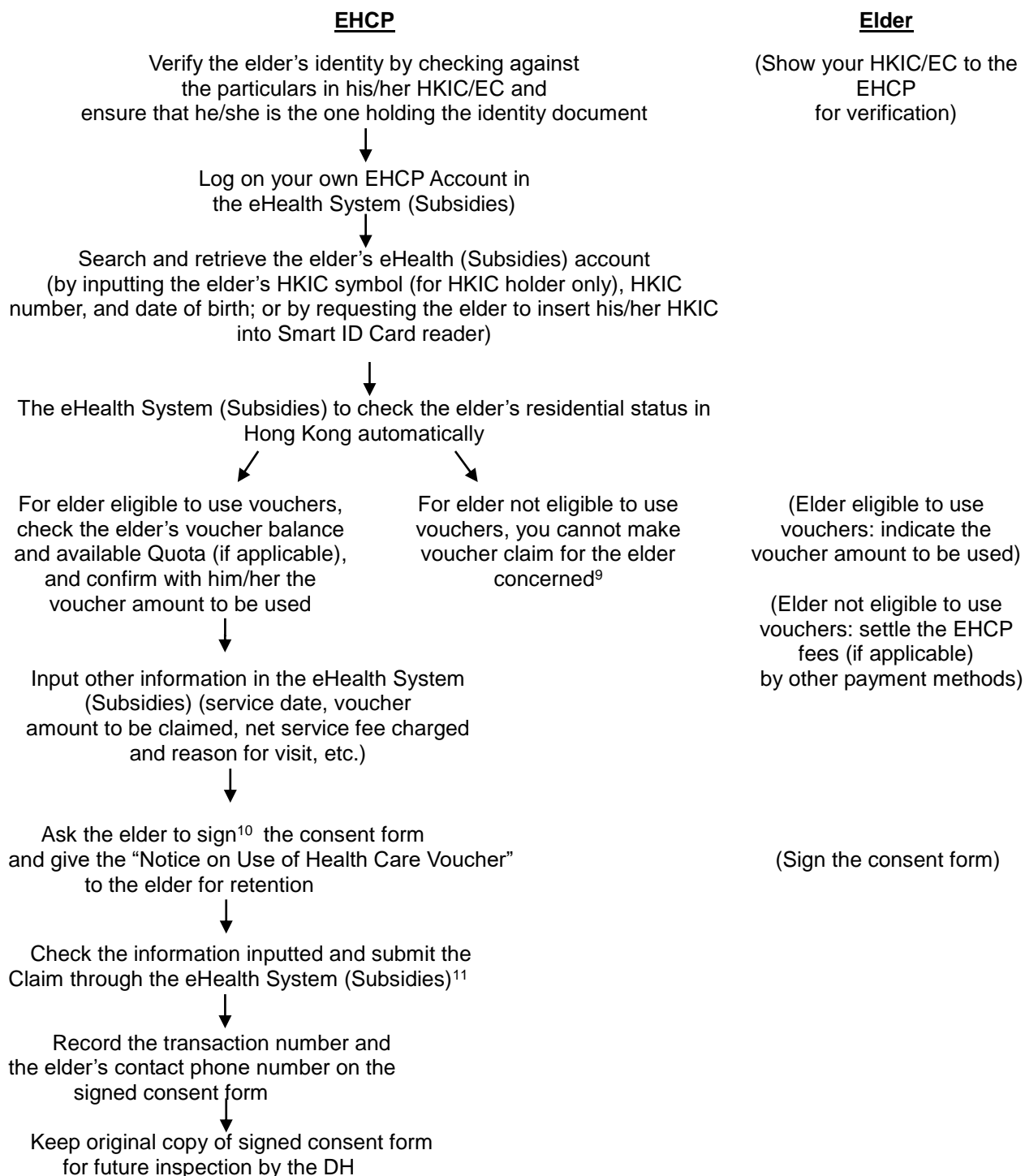
in the consent form should also be duly completed and signed.

- For a mentally incapacitated elder who has legal guardian, his/her legal guardian is required to duly complete and sign the “guardian” part in the consent form. For a mentally incapacitated elder who does not have legal guardian, his/her family member or social worker is required to duly complete and sign the “guardian” part in the consent form on the premise that the benefit and welfare of the elder is safeguarded. *[Please see Annex 2a – 2c for relevant guidelines on signing consent forms in different cases.]*

- (8) Give the “Notice on Use of Health Care Voucher” to the elder for retention. [sample – Annex 2]
- (9) Check the information inputted and submit the claim through the eHealth System (Subsidies). The eHealth System (Subsidies) will then generate a transaction number.
- (10) Record the system-generated transaction number on the signed consent form.
- (11) Record the elder’s contact telephone number on the signed consent form.
- (12) Keep the signed consent form properly for future inspection by DH.

- Voucher claims should be made by the EHCP within 7 days counting from the date of provision of the related healthcare services. In respect of an eligible elder holding HKIC with the first alphabet of its symbol as C or U, the EHCP should make the claim for use of vouchers on the same date as the date of provision of the related healthcare services to the elder. Late submission of claims may not be reimbursed.
- To protect personal data, consent forms should be kept in locked cabinets.
- The consent form should be kept by the EHCP until the expiry of 7 complete financial years of the Government from the calendar year in which the relevant reimbursements are made to the EHCP or until any dispute between the parties in relation to the HCVS is settled or adjudicated, whichever is the later.

Flow chart for Making Voucher Claim



⁹ A message will be shown in the eHealth System (Subsidies) that the elder is not eligible to use vouchers due to his/her current residential status.

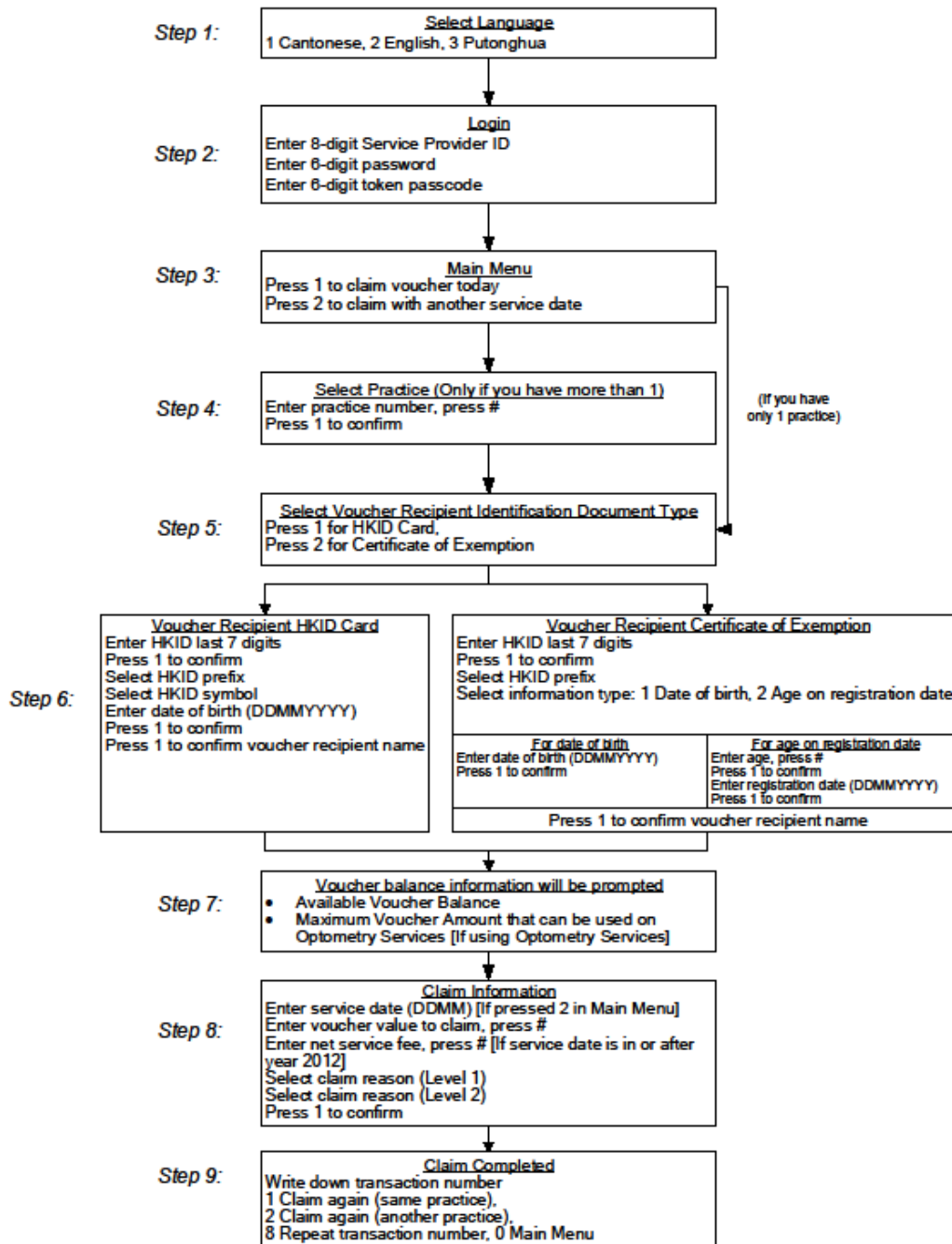
¹⁰ If the elder is illiterate, he/she can put a mark or finger print on the space for signature to indicate that he/she understands and agrees with the amount of vouchers used in the presence of a witness (an adult other than the EHCP). The "witness" part in the consent form should be duly completed and signed. If the elder is mentally incapacitated, the "guardian" part in the consent form should be duly completed and signed.

¹¹ Voucher claim should be made within 7 calendar days from the date of provision of the related health care services to the elder concerned. In respect of an eligible elder holding HKIC with the first alphabet of its symbol as C or U, EHCP should make the claim for use of vouchers on the same date as the date of provision of the related healthcare services to the elder. Late submission of claims may not be reimbursed.

IVRS Flow Diagram for Making Claims Through eHealth System (Subsidies) Health Care Voucher Hotline: 2838 5700¹²

28385700 : eHealth System (Subsidies) Health Care Voucher Hotline

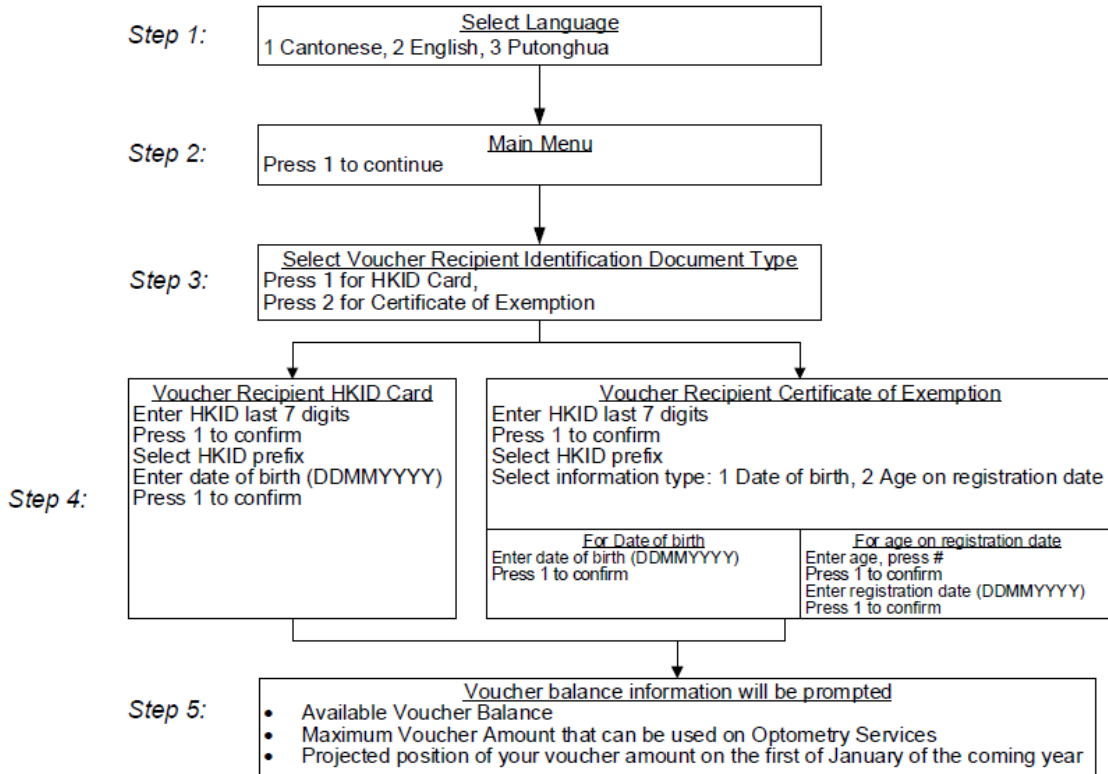
Steps to Claim Voucher:



¹² Voucher claims can only be made for elders who are eligible to use voucher and already have eHealth (Subsidies) accounts.

IVRS Flow Diagram for Enquiring Voucher Balance Through Health Care Voucher Balance Enquiry Hotline: 2838 0511

Steps to Enquire Voucher Balance:



4.4 Voiding claims

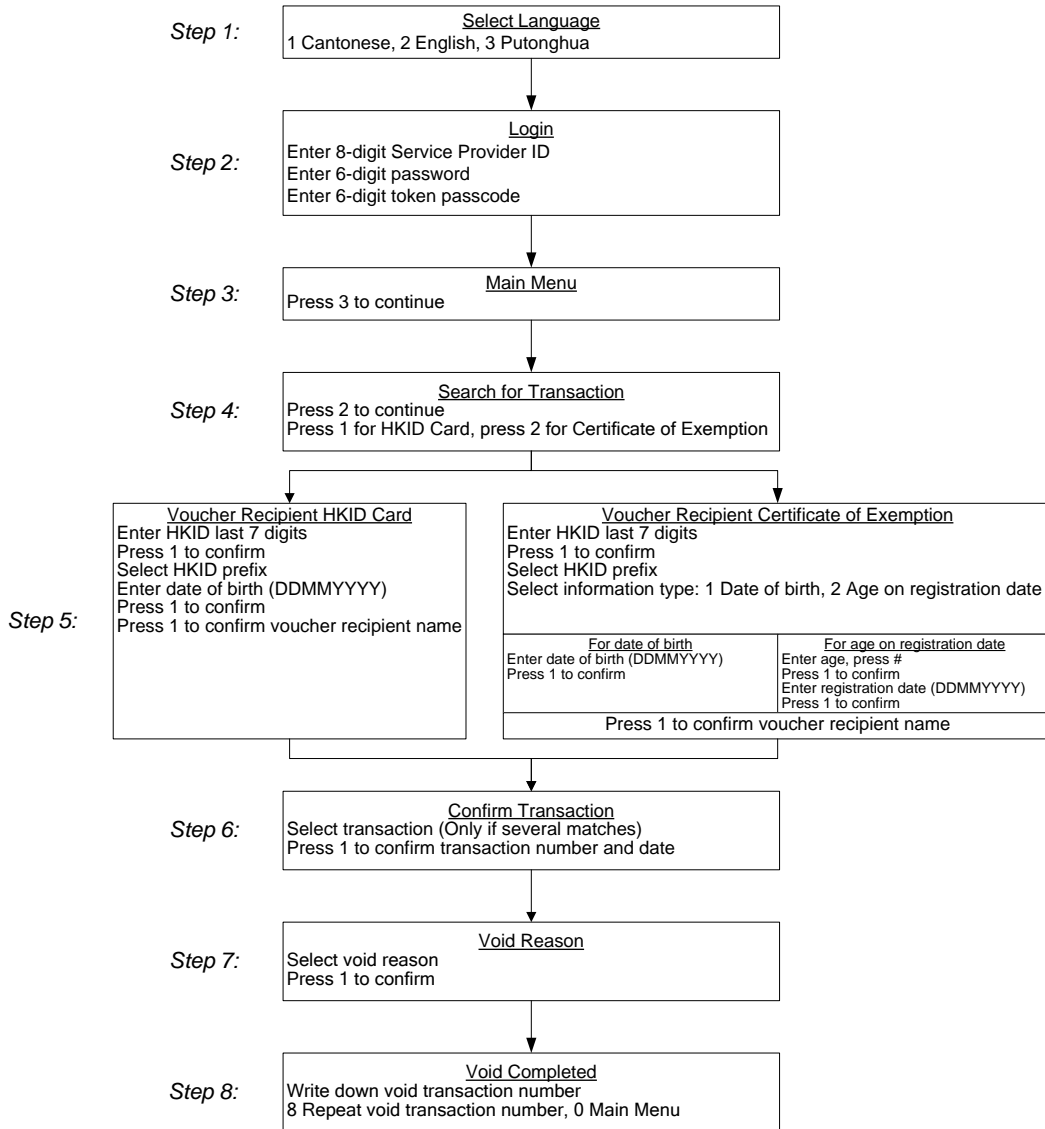
- An EHCP can void a voucher claim through the eHealth System (Subsidies) within 24 hours of making the claims. The transaction record will be marked as “voided” and the eHealth System (Subsidies) will generate a “void transaction number” for the voided claim.
- The EHCP is required to mark the corresponding consent form as “transaction voided” and also record the “void transaction number” on the form.
- The consent forms should be properly kept for future inspection.

4.5 Confirming transaction information

- At day end, an EHCP is required to review and confirm the claim transactions made by his/her delegates using the “Data Entry Accounts” in the eHealth System (Subsidies).
- Upon confirmation by the EHCP, the information entered through the “Data Entry Accounts” will be submitted to the eHealth System (Subsidies) for processing reimbursement.
- Records/transactions cancelled by the EHCP will not be submitted to the eHealth System (Subsidies), and the voucher amount previously used for that transaction will be released back to the eligible elder’s eHealth (Subsidies) account.
- Records/transactions which have not been confirmed by the EHCP will not be submitted to the eHealth System (Subsidies) for processing reimbursement.

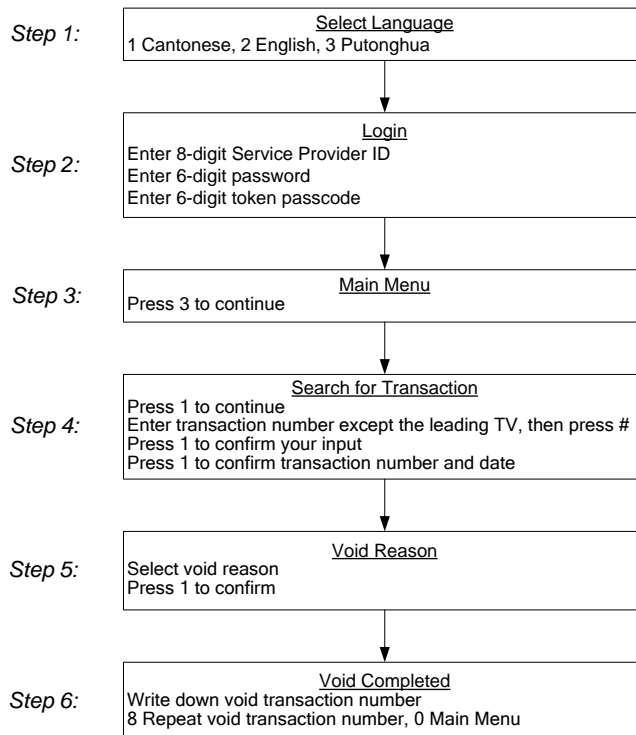
IVRS Flow Diagram for Voiding Transaction Through eHealth System (Subsidies) Health Care Voucher Hotline: 2838 5700 By Using Voucher Recipient Information

Steps to Void Transaction by Voucher Recipient Information:



**IVRS Flow Diagram for Voiding Transaction Through
eHealth System (Subsidies) Health Care Voucher Hotline: 2838 5700
By Using Transaction Number**

Steps to Void Transaction by Transaction Number:



4.6 Reimbursement

- Reimbursement of the voucher claims are performed on a monthly basis.
- At month end, the eHealth System (Subsidies) will generate payment information based on the claim transactions confirmed by the EHCPs for processing of reimbursement by DH.
- The eHealth System (Subsidies) will give notification message to the EHCPs on the reimbursement of payment.
- EHCPs can access the eHealth System (Subsidies) for the monthly statements¹³ about the reimbursements.
- The reimbursement will be paid directly into the bank accounts nominated by the EHCPs.
- Reimbursement will only be paid for transactions that -
 - made by validated eHealth (Subsidies) accounts (after passing validation with the database of the ImmD);
 - have been confirmed by the EHCPs; and
 - are not in breach of any provisions in any documents of the Transaction Documents of the HCVS.
- To effect payment, EHCPs are required to ensure that they have-
 - rectified information of temporary eHealth (Subsidies) accounts that have failed validation with the database of ImmD; and
 - confirmed the claim transactions made by their delegates through the “Data Entry Accounts”.

4.7 Monitoring

- EHCPs should check the HKIC/EC of voucher recipients for the purpose of identity verification and eligibility confirmation.
- Before deducting vouchers from an eHealth (Subsidies) account, EHCPs should input the required information of the healthcare services provided, and obtain consent for use of vouchers by voucher recipients concerned. Each claim transaction should be supported by a duly completed and signed consent form.

¹³ The eHealth System (Subsidies) only provides the monthly statements of the last 12 months.

- DH may call the voucher recipients to confirm their use of vouchers. EHCPs should record the voucher recipients' contact telephone numbers to facilitate communication in the future.
- EHCPs are required to record the transaction number on the consent forms and keep the signed consent forms properly.
- Random inspection of claim transactions will be conducted, including checking of the consent forms signed by the voucher recipients concerned and other relevant information.
- EHCPs should fully co-operate with and give all assistance required by DH staff for the monitoring of the HCVS, including ensuring DH staff are given free and uninterrupted access to the transaction information, book and records and to the premises at which such information, book and records are kept as well as providing copies of the information, book and record if so requested.

5. Others

5.1 Loss or damage of materials provided by DH

- If an EHCP loses or damages the materials provided by DH, including the HCVS logo, authentication token or Smart ID Card reader, he/she should approach the Health Care Voucher Division (HCVD) for replacement. Please refer to Section 5.11 for contact information.
- HCVD will verify the identity of the EHCP requesting the replacement.
- HCVD will re-issue the material(s) to the EHCP by mail.
- HCVD may collect a fee from the EHCP for the replacement material(s).
- Once the replacement token is issued, the old authentication token will be de-activated.

5.2 Forgetting password

- If an EHCP forgets his/her password, he/she should click the “Can’t access to your account?” button in the login page and enter the Service Provider ID, email address as recorded in the eHealth System (Subsidies), as well as token passcode. After authentication by using the verification code sent to the EHCP’s email address, he/she will then be required to set a new password.

5.3 Locked account

- An EHCP Account will be locked after 5 consecutive failed logins to the eHealth System (Subsidies).
- If an EHCP Account is locked, he/she should click the “Can’t access to your account?” button in the login page and enter the Service Provider ID, email address as recorded in the eHealth System (Subsidies), as well as token passcode. After authentication by using the verification code sent to the EHCP’s email address, the EHCP Account will be unlocked and the EHCP will be required to set a new password for login to the system.
- If a “Data Entry Account” is locked, it can be released by the respective EHCP on “My Profile” in the eHealth System (Subsidies).

5.4 Access to personal information

- An EHCP can access and retrieve enrolment particulars on “My Profile” in the eHealth System (Subsidies). He/she can also change some system related information (such as language and printing option for consent form) and maintain his/her “Data Entry Account”.

5.5 Amendment of particulars recorded in eHealth System (Subsidies)

- If an EHCP wishes to amend the information recorded in the eHealth System (Subsidies), he/she needs to submit his/her request by-
 - (1) filling in the “Request to Change Particulars” form (which can be downloaded from the HCVS website www.hcv.gov.hk or the eHealth System (Subsidies)) [sample of form – Annex 5];
 - (2) enclosing a copy of HKIC and other required supporting document; and
 - (3) sending the completed request form with the documentary proof to HCVD by post or by fax.
- HCVD will process the amendment application upon receiving all the required information. After updating the enrolment information, HCVD will inform the EHCP.

5.6 Withdrawal from the HCVS

- If an EHCP would like to withdraw from the HCVS, he/she needs to inform HCVD using the “Request to Change Particulars” form which can be downloaded from the HCVS website www.hcv.gov.hk or the eHealth System (Subsidies)) [sample of form – Annex 5]. The EHCP should remove the HCVS logo from his/her place of practice upon withdrawal.
- Upon receiving the request form, HCVD will confirm with the EHCP before de-activating the EHCP Account.
- Once the EHCP Account is de-activated, the healthcare service provider cannot access the eHealth System (Subsidies). However, outstanding voucher claims confirmed by the EHCP before withdrawal but pending reimbursement will still be processed.

HCVD will make arrangements with the healthcare service provider for returning the authentication token, Smart ID Card reader and the HCVS logo to HCVD.

5.7 Suspension under the HCVS

- Upon the occurrence of any of the events specified in Clause 5 of the Definitions, and Terms and Conditions of Agreement of HCVS or the alleged occurrence of any such event pending further investigation, the DH may, without prejudice to its rights and remedies under Clause 5 or otherwise, by notice in writing to an EHCP suspend the enrolment of the EHCP in the HCVS and/ or withhold any sums due to the EHCP or his/her medical organization(s).

5.8 Delisting from the HCVS

- DH may de-list an EHCP from the HCVS for but not be limited to the following reasons:
 - The EHCP ceases to be registered or is suspended from practising within the meaning of the professional registration ordinance for his/her respective profession;
 - The EHCP or his/her medical organization(s) has failed to comply with any provision in the Definitions, and Terms and Conditions of Agreement or with any direction or requirement given by the Government in relation to the HCVS; or
 - The Government has reasonable grounds to believe that the EHCP has failed to provide healthcare services which are not limited to the healthcare services provided under the HCVS in a professional manner or are otherwise guilty of professional misconduct or malpractice.
- HCVD will inform the EHCP of the delisting and de-activate the EHCP Account.
- Once the EHCP Account is de-activated, the healthcare service provider cannot access the eHealth System (Subsidies). However,

outstanding voucher claims confirmed by the EHCP before being delisted but pending reimbursement will still be processed.

- Upon receiving the notification from HCVD, the healthcare service provider should remove the HCVS logo from his/her place of practice.
- HCVD will make arrangements with the healthcare service provider for returning the authentication token, Smart ID Card reader and the HCVS logo to HCVD.

5.9 Data security and privacy

- Since the operation of the HCVS involves personal data of voucher recipients and healthcare service providers, EHCPs should be careful in collecting, processing, storing and disposing of personal data involved while using the eHealth System (Subsidies) so as to minimise the risk of data leakage.
- EHCPs should make reference and comply with the guidelines and procedures issued by the Government in ensuring data security and privacy.

5.10 Use of HCVS logo

- The HCVS logo should be displayed at the place(s) of practice of the EHCPs for identification by voucher recipients. Neither the EHCP nor the medical organization(s) concerned shall make any copies of the HCVS logo or display the HCVS logo at any places other than those specified by the Director of Health.

5.11 Anti-bribery

- The EHCP and his/her medical organization(s), as well as any their employees, agents or sub-contractors shall observe the Prevention of Bribery Ordinance (Cap. 201). All of them are prohibited from offering, soliciting or accepting any advantage as defined in the Prevention of Bribery Ordinance in relation to HCVS.

5.12 Contact information

- Healthcare service providers can contact DH's HCVD by :
 - Tel.: 3582 4102
 - Fax.: 3582 4115
 - Email: hcvd@dh.gov.hk

Supplementary Information related to Certificate of Exemption

1. Certificate of Exemption (the EC) can also be accepted as a valid personal identification document in verifying an elder's eligibility for using health care vouchers.

2. The procedures in creating eHealth (Subsidies) accounts as well as making voucher claims for holders of EC (including validation and rectification of temporary account information) are similar to those of Hong Kong Identity Card. However, the information to be collected in case of the EC is a bit different, as listed below -
 - (i) Name (in English and Chinese)
 - (ii) Gender
 - (iii) Date of birth
 - (iv) Serial No. of the EC**
 - (v) Reference (number) of the EC**
 - (vi) (Issue) Date and HKIC No. shown on the EC**

3. In case of enquiry in applying the EC in the relevant procedures, please contact the Health Care Voucher Division of the Department of Health on telephone no. 3582 4102 or email hcvd@dh.gov.hk.

Consent of Voucher Recipient to Use Vouchers

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 the “Consent of Voucher Recipient to Transfer Personal Data” and its Appendix. I have given my consent described in the said form.



I ***AGREE / DO NOT AGREE** to authorize the Enrolled Health Care Provider above to obtain my personal data^{Note} stored in the chip embedded in 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: _____

^{Note} 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

Sample 1: Completion of Consent of Voucher Recipient to Use Vouchers in respect of elders who are able to sign (neither illiterate nor mentally incapacitated)

1. State the name of the enrolled health care provider rather than that of medical organization or practice.

2. Confirm with the voucher recipient about the voucher amount to be used.

4. Cross out the inappropriate option if Smart IC Card Reader is used.

5. Ask the voucher recipient to read the form, explain to him/her about the consent to transfer personal data, then ask him/her to sign here. Voucher recipient should not be asked to sign on a blank consent form or before receiving healthcare services.

6. Fill in the HKIC No. of the voucher recipient.

7. Put down the contact phone number of voucher recipient.

8. Record the transaction no. generated in the eHealth System (Subsidies) after confirmed input of the transaction.

3. Fill in the extra service fee paid by the voucher recipient. Extra service fee means the amount charged after deducted the vouchers.

(Effective from 27 October 2020)

Consent of Voucher Recipient to Use Vouchers

Transaction No. : TV21102-
Void Transaction No. : _____

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

I consent to use voucher(s) in the amount of HK\$ 200 for healthcare service provided by SHEUNG, KIN HONG, with an extra service fee HK\$ 0 paid, for the consultation shown on the "Notice on Use of Health Care Voucher".

SHEUNG, KIN HONG 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^{Note} 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: CHAN, TAI MAN
Hong Kong Identity Card No.: A123456(7) (or serial no. of the Certificate of Exemption)
Telephone No.: 2345 6789 Date: 2.1.2021

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: _____

Note 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.
DH_HCV103_sing (10/20)

9. Complete and give the “Notice on Use of Health Care Voucher” to the voucher recipient for reference.

Notice on Use of Health Care Voucher

To : CHAN, TAI MAN
(Name of voucher recipient)

Health Care Provider visited : SHEUNG, KIN HONG

Date of visit : 2/1/2021

Available voucher amount in your account before the visit : HK\$ 8,000

Voucher amount claimed for the visit : HK\$ 200

Remaining voucher amount for use : HK\$ 7,800

(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

**Sample 2: Completion of Consent of Voucher Recipient to Use Vouchers in respect of
elders who are illiterate**

1. State the name of the enrolled health care provider rather than that of medical organization or practice.

9. Record the transaction no. generated in the eHealth System (Subsidies) after confirmed input of the transaction.

3. Fill in the extra service fee paid by the voucher recipient. Extra service fee means the amount charged after deducted the vouchers.

(Effective from 27 October 2020)

Consent of Voucher Recipient to Use Vouchers

Transaction No. : TV21102-_____

Void Transaction No. : _____

To: (Name of the Enrolled Health Care Provider) SHEUNG, KIN HONG
The Director of Health, HKSAR Government (“the Government”)

I consent to use voucher(s) in the amount of HK\$ 200 for healthcare service provided by SHEUNG, KIN HONG, with an extra service fee HK\$ 0 paid, for the consultation shown on the “Notice on Use of Health Care Voucher”.

SHEUNG, KIN HONG 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^{Note} 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: CHAN, TAI MAN

Hong Kong Identity Card No.: A123456(7) *(or serial no. of the Certificate of Exemption)*

Telephone No.: 2345 6789 Date: 2.1.2021

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: _____

2. Confirm with the voucher recipient about the voucher amount to be used.

4. Cross out the inappropriate option if Smart IC Card Reader is used.

5. Read and explain to the voucher recipient about the consent to use vouchers and transfer personal data in the presence of a witness (an adult other than the service provider), then ask the voucher recipient to put a mark/ finger print here. Voucher recipient should not be asked to put a mark or finger print on a blank consent form or before receiving healthcare services.

6. Fill in the HKIC No. of the voucher recipient.

7. Ask the witness to read the “Consent of Witness/ Guardian to Transfer Personal Data” (Annex 4), then sign and complete this part.

8. Put down the contact phone number of voucher recipient.

Note 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.
DH_HCV103_sing (10/20)

10. Complete and give the “Notice on Use of Health Care Voucher” to the voucher recipient for reference.





Notice on Use of Health Care Voucher

To : CHAN, TAI MAN
(Name of voucher recipient)

Health Care Provider visited : SHEUNG, KIN HONG
Date of visit : 2/1/2021
Available voucher amount in your account before the visit : HK\$ 8,000
Voucher amount claimed for the visit : HK\$ 200

Remaining voucher amount for use : HK\$ 7,800

(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

Sample 3: Completion of Consent of Voucher Recipient to Use Vouchers in respect of elders who are mentally incapacitated

1. State the name of the enrolled health care provider rather than that of medical organization or practice.

2. Confirm with the guardian of the voucher recipient about the voucher amount to be used.

4. Cross out the inappropriate option if Smart IC Card Reader is used.

5. Fill in the HKIC No. of the voucher recipient.

6. Ask the guardian to read the form and the "Consent of Witness/ Guardian to Transfer Personal Data" (Annex 4), then sign and complete this part. The guardian should not be asked to sign on a blank consent form or before the voucher recipient has received healthcare services.

7. Put down the contact telephone number of the voucher recipient/ his or her family member.

8. Record the transaction no. generated in the eHealth System (Subsidies) after confirmed input of the transaction.

3. Fill in the extra service fee paid by the voucher recipient. Extra service fee means the amount charged after deducted the vouchers.

(Effective from 27 October 2020)

Consent of Voucher Recipient to Use Vouchers

Transaction No. : TV21102- _____
 Void Transaction No. : _____

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

I consent to use voucher(s) in the amount of HK\$ 200 for healthcare service provided by SHEUNG, KIN HONG, with an extra service fee HK\$ 0 paid, for the consultation shown on the "Notice on Use of Health Care Voucher".

SHEUNG, KIN HONG 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^{Note} 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: CHAN, TAI MAN
 Hong Kong Identity Card No.: A123456(7) (or serial no. of the Certificate of Exemption)
 Telephone No.: 2345 6789 Date: 2.1.2021

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: _____

Note 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.
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9. Complete and give the “Notice on Use of Health Care Voucher” to the voucher recipient for reference.





Notice on Use of Health Care Voucher

To : CHAN, TAI MAN
(Name of voucher recipient)

Health Care Provider visited : SHEUNG, KIN HONG
Date of visit : 2/1/2021
Available voucher amount in your account before the visit : HK\$ 8,000
Voucher amount claimed for the visit : HK\$ 200

Remaining voucher amount for use : HK\$ 7,800

(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

It is not necessary for EHCP and voucher recipient to sign on this form. The EHCP has to show or explain the statement of purpose to the voucher recipient and to obtain the voucher recipient's consent before asking him/her to sign on the "Consent of Voucher Recipient to Use Vouchers".

Consent of Voucher Recipient to Transfer Personal Data

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

1. I hereby give consent to (name of the Enrolled Health Care Provider) _____
_____ to transfer and release to the Government, its agents, or other persons authorized by the Government my personal data provided in connection with the "Consent of Voucher Recipient to Use Vouchers" and the "Statement of Purpose" at the consultation shown on the "Notice of Consent" and the "Statement of Purpose" to the Government for the purposes as set out in the "Statement of Purpose".

2. I agree to provide (name of the Enrolled Health Care Provider) _____ and the Government with the following information:

- * (a) in the case of Hong Kong Identity Card holder, Hong Kong Identity Card No., name (in English and Chinese), gender, date of birth, symbol on and date of issue of Hong Kong Identity Card, and residential status; OR
- * (b) in the case of Certificate of Exemption holder, name (in English and Chinese), gender, date of birth, Serial No., Reference (number), (issue) date and Hong Kong Identity Card No. shown on the Certificate of Exemption.

3. This consent shall be governed by and construed in accordance with the laws of Hong Kong Special Administrative Region and I and the Government shall irrevocably submit to the exclusive jurisdiction of the Courts of Hong Kong Special Administrative Region.

4. I have read this consent carefully and fully understood the "Statement of Purpose" before I give my consent.
(For illiterate voucher recipient: This consent has been read over and explained to me and I fully understood my obligations and liability under this consent.)

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) processing of payment of voucher, and the administration and monitoring of the Health Care Voucher Scheme;
 - (b) for statistical and research purposes; and
 - (c) any other legitimate purposes as may be required, authorized or permitted by law.
2. The provision of personal data is voluntary. If you do not provide sufficient information you may not be able to use the voucher(s).

Classes of Transferees

3. The personal data you provide are mainly for the purposes mentioned in paragraph 1 above, if required.

Sample

Access to Personal Data

4. You have a right to request access to and correction of your personal data under Sections 18 and 22 and Data Protection Principle 6, Schedule 1 of the Personal Data (Privacy) Ordinance (Cap. 486). 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
Department of Health
Suites 901-4, 9/F, AXA Tower, Landmark East
100 How Ming Street
Kwun Tong, Kowloon Telephone No.: 3582 4102

It is not necessary for the EHCP and witness/guardian to sign on this form. The EHCP has to show or explain the statement of purpose to the witness/guardian and obtain his/her consent before asking him/her to sign on the “Consent of Voucher Recipient to Use Vouchers”.

Consent of Witness/ Guardian to Transfer Personal Data

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

1. I hereby give consent to (name of the Enrolled Health Care Provider) _____
_____ to transfer and release to the Government, its agents, or other persons authorized by the Government my personal data provided in connection with the “Consent of Voucher Recipient to Use Vouchers” related to _____ (the name of the Voucher Recipient) shown to me, including Hong Kong Identity Card No. and name (in English and Chinese) for the use by _____ as stated in Appendix “Statement of Purpose”.
2. This consent shall be governed by and shall be subject to the laws of the Hong Kong Special Administrative Region and shall be subject to the exclusive jurisdiction of the Court of Final Appeal of the Hong Kong Special Administrative Region.
3. I have read this consent carefully and fully understood the “Statement of Purpose” before I give my consent.



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) processing of payment of voucher, and the administration and monitoring of the Health Care Voucher Scheme;
 - (b) for statistical and research purposes; and
 - (c) any other legitimate purposes as may be required, authorized or permitted by law.
2. The provision of personal data is voluntary. If you do not provide sufficient information, the voucher recipient concerned may not

Classes of Transferees

3. The personal data you provide are mainly for the purposes mentioned in paragraph 1 above, if required.

Sample

Access to Personal Data

4. You have a right to request access to and correction of your personal data under Sections 18 and 22 and Data Protection Principle 6, Schedule 1 of the Personal Data (Privacy) Ordinance (Cap. 486). A fee may be imposed for complying with a data access request.

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5. Enquiries concerning the personal data provided, including the making of access and correction, 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

For Requests Relating to HCVS ONLY To: Health Care Voucher Division Fax: 3582 4115 or email: hcvd@dh.gov.hk	For Requests Relating to VSS / RVP and HCVS (if any) To: Programme Management and Vaccination Division Fax: 2713 9576 or email: vacs@dh.gov.hk
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Request to Change Particulars

Enrolled Health Care Provider (EHCP) under the Health Care Voucher Scheme, Vaccination Subsidy Scheme and/or Residential Care Home Vaccination Programme

(Read "Notes for Attention" before completing this form)

Legend: HCVS: Health Care Voucher Scheme VSS: Vaccination Subsidy Scheme RVP: Residential Care Home Vaccination Programme PCD: Primary Care Directory DA: Disability Allowance CSSA: Comprehensive Social Security Assistance Scheme of the Social Welfare Department	LAIV: Live-attenuated influenza vaccine QIV: Quadrivalent influenza vaccine PCV13: 13-valent pneumococcal conjugate vaccine 23vPPV: 23-valent pneumococcal polysaccharide vaccine PID: Persons with Intellectual Disability
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<u>Present Particulars of EHCP</u>	
Name of EHCP	: _____
EHCP HKIC No.	: _____ (SPID No.: _____)
Name of Medical Organisation	: _____
Change Requests - Complete (Please put a "✓" in the box)	
(A) Personal Particulars of EHCP	
<input type="checkbox"/> Correspondence address	: _____
<input type="checkbox"/> (in English)	: _____
<input type="checkbox"/> (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	: _____
<input type="checkbox"/> (in English)	: _____
<input type="checkbox"/> (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"/> REMOVE an enrolled practice from EHCP's enrolment	
Practice name (in English)	: _____
(in Chinese)	: _____
Practice address (in English)	: _____
(in Chinese)	: _____
Reasons for removal [Optional]	: _____
Scheme(s)/ Programme to which this removed practice relates:	
<input type="checkbox"/> HCVS	<input type="checkbox"/> VSS
<input type="checkbox"/> RVP	<input type="checkbox"/> PCD

Sample

Notes for Attention

1. This change form **DOES NOT** apply to changes of EHCP's name, HKIC No., profession, medical organisation or Scheme(s)/ 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 or Centre for Health Protection website www.chp.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 and net service fees under VSS (except the service fee of LAIV) will be displayed in the *List of Enrolled Healthcare Service Providers* at the website of the CHP and 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 respective office of the Department of Health:

Programme Management and Vaccination Division (for requests relating to VSS / RVP and HCVS (if any))

Address: 3/F, Two Harbourfront, 18-22 Tak Fung Street, Hung Hom, Kowloon

Fax: 2713 9576

Email: vacs@dh.gov.hk

Health Care Voucher Division (for requests relating to HCVS only)

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 and Health Bureau (in relation to PCD) for one or more of the following purposes:
 - (a) processing of payment, and the administration and monitoring of Government programmes to promote primary care;
 - (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, VSS and/or RVP) and/or Food and Health Bureau (in relation to PCD) but they may also be disclosed to other Government bureaux and departments, respective professional regulatory board and council 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 (Vaccination Subsidy Scheme)

Programme Management and Vaccination Division, Department of Health

3/F, Two Harbourfront, 18-22 Tak Fung Street, Hung Hom, Kowloon

Tel. no.: 2125 2299

Fax: 2713 9576

Email: vacs@dh.gov.hk

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 (District Health Centre Team)A

Primary Healthcare Office, Food and Health Bureau, The Government of the Hong Kong Special Administrative Region

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

Tel. no.: 2205 2491

Fax: 2556 2638

Email: pho@fhh.gov.hk