

Elderly Health Care Voucher Scheme



Guide for Healthcare Service Provider



Department of Health

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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 elderly persons aged 70 or above to receive private primary healthcare services that best suit their health needs. The HCVS provides additional choices for elderly persons on top of the existing public primary healthcare services with a view to enhancing the primary healthcare services for the elderly persons.
- In 2014, the HCVS was converted into a recurrent programme and the annual voucher amount for each eligible elderly person was increased to \$2,000¹.
- With effect from 1 July 2017, the eligibility age for the HCVS has been lowered from 70 to 65. Elderly persons 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 elderly person was also provided with an additional voucher amount of \$1,000 on a one-off basis.
- Since 26 June 2019, the amount of vouchers that can be used by each eligible elderly person on optometry services has been capped at \$2,000 every two years (Quota)².
- Since 28 July 2023, the HCVS will allow two eligible elderly persons having spousal relationship to share use their vouchers after pairing up their eHealth (Subsidies) accounts upon mutual consent. HCVS also introduces electronic consent (**e-consent**) for elderly persons to use vouchers and providing real time notifications via SMS messages on pairing accounts and using vouchers.

¹ From 2009 to 2011, the annual voucher amount for each eligible elderly person 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.

² The first cycle started from 26 June 2019 until 31 December 2020. The first cycle of less than 2 years was also made available a Quota of \$2,000 vouchers for use on optometry services.

- On 13 November 2023, a three-year Elderly Health Care Voucher Pilot Reward Scheme (“Reward Scheme”) was rolled out. Eligible Hong Kong elderly persons accumulating the use of vouchers of \$1,000 or more on designated primary healthcare purposes such as disease prevention and health management services within the same year will be allotted \$500 reward to their voucher accounts for using on the same designated primary healthcare purposes.

2. Overview of the HCVS

2.1 Who are the eligible voucher recipients?

- Elderly person 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 expired or ceased to be valid. On 1 January each year, the annual voucher amount an elderly person is eligible to receive for that year will be automatically deposited in the elder’s eHealth (Subsidies) account³.

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

³ 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.

referral arrangement), registered optometrists (in Part I of the register)⁴; and

- audiologists, clinical psychologists, dietitians and speech therapists registered with the relevant healthcare professional body accredited under the Accredited Registers Scheme for Healthcare Professions of the Government.

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 elderly person. If the total amount of vouchers in an eHealth (Subsidies) account exceeds the accumulation limit, any exceeding amount will be forfeited. However, the Reward allotted during the term of Reward Scheme would not be counted against the accumulation limit.
- No advance of vouchers which are yet to be issued is allowed.
- There is no limit on the amount of vouchers that an elderly person 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 Quota⁵ (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 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 or (in the case where the voucher recipient uses the voucher in the paired Up eHealth (Subsidies) Account of his spouse) or the spouse. Any advantage, whether in

⁴ Optometrists (in Part I of the register) were allowed to join the HCVS starting from November 2011.

⁵ The amount of vouchers that can be used by each eligible elderly person 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.

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. In this regard, no advertisement or publicity or offer to such effect under the HCVS shall be allowed.

- Vouchers cannot be redeemed for cash.
- Neither the EHCP nor the related medical organization(s) may charge any person any fees for creating an eHealth (Subsidies) account, pairing of two eHealth (Subsidies) accounts 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 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 not otherwise provided/ prescribed by EHCPs, 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. In the case where the VR would use vouchers in the paired up eHealth (Subsidies) account of his/her spouse, a copy of the spouse's identity document shall be produced.
- 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). It is however allowed where the VR uses the vouchers in the Paired Up eHealth (Subsidies) Account of his/her spouse who is also the EHCP providing healthcare services to the VR.
- 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 elderly persons 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 elderly person 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 elderly person 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 elderly person into the System or request the elderly person 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 elderly person holding EC.]*
- Neither the EHCP nor the related medical organization(s) may charge any person any fees for creating an eHealth (Subsidies) account or pairing up eHealth (Subsidies) accounts.

2.5.3 The eHealth System (Subsidies) – pairing up of eHealth (Subsidies) accounts of elderly couple

- Two eligible elderly persons who are in spousal relationship⁶ can apply for shared use of their Vouchers by visiting the place of practice of any EHCP in persons to pair up their eHealth (Subsidies) accounts. After the elderly couple declared spousal relationship and gave consent to

⁶ For the purpose of this document, two voucher recipients are in a spousal relationship if they are married under monogamous marriage to one another as recognized by the laws of Hong Kong.

For the purpose of this document, “monogamous marriage” means a marriage which was—

- (a) if it took place in Hong Kong—
 - (i) celebrated or contracted in accordance with the provisions of the Marriage Ordinance (Chapter 181 of the laws of Hong Kong);
 - (ii) a modern marriage validated by section 8 of the Marriage Reform Ordinance (Chapter 178 of the laws of Hong Kong) and registered under Part IV of that Ordinance; or
- (b) if it took place outside Hong Kong, celebrated or contracted in accordance with the law in force at the time and in the place where the marriage was performed and recognized by such law as involving the voluntary union for life of one man and one woman to the exclusion of all others.

share use of vouchers, the EHCP or the delegated staff with data-entry accounts shall verify identities of the elderly persons and show or read to them the Information Sheet provided by Government [sample – Annex 6]. Then the two elderly persons will be invited to confirm by inserting their HKIC to Smart ID Card reader, or presenting their HKIC for inputting particulars in the eHealth System (Subsidies) if Smart ID Card reader cannot be used under exceptional circumstances.

- Elderly persons should provide Hong Kong mobile phone numbers that can receive SMS. The phone number can be that their family member/ carer. After completion of pairing up, SMS notifications will be sent to the telephone numbers..
- If either party is unable to visit the EHCP in person due to exceptional circumstances, the elderly person attending in person shall produce a duly completed and signed “Consent of Sharing Health Care Vouchers with Spouse” [sample – Annex 5] attached with a copy of the latest Hong Kong Identity Card (or Certificate of Exemption (if applicable)) of his spouse for EHCP or his delegated staff’s verification. The EHCP or his delegated staff will then record the information declared on eHealth System (Subsidies) to pair-up the accounts. The EHCP shall collect and keep the relevant consent.
- Delegated staffs can pair up eHealth (Subsidies) accounts with their data entry account.
- It is forbidden for any EHCP and his medical organization to charge any person for pairing eHealth (Subsidies) Accounts

2.5.4 The eHealth System (Subsidies) – making voucher claims

- To accept the use of vouchers by an eligible elderly person, the EHCP should ask the elderly person to provide his/her HKIC or EC for checking whether the elderly person already has eHealth (Subsidies) account or not.
- The EHCP can search the eligible elderly person’s eHealth (Subsidies) account by inputting the elderly person’s HKIC symbol relating to his/her

residential status⁷, and then by inputting his/her HKIC number and date of birth in the eHealth System (Subsidies) or by requesting the elderly person to insert his/her HKIC into the Smart ID Card reader. Residential status of an elderly person holding HKIC will be checked automatically through the eHealth System (Subsidies). *[Please see Section 4.3 for the procedures of making voucher claims and also the supplementary information at Annex 1 when claiming vouchers for an elderly person holding EC.]*

- The EHCP shall accept the use of vouchers by an eligible elderly person to settle the service fees of healthcare services provided to the elder.
- On claiming vouchers from the eligible elderly person'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 elderly person's eHealth (Subsidies) account, and allow claiming of vouchers only if the voucher balance and available Quota (if applicable) is positive. In case the eHealth (Subsidies) account of the elderly person has been paired up with that of his spouse, the eHealth System (Subsidies) will also check the amount of vouchers in his spouse's account.
- If vouchers of his spouse are used, information of the spouse should be verified by checking the copy of HKIC (or EC, if applicable).
- If vouchers are used to settle the fees of designated services, the eHealth System (Subsidies) will first deduct the remaining reward amount (if any), then the remaining voucher balance,
- If vouchers of the spouse are used to settle the fees of designated services, the voucher amount used on designated services will be

⁷ HKIC symbol relating to residential status of an elderly person 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 elderly person concerned.

accumulated for the service recipient but not the spouse. Any reward issued to the elderly person could not be shared with his spouse.

2.5.5 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
 - Smartphones and any device with commonly used browser.

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, and Proper Practices 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, and Proper Practices 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 (i) a registration under section 85 of the Chinese Medicine Ordinance (Cap. 549); and (ii) an applicant of the healthcare profession of audiologist, dietitian, clinical psychologist or speech therapist)] For an applicant of the healthcare profession of audiologist, dietitian, clinical psychologist or speech therapist, please provide a copy of the relevant valid registration certificate.], 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 or other means with the database of the respective professional body or council and the healthcare professional body accredited under the Accredited Registers Scheme for Healthcare Professions of the Government.

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 (copy) [except in the case of (i) a registration under section 85 of the Chinese Medicine Ordinance (Cap. 549); and (ii) an applicant of the healthcare profession of audiologist, dietitian, clinical psychologist or speech therapist] For an applicant of the healthcare profession of audiologist, dietitian, clinical psychologist or speech therapist, please provide a copy of the relevant valid registration certificate.]
 - * 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**⁸ of bank correspondence showing the bank name, bank account number, bank account name in English)

[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

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

⁸ 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 (copy) [except in the case of (i) a registration under section 85 of the Chinese Medicine Ordinance (Cap. 549); and (ii) an applicant of the healthcare profession of audiologist, dietitian, clinical psychologist or speech therapist] For an applicant of the healthcare profession of audiologist, dietitian, clinical psychologist or speech therapist, please provide a copy of the relevant valid registration certificate.]
 - * 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, bank account name in English)

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 (copy) [except in the case of (i) a registration under section 85 of the Chinese Medicine Ordinance (Cap. 549); and (ii) an applicant of the healthcare profession of audiologist, dietitian, clinical psychologist or speech therapist] For an applicant of the healthcare profession of audiologist, dietitian, clinical psychologist or speech therapist, please provide a copy of the relevant valid registration certificate.]
 - * 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**⁹ of bank correspondence showing the bank name, bank account number, bank account name in English)

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

⁹ 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 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 (copy) [except in the case of (i) a registration under section 85 of the Chinese Medicine Ordinance (Cap. 549); and (ii) an applicant of the healthcare profession of audiologist, dietitian, clinical psychologist or speech therapist] For an applicant of the healthcare profession of audiologist, dietitian, clinical psychologist or speech therapist, please provide a copy of the relevant valid registration certificate.]
 - * 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, bank account name in English)

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 spousal declaration, and 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 elderly person 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 elderly person 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 elderly person 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 elderly person 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 elderly person eligible to use vouchers but no eHealth (Subsidies) account is found, or retrieve the required information of the elderly person through the Smart ID Card reader and input the gender of the elderly person. In exceptional circumstances where Smart ID Card Reader, input the following information about the eligible elderly person to the eHealth System (Subsidies):
 - 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 elderly person holding EC.]*
- (5) request the elderly person to provide a Hong Kong mobile phone number and input to the eHealth System (Subsidies).
- (6) declare via the eHealth System (Subsidies) that the necessary consent has been obtained from the elderly person concerned.

[Upon submission of the required information to the eHealth System (Subsidies), a "temporary" eHealth (Subsidies) account will be created

for the eligible elderly person.]

《EHCPs are encouraged to use Smart ID Card reader for retrieving the relevant personal data of elderly persons. 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.》

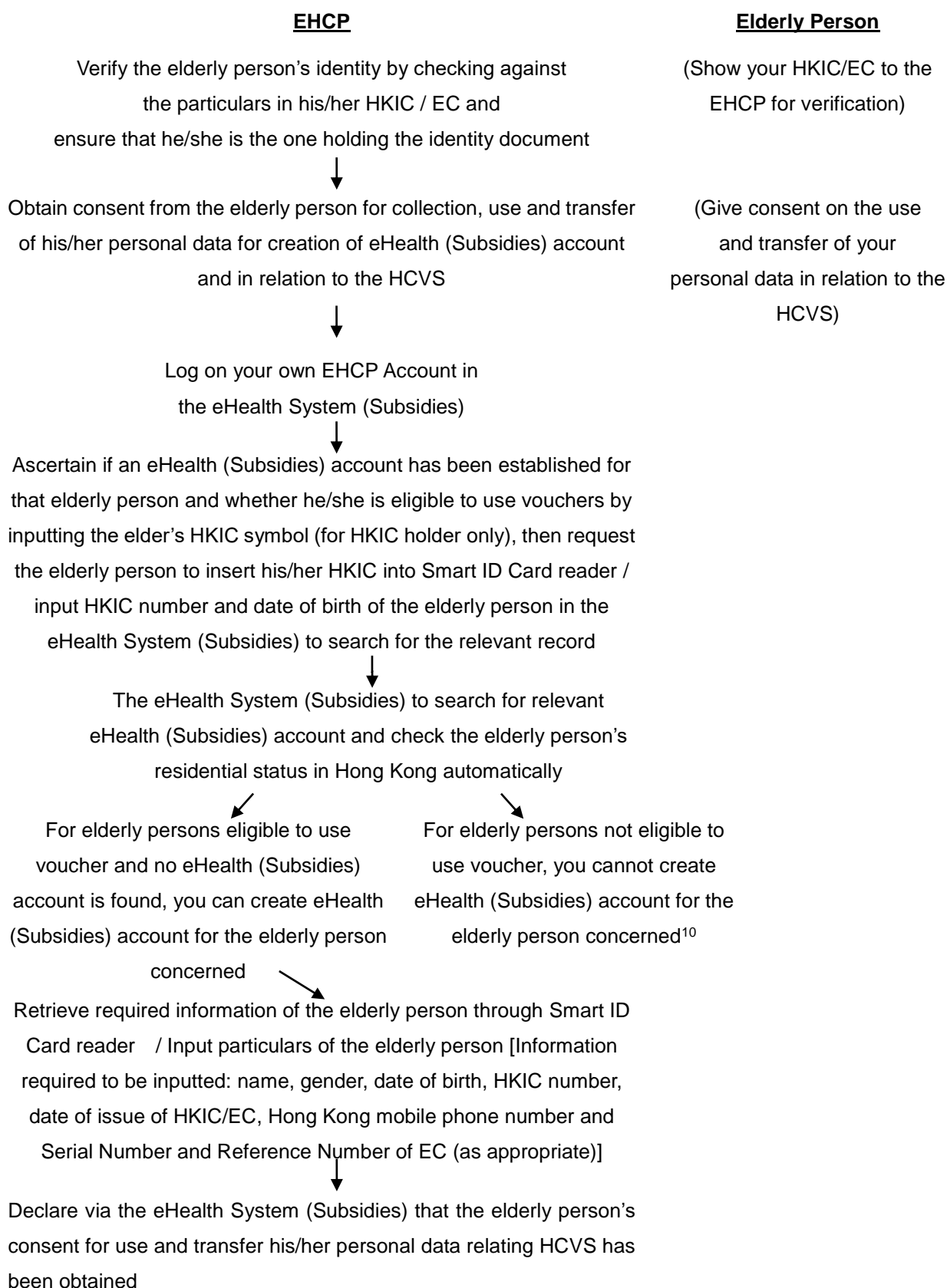
4.2.2 Automated validation of temporary eHealth (Subsidies) account information

- 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



¹⁰ A message will be shown in the eHealth System (Subsidies) that the elderly person 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 elderly person 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 elderly persons 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 elderly person 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 elderly person 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 request the elderly person to insert his/her HKIC into the Smart ID Card reader to check whether the elderly person already has an eHealth (Subsidies) account and eligible to use vouchers:
 - if no existing eHealth (Subsidies) account is found and the elderly person is eligible to use vouchers:
 - create an eHealth (Subsidies) account for the elderly person 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 elderly person 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 spouse's Vouchers are used, request the elderly person to produce copy of spouse's HKIC/EC and check whether that the spouse's account retrieved by the eHealth System (Subsidies) corresponds to the identity of the spouse;
- if the elderly person is not eligible to use voucher, the EHCP cannot make voucher claim for the elderly person concerned. A message will be shown in the eHealth System (Subsidies) that the elderly person 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 elderly person holding EC.]

- (4) Confirm with the eligible elderly person 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 elderly person 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) Ask the eligible elderly person to express consent to using the specified amount of vouchers by inserting his HKIC to smart ID card reader. In exceptional circumstances where Smart ID Card reader cannot be used, EHCP should print the "Consent of Voucher

Recipient to Use Vouchers” (consent form) and request the elderly person to sign the consent form to use vouchers

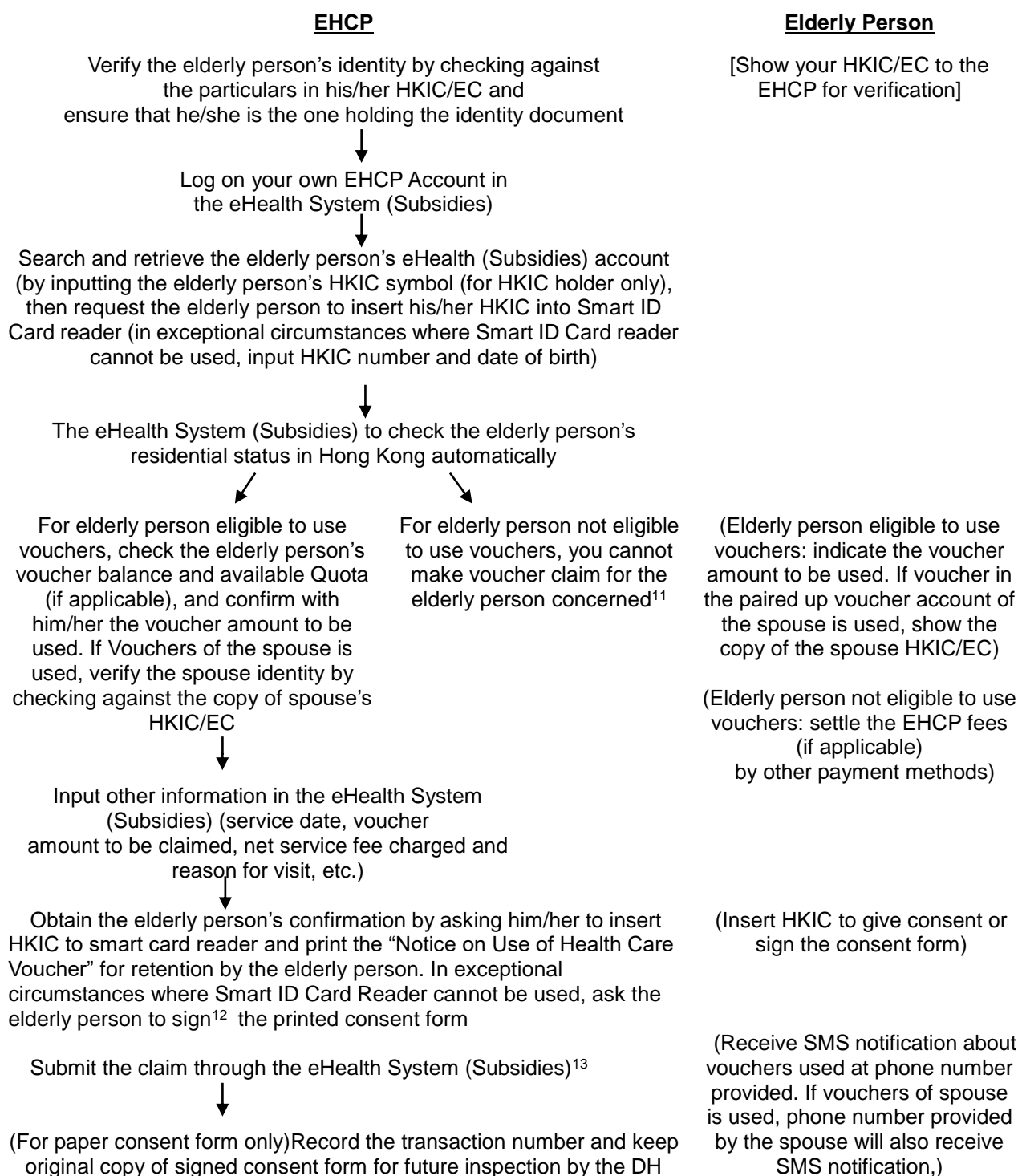
- For an illiterate elderly person, he/she can put a mark or finger print on the space for signature to indicate that he/she understands and agrees with the amount of vouchers used in the presence of a witness (an adult other than the EHCP). The “witness” part in the consent form should also be duly completed and signed.
- For a mentally incapacitated elderly person 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 elderly person 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 elderly person is safeguarded.

- (7) Give the “Notice on Use of Health Care Voucher” to the elderly person for retention. [sample – Annex 2]
- (8) Check the information inputted and submit the claim through the eHealth System (Subsidies). The eHealth System (Subsidies) will then generate a transaction number.
- (9) If paper consent form is used, record the system-generated transaction number on the signed consent form and 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 elderly person 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.

- All paper 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



¹¹ A message will be shown in the eHealth System (Subsidies) that the elderly person is not eligible to use vouchers due to his/her current residential status.

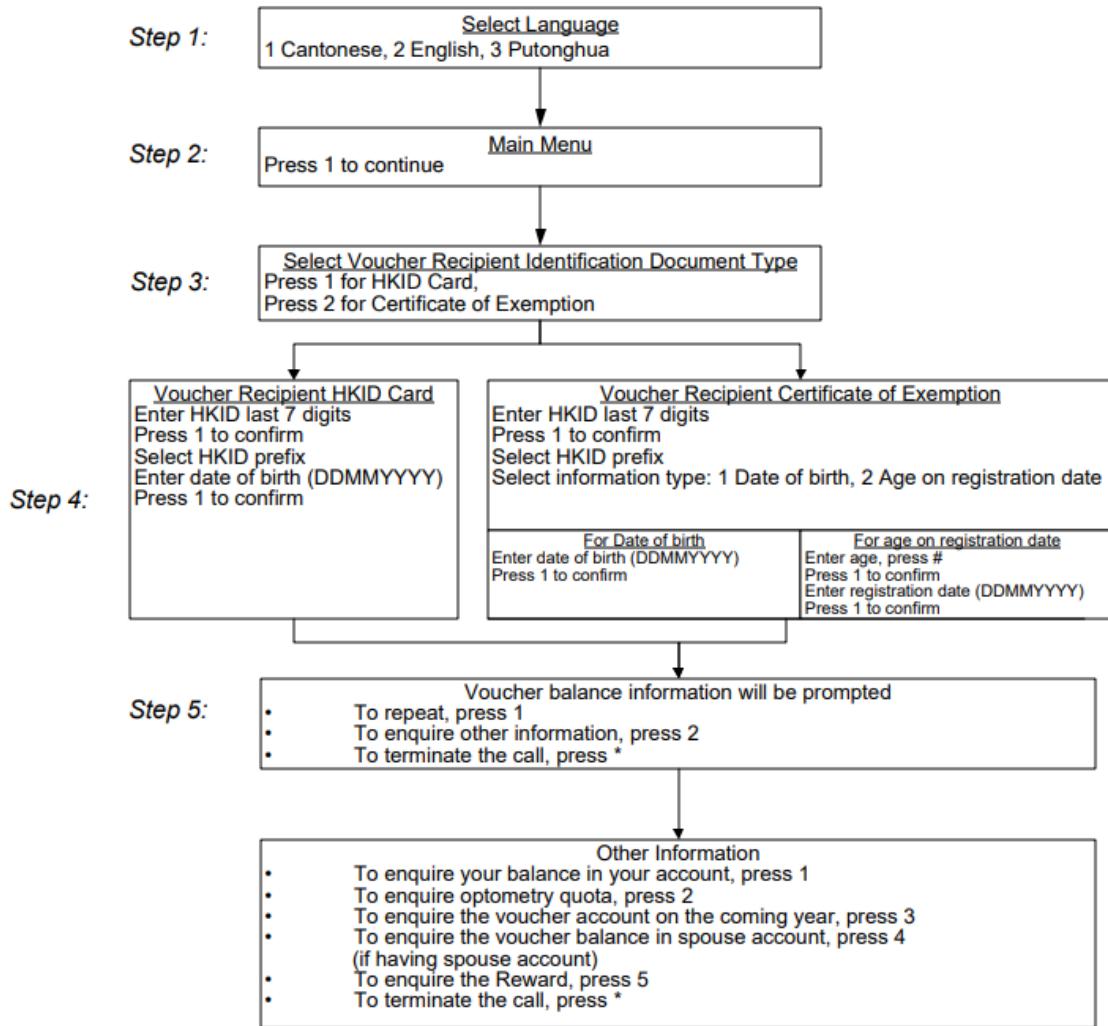
¹² If the elderly person is illiterate, he/she can put a mark or finger print on the space for signature to indicate that he/she understands and agrees with the amount of vouchers used in the presence of a witness (an adult other than the EHCP). The "witness" part in the consent form should be duly completed and signed. If the elderly person is mentally incapacitated, the "guardian" part in the consent form should be duly completed and signed.

¹³ 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 elderly person. Late submission of claims may not be reimbursed.

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

28380511 : Health Care Voucher Balance Enquiry Hotline

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.
- If paper consent form is used, the EHCP is required to mark the corresponding consent form as “transaction voided” and also record the “void transaction number” on the form.
- All paper 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 elderly person’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.

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 statements¹⁴ 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. If the vouchers of the spouse in the paired up voucher account are used, EHCPs should also check the copy HKIC/EC of the spouse.
- 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.

¹⁴ The eHealth System (Subsidies) only provides the monthly statements of the last 12 months.

All paper consent forms should be duly signed.

- DH may call the voucher recipients to confirm their use of vouchers. EHCPs should request the voucher recipients' to provide contact telephone numbers and input to eHealth System (Subsidies) to facilitate communication in the future.
- If paper consent forms are used, EHCPs are required to record the transaction number on the consent forms and keep the signed consent forms properly.
- Random inspection of claim transactions and relevant records will be conducted, including checking of the paper consent forms signed by the voucher recipients concerned, "Consent of Sharing Health Care Vouchers between Voucher Recipients in Spousal Relationship" forms 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) [sample of form – Annex 4];
 - (2) enclosing a copy of HKIC (if necessary) and other required supporting document; and
 - (3) sending the completed request form with the documentary proof to HCVD by post, email 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) [sample of form – Annex 4]. 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 ceases to be registered with the relevant healthcare professional body accredited under the Accredited Registers Scheme for Healthcare Professions of the Government;
 - 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 and the Office of the Privacy Commissioner for Personal Data 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, the Government (“**Government**”) of the Hong Kong Special Administrative Region of the People’s Republic of China (“**Hong Kong**”)

1. I hereby consent to use a total amount of HK\$ _____ reward (if applicable) and/or vouchers (i.e. HK\$ _____ reward and HK\$ _____ vouchers from my eHealth (Subsidies) Account (“**Account**”) and HK\$ _____ from the Account of another voucher recipient (name) _____, bearing a *Hong Kong Identity Card No. _____ / Certificate of Exemption with Serial No.: _____) with whom I am in a spousal relationship^{Note (a)} for healthcare service provided by _____, with an extra service fee HK\$ _____ paid, for the consultation shown on the “Notice on Use of Health Care Voucher”.

2. I hereby give consent to transfer and release to _____ (Name of the Enrolled Health Care Provider), the Government, its agents, or other persons authorized by the Government my personal data and any information related to this consultation for the use by the Government for the purposes as set out in the Appendix – “Statement of purpose”.

3. My personal data referred to in paragraph 2 above includes all information as shown on my latest Hong Kong Identity Card (or Certificate of Exemption, if applicable), spousal relationship, telephone number and balance of vouchers in my Account.

4. This document shall be governed by and construed in accordance with the laws of Hong Kong and I shall irrevocably submit to the exclusive jurisdiction of the courts of Hong Kong.

5. #I declare that all information provided in this document is true, accurate and complete. I understand that if I knowingly or wilfully make any false statement, withhold any information, or otherwise mislead the Government for the purpose of sharing the vouchers respectively in my Account and the Account of another voucher recipient, I will be liable for prosecution. I fully understand my obligations and liability under this document.

Delete if you are not using the vouchers of another voucher recipient with whom I am in a spousal relationship.

6. The Appendix forms part of this document.

7. I have read this document carefully and have agreed to the content of this document.

*(For illiterate voucher recipient: This consent has been read over and explained to me and I have agreed to the content of this document.)

*(For mentally incapacitated voucher recipient: This document has been read and completed by the guardian of the voucher recipient who is mentally incapacitated.)

Signature of voucher recipient:

(or finger print if illiterate. Please complete (A) below)

(or leave blank if mentally incapacitated. Please complete (B) below)

Name of voucher recipient: _____

*Hong Kong Identity Card No./ Serial no. of the Certificate of Exemption: _____

Telephone No.^{Note (b)}: _____

Date: _____

**Delete the inapplicable*

^{Note (a)}: To be filled only when the transaction involves the voucher recipient’s use of Vouchers in the Account of another voucher recipient with whom the former is in a spousal relationship. For the purpose of this document, two voucher recipients are in a spousal relationship if they are married under monogamous marriage (see section 2 of the Matrimonial Causes Ordinance (Chapter 179 of the laws of Hong Kong) to one another as recognized by the laws of Hong Kong.

^{Note (b)}: Please provide a Hong Kong mobile phone number which can receive SMS. The voucher recipient/ the guardian of the voucher recipient (as the case may be) will be notified, by SMS at the mobile phone number provided, the amount of voucher(s) used for services provided by an Enrolled Health Care Provider to the voucher recipient.

(A) Complete only if voucher recipient has mental capacity but is illiterate

I have read this document to the voucher recipient.

I give consent to the above Enrolled Health Care Provider to transfer and release to the Government, its agents, or other persons authorized by the Government my personal data for use by the Government for the purpose as set out in the Appendix "Statement of purpose".

Sample

Signature of witness: _____

Name of witness: _____

Hong Kong Identity Card No.: _____

Telephone No.: _____

Date: _____

(B) Complete only if voucher recipient is mentally incapacitated

I have read and completed this document in the capacity as the guardian of the voucher recipient.

I give consent to the above Enrolled Health Care Provider to transfer and release to the Government, its agents, or other persons authorized by the Government my personal data for use by the Government for the purpose as set out in the Appendix "Statement of purpose".

Signature of guardian: _____

Name of guardian: _____

Hong Kong Identity Card No.: _____

Telephone No. ^{Note (b)}: _____

Date: _____

Statement of Purpose

Purposes of Collection

1. The personal data provided will be used by the Government for one or more of the following purposes:
 - (a) the administration and monitoring of the Health Care Voucher Scheme, including verification by electronic means of the personal data obtained with the database of the Immigration Department;
 - (b) assessing the entitlement to additional vouchers (“Reward”);
 - (c) processing the payment of vouchers and Reward, if any;
 - (d) for statistical and research purposes; and
 - (e) any other legitimate purposes as may be required, authorized or permitted by law.
2. The provision of personal data is voluntary. If the voucher recipient, (if applicable) the witness and (if applicable) the guardian do not provide sufficient information, the voucher recipient may not be able to use the vouchers in his/ her Account or use the vouchers in the Account of another voucher recipient with whom the former is in a spousal relationship.

Classes of Transferees

3. The personal data provided in this document are mainly for use within the Government but may also be disclosed by the Government to other organizations for the purpose of the Scheme, if required.



Access to Personal Data

4. The voucher recipient, (if applicable) witness and (if applicable) guardian have a right to request access to and correction of the personal data provided under this document pursuant to sections 18 and 22, and Data Protection Principle 6, Schedule 1 of the Personal Data (Privacy) Ordinance (Chapter 486 of the laws of Hong Kong). A fee may be imposed for complying with a data access request.

Enquiries

5. Enquiries concerning the personal data provided, including the making of access and corrections, should be addressed to:

Executive Officer
Health Care Voucher Division, Department of Health
Suites 901-4, 9/F, AXA Tower, Landmark East
100 How Ming Street, Kwun Tong, Kowloon
Telephone No.: 3582 4102

Notice on Use of Health Care Voucher

To : _____
(Name of voucher recipient)

Enrolled Health Care Provider visited : _____
Date of visit : _____

Sample

	My Account		The Account of another voucher recipient with whom I am in a spousal relationship (if applicable)
	Voucher	Reward ^{Note} (if applicable)	Voucher
Available amount before the visit	HK\$	HK\$	HK\$
Amount claimed for the visit	HK\$	HK\$	HK\$
Claimed Voucher counted for earning Reward ^{Note} : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			
Remaining amount	HK\$	HK\$ (To be used on or before 31 December _____ on designated primary healthcare services)	HK\$

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

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

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

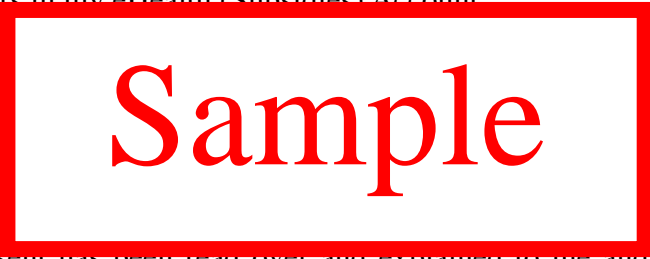
Up to now, you have already used \$ _____ vouchers on designated primary healthcare services for earning the reward for _____. You will be given the reward for _____ after using further \$ _____ vouchers on designated primary healthcare services by 31 December _____.)

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

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 and any information related to this consultation for the use by the Government for the purposes as set out in the Appendix “Statement of Purpose”.
2. My personal data referred to in paragraph 2 above includes all information as shown on my Hong Kong Identity Card (or the Certificate of Exemption, if applicable), residential status, telephone no., spousal relationship and balance of Vouchers in my eHealth (Subsidies) Account.
3. This consent shall be governed by and controlled by the Government and I shall irrevocably submit to the exclusive jurisdiction of the courts of the Government.
4. I have read this consent carefully and fully understand its contents and 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) the administration and monitoring of the Health Care Voucher Scheme, including verification by electronic means of the personal data obtained with the database of the Immigration Department;
 - (b) assessing the entitlement to additional vouchers (“Reward”)
 - (c) processing the payment of Vouchers and Reward, if any;
 - (d) for statistical and research purposes; and
 - (e) any other legitimate purposes as may be required, authorized or permitted by law.
2. The provision of personal data is voluntary. If you do not provide sufficient information, you may not be able to use the voucher(s) or use the vouchers in your spouse’s Account.

Classes of Transferees

3. The personal data you provide are mainly for [redacted] be disclosed by the Government to other organizations [redacted] if required.



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

<u>For Requests Relating to HCVS ONLY</u> To: Health Care Voucher Division Fax: 3582 4115 or email: hcvd@dh.gov.hk	<u>For Requests Relating to VSS / RVP and HCVS (if any)</u> 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	LAIV: Live-attenuated influenza vaccine
	VSS: Vaccination Subsidy Scheme	QIV: Quadrivalent influenza vaccine
	RVP: Residential Care Home Vaccination Programme	PCV13: 13-valent pneumococcal conjugate vaccine
	PCD: Primary Care Directory	23vPPV: 23-valent pneumococcal polysaccharide vaccine
	DA: Disability Allowance	PID: Persons with Intellectual Disability
	CSSA: Comprehensive Social Security Assistance Scheme of the Social Welfare Department	

<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 appropriate box)	
(A) Personal Particulars of EHCP	
<input type="checkbox"/>	Correspondence address : _____ (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 : _____ (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

(C) Practice Details

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(s)/ Programme to which this new practice relates:
 HCVS VSS (Clinic setting / Non-clinic setting ^{**})
 RVP PCD (Non-governmental Organisation / Private / University ^{**})
*** Please circle as appropriate.*

VSS Service Fees Schedule (For new practice)
[N.B. Service fees include ALL fees related to the v... The service fees information for use of QIV will be ...]

Pregnant Women
 Children (Aged 6 months to under 18 years)
 Persons aged 50 - 64
 Elderly aged ≥ 65
 Persons with intellectual disability
 Recipients of Disability Allowance / standard rate of "100% disabled" or "requiring constant attendance" under CSSA

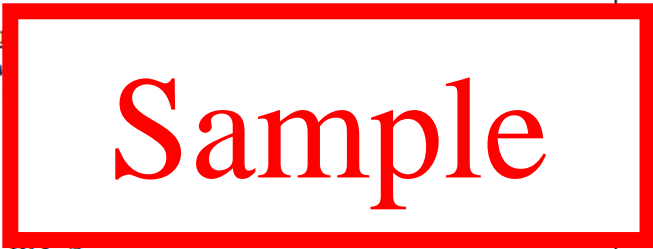
QIV \$ _____ 23vPPV \$ _____ PCV13 \$ _____
 QIV \$ _____ LAIV \$ _____
 QIV \$ _____ LAIV \$ _____

(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 VSS RVP PCD
 Reasons [Optional]: Resignation Retirement Others: _____



Signature of EHCP _____ Name in Block Letters Date : _____	Official Stamp and Authorised Signature For and on behalf of the Medical Organisation _____ Name in Block Letters Date: _____
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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

Purposes of Collection

1. The personal data provided will be used by the Department of Health and/or Health Bureau (in relation to PCD) for one or more of the following:
 - (a) processing of payment, and the administration and management of the scheme;
 - (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.

Sample

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 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 (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 (Primary Healthcare Office) 1A

Primary Healthcare Office, 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 1855

Fax: 2556 2638

Email: pho@healthbureau.gov.hk

Consent of Sharing Health Care Vouchers between Voucher Recipients in Spousal Relationship

Annex 5

To: (Name of the Enrolled Health Care Provider) _____

The Director of Health, the Government (“**Government**”) of the Hong Kong Special Administrative Region of the People’s Republic of China (“**Hong Kong**”)

Please read the Important Notes on page 3 carefully before completing this document.

1. We, the undersigned, hereby declare that we are in a spousal relationship under marriage recognized by the laws of Hong Kong^{Note (a)}.
2. We hereby give consent (“**Consent to Shared Use**”) that when either of our eHealth (Subsidies) Accounts has no more health care vouchers (“**Vouchers**”), any Vouchers remaining in the other of our eHealth (Subsidies) Accounts may be used by either of us.
3. We also give consent to transfer and release to any _____ to either of us, the Government, its agents, or our personal data^{Note (b)} for the use by the Government “Statement of Purpose”.
4. We further give consent, after our respective eHealth _____ balance of Vouchers in our respective eHealth (Subsidies) Account to one another for the purpose of facilitating each other’s advanced planning of the use of Vouchers.
5. This document shall be governed by and construed in accordance with the laws of Hong Kong and we shall irrevocably submit to the exclusive jurisdiction of the courts of Hong Kong.
6. We declare that all information provided in this document is true, accurate and complete. We understand that if we knowingly or wilfully make any false statement, withhold any information or otherwise mislead the Government for the purpose of sharing the Vouchers in our eHealth (Subsidies) Accounts, we will be liable for prosecution. We fully understand our obligations and liability under this document.
7. The “Important Notes” and the Appendix form part of this document.
8. *We have read this document carefully and have agreed to the content of this document.
*(For illiterate voucher recipient(s)) This document has been read over and explained to *us/ _____ (name of the voucher recipient who is illiterate) and we have agreed to the content of this document.
*(For mentally incapacitated voucher recipient(s)) This document has been read and completed by the respective guardian of the voucher recipients who are mentally incapacitated./ I, _____ (name of the voucher recipient who is not mentally incapacitated), have read this document carefully and have agreed to the content of this document. This document has been read and completed by the guardian of _____ (name of the voucher recipient who is mentally incapacitated).
9. The Consent to Shared Use is provided by us vide this document because either one of us is or both of us are mentally incapacitated, or one of us cannot attend an Enrolled Health Care Provider’s place of practice in person to provide such consent. The reason for such absence is:
* physical impairment/immobility
 bedriddenness other exceptional situation (please specify: _____).

Sample

Signature of voucher recipient 1:

Signature of voucher recipient 2:

*(or finger print if illiterate. Please complete box (A).)
(or leave blank if mentally incapacitated. Please complete box (B).)*

*(or finger print if illiterate. Please complete box (A).)
(or leave blank if mentally incapacitated. Please complete box (B).)*

Name of voucher recipient 1:

Name of voucher recipient 2:

***Hong Kong Identity Card No./
Serial No. of the Certificate of Exemption:**

***Hong Kong Identity Card No./
Serial No. of the Certificate of Exemption:**

Telephone No. Note (c). _____

Telephone No. Note (c). _____

Date: _____

Date: _____

(A) Complete only if voucher recipient 1 has mental capacity but is illiterate
I have read this document to voucher recipient 1.
I give consent to transfer and release to any Enrolled Health Care Provider providing services to voucher recipient 1 (or to voucher recipient 2), the Government, its agents, or other persons authorized by the Government my personal data for use by the Government for the purpose as set out in the Appendix "Statement of Purpose".
Signature of witness: _____
Name of witness: _____
Hong Kong Identity Card No.: _____
Telephone No.: _____
Date: _____

(A) Complete only if voucher recipient 2 has mental capacity but is illiterate
I have read this document to voucher recipient 2.
I give consent to transfer and release to any Enrolled Health Care Provider providing services to voucher recipient 2 (or to voucher recipient 1), the Government, its agents, or other persons authorized by the Government my personal data for use by the Government for the purpose as set out in the Appendix "Statement of Purpose".
Signature of witness: _____
Name of witness: _____
Hong Kong Identity Card No.: _____
Telephone No.: _____
Date: _____



(B) Complete only if voucher recipient 1 is mentally incapacitated
I have read this document to voucher recipient 1.
I give consent to transfer and release to any Enrolled Health Care Provider providing services to voucher recipient 1 (or to voucher recipient 2), the Government, its agents, or other persons authorized by the Government my personal data for use by the Government for the purpose as set out in the Appendix "Statement of Purpose".
Signature of guardian: _____
Name of guardian: _____
Hong Kong Identity Card No.: _____
Telephone No.: _____
Date: _____

(B) Complete only if voucher recipient 2 is mentally incapacitated
I have read this document to voucher recipient 2.
I give consent to transfer and release to any Enrolled Health Care Provider providing services to voucher recipient 2 (or to voucher recipient 1), the Government, its agents, or other persons authorized by the Government my personal data for use by the Government for the purpose as set out in the Appendix "Statement of Purpose".
Signature of guardian: _____
Name of guardian: _____
Hong Kong Identity Card No.: _____
Telephone No.: _____
Date: _____

**Delete the inapplicable*

- Note (a): For the purpose of this document, two voucher recipients are in a spousal relationship if they are married under monogamous marriage to one another as recognized by the laws of Hong Kong. For the purpose of this document, "monogamous marriage" means a marriage which was —
- (a) if it took place in Hong Kong —
 - (i) celebrated or contracted in accordance with the provisions of the Marriage Ordinance (Chapter 181 of the laws of Hong Kong);
 - (ii) a modern marriage validated by section 8 of the Marriage Reform Ordinance (Chapter 178 of the laws of Hong Kong) and registered under Part IV of that Ordinance; or
 - (b) if it took place outside Hong Kong, celebrated or contracted in accordance with the law in force at the time and in the place where the marriage was performed and recognized by such law as involving the voluntary union for life of one man and one woman to the exclusion of all others.
- Voucher recipients using this document must read the "Important Notes" on page 3 carefully and must confirm their full understanding of their obligations and liability under this document.
- Note (b): Personal data includes all information as shown on the voucher recipients' latest Hong Kong Identity Card (or Certificate of Exemption, if applicable) spousal relationship, telephone number and balance of Vouchers in the eHealth (Subsidies) Account of the voucher recipients.
- Note (c): Please provide a Hong Kong mobile phone number which can receive SMS. The voucher recipients/ the guardian(s) of the voucher recipient(s) (as the case may be) will be notified, by SMS at the mobile phone number provided, the amount of Vouchers used for services provided by an Enrolled Health Care Provider.

Important Notes

1. This document is to be used only when either one is or both of the voucher recipients are mentally incapacitated, or either one of the voucher recipients is unable to attend an Enrolled Health Care Provider's place of practice to give his/her consent to pair up their eHealth (Subsidies) Accounts for sharing their Vouchers when there are no more Vouchers remaining in either one's eHealth (Subsidies) Account.
2. In completing this document for provision to an Enrolled Health Care Provider at its place of practice, the voucher recipients should note the following:
 - (a) both voucher recipients are regarded as having agreed that, so long if there are no more Vouchers remaining in a voucher recipient's eHealth (Subsidies) Account, any amount of Vouchers remaining in the eHealth (Subsidies) Account of the other voucher recipient having given the Consent to Shared Use may be used by the first-mentioned voucher recipient for services provided by the Enrolled Health Care Provider to the first-mentioned voucher recipient;
 - (b) both voucher recipients are regarded as having agreed that, for the purpose of facilitating each other's advanced planning of the use of Vouchers, the balance of Vouchers in their respective eHealth (Subsidies) Accounts may be shared with one another; and
 - (c) if either one is or both of the voucher recipients have not yet attained 18 years of age shall sign at the relevant box (B) of this document;
 - (d) if either one is or both of the voucher recipients are not yet married, they must have attained 18 years of age shall sign at the relevant box (B) of this document.
3. A copy of the latest Hong Kong Identity Card (or Certificate of Exemption, if applicable) of the voucher recipient who is unable to attend an Enrolled Health Care Provider's place of practice must be attached to this document for the other voucher recipient with whom the first-mentioned voucher recipient is in a spousal relationship for provision at an Enrolled Health Care Provider's place of practice.
4. The voucher recipients completing this document may be requested by the Government to provide supporting documents (e.g. marriage certificate) to verify their spousal relationship. Any failure to provide supporting documents if requested, and any suspected false, incomplete and/or misleading information provided under this document and/or in response to such request, will be referred to the law enforcement agency for investigation.
5. The Consent to Shared Use given under this document remains effective until:
 - (a) the death of one of the voucher recipients;
 - (b) the marriage between the voucher recipients no longer exists;
 - (c) the voucher recipients' eHealth (Subsidies) Accounts are no longer paired up;
 - (d) the voucher recipient's notice to the Government to withdraw the Consent to Shared Use given under this document; or
 - (e) any false, incomplete and/or misleading information is provided under this document.

Sample

Statement of Purpose

Purposes of Collection

1. The personal data provided will be used by the Government for one or more of the following purposes:
 - (a) the administration and monitoring of the Health Care Voucher Scheme, including verification by electronic means of the personal data obtained with the database of the Immigration Department;
 - (b) allowing the voucher recipients of eHealth (Subsidies) Accounts which are paired up to reveal to one another the Voucher balance in their respective eHealth (Subsidies) Accounts for the purpose of facilitating their advanced planning of the use of Vouchers;
 - (c) assessing the entitlement to additional vouchers (“Reward”);
 - (d) processing the payment of Vouchers and Reward, if any;
 - (e) for statistical and research purposes; and
 - (f) any other legitimate purposes as may be required, authorized or permitted by law.
2. The provision of personal data is voluntary and the witness(es) and (if applicable) guardian(s) of the voucher recipients may not be able to share the Voucher balance with one another.

Sample

Classes of Transferees

3. The personal data provided in this document are mainly for use within the Government but may also be disclosed by the Government to other organizations for the purposes stated in paragraph 1 above, if required.

Access to Personal Data

4. The voucher recipients, (if applicable) witness(es) and (if applicable) guardian(s) have a right to request access to and correction of the personal data provided under this document pursuant to sections 18 and 22, and Data Protection Principle 6, Schedule 1 of the Personal Data (Privacy) Ordinance (Chapter 486 of the laws of Hong Kong). A fee may be imposed for complying with a data access request.

Enquiries

5. Enquiries concerning the personal data provided, including the making of access and corrections, should be addressed to:

Executive Officer
Health Care Voucher Division
Department of Health
Suites 901-4, 9/F, AXA Tower, Landmark East
100 How Ming Street
Kwun Tong, Kowloon
Telephone No.: 3582 4102

Information Sheet

**Voucher Recipients to Declare Spousal Relationship and
Consent to Share Use Vouchers
(Consent to Share Use)**

Service provider please read / show and explain the content of this Information Sheet to both voucher recipients who intend to pair up their eHealth (Subsidies) Accounts to share use vouchers

Both elderly persons express the following:

1. We hereby declare that we are in a spousal relationship under marriage recognized by the laws of Hong Kong^{Note (a)}.
2. We hereby give consent that when either of our eHealth (Subsidies) Accounts has no more health care vouchers (“Vouchers”), any Vouchers remaining in the other of our eHealth (Subsidies) Accounts may be used by either of us.
3. We also give consent to transfer and release to any Enrolled Health Care Provider providing healthcare services to us or other persons authorised by the Government for the purposes as stated by the Government for the purposes as stated by the Government.
4. We further give consent, after our eHealth (Subsidies) Accounts are paired up, to reveal the balance of Vouchers in our eHealth (Subsidies) Accounts to one another for the purpose of facilitating each other’s advanced planning of the use of Vouchers.
5. Our declaration shall be governed by and construed in accordance with the laws of Hong Kong and we shall irrevocably submit to the exclusive jurisdiction of the courts of Hong Kong.
6. We declare that all information provided is true, accurate and complete. We understand that if we knowingly or wilfully make any false statement, withhold any information or otherwise mislead the Government for the purpose of sharing the Vouchers in our eHealth (Subsidies) Accounts, we will be liable for prosecution. We fully understand our obligations and liability relating to Consent to Share Use.
7. We understand that we may be requested by the Government to provide supporting documents (e.g. marriage certificate) to verify our spousal relationship. Any failure to provide supporting documents if requested, and any suspected false, incomplete and/or misleading information provided by us and/or in response to such request, will be referred to the law enforcement agency for investigation.
8. Our consent to share use Vouchers will remains effective until:
 - (a) the death of one of us;
 - (b) the marriage between us no longer exists;
 - (c) our eHealth (Subsidies) Accounts are no longer paired up;
 - (d) our notice to the Government to withdraw the Consent to Share Use is given; or
 - (e) any false, incomplete and/or misleading information is provided by us.

Statement of Purpose

Purposes of Collection

1. The personal data provided will be used by the Government for one or more of the following purposes:
 - (a) the administration and monitoring of the Health Care Voucher Scheme, including verification by electronic means of the personal data obtained with the database of the Immigration Department;
 - (b) allowing the voucher recipients of eHealth (Subsidies) Accounts which are paired up to reveal to one another the Voucher balance in their respective eHealth (Subsidies) Accounts for the purpose of facilitating their advanced planning of the use of Vouchers;
 - (c) assessing the entitlement to additional vouchers (“Reward”);
 - (d) processing the payment of Vouchers and Reward, if any;
 - (e) for statistical and research purposes; and
 - (f) any other legitimate purposes as may be required, authorized or permitted by law.
2. The provision of personal data is voluntary. If the voucher recipients, (if applicable) the witness(es) and (if applicable) guardian(s) do not provide sufficient information, the voucher recipients may not be able to share the Vouchers in their eHealth (Subsidies) Account with one another.

Classes of Transferees

3. The personal data provided in this document also be disclosed by the Government to other or also be required. disclosed by the Government to other or also be required.

Sample

Access to Personal Data

4. The voucher recipients, (if applicable) witness(es) and (if applicable) guardian(s) have a right to request access to and correction of the personal data provided under this document pursuant to sections 18 and 22, and Data Protection Principle 6, Schedule 1 of the Personal Data (Privacy) Ordinance (Chapter 486 of the laws of Hong Kong). A fee may be imposed for complying with a data access request.

Enquiries

5. Enquiries concerning the personal data provided, including the making of access and corrections, should be addressed to:

Executive Officer
Health Care Voucher Division
Department of Health
Suites 901-4, 9/F, AXA Tower, Landmark East
100 How Ming Street
Kwun Tong, Kowloon
Telephone No.: 3582 4102

Note (a) For the purpose of the Elderly Health Care Voucher Scheme, two voucher recipients are in a spousal relationship if they are married under monogamous marriage to one another as recognized by the laws of Hong Kong. In this regard, “monogamous marriage” means a marriage which was—

- (a) if it took place in Hong Kong—
 - (i) celebrated or contracted in accordance with the provisions of the Marriage Ordinance (Chapter 181 of the laws of Hong Kong);
 - (ii) a modern marriage validated by section 8 of the Marriage Reform Ordinance (Chapter 178 of the laws of Hong Kong) and registered under Part IV of that Ordinance; or
- (b) if it took place outside Hong Kong, celebrated or contracted in accordance with the law in force at the time and in the place where the marriage was performed and recognized by such law as involving the voluntary union for life of one man and one woman to the exclusion of all others.

Note (b) Personal data includes all information as shown on the voucher recipients’ latest Hong Kong Identity Card (or Certificate of Exemption, if applicable), spousal relationship, telephone number and balance of Vouchers in the eHealth (Subsidies) Account of the voucher recipients.