Elderly Health Care Voucher Scheme

Guide to Service Providers on Proper Completion of the Consent Form



Quick Reference to the guide

To get a consent form – Consent of Voucher Recipient to Use Vouchers

To complete a consent form printed from the eHealth System (Subsidies) [eHS(S)]

- A. For elders who are able to sign (neither illiterate nor mentally incapacitated)
- B. For elders who are illiterate
- C. For elders who are mentally incapacitated

To complete a blank consent form

Practical Tips – DOs

<u>Practical Tips – DON'Ts</u>

Consent Form - Consent of Voucher Recipient to Use Vouchers

Preferably, print the consent form from the eHS(S)

		t of voucifer	Recipi	ent to Use V	ouchers		
		Transaction	No.:	TV1771	7-		
		Void Transa	ction No				
To	: LEE, BLESSING						
	The Director of Health, HKSAF	R Government	("the Go	vernment")			
10	consent to use vouchers in the an	nount of HK	\$ 100	for healthcar	e service provi	ded by	
	LEE, BLESSI				tra service fee	HK\$ 50	_ paid
for	r the consultation shown on the "I	Notice on Use	of Healt	h Care Vouche	er".		
Ur	ndertaking and Declaration						
1	I hereby give consent to		LEE	BLESSING		to	transfe
	and release to the Government personal data and any informat purposes as set out in the Apper	ion related to	this con	sultation for th		e Governm	ent m
2.	I agree to provide	LE	E, BLES	SING		and the	
	Government my personal data is gender, date of birth and date of				o., name (in En	glish and Cl	hinese)
	This consent shall be governed						
4.	Administrative Region and I am of the Courts of Hong Kong Spe I have read this consent carefully	cial Administra y and fully und	tive Reg erstood	ion. my obligation:	s and liability	under this or	onsent.
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- © Less written work
- © Less chances of error
- © More convenient, may use Smart IC Card reader

Or, use the latest version of blank form from the HCVS website

Consent of Voucher Recipie	nt to Use Vouchers	(Effective from 1 April 2016)
	Transaction No. :	
	Void Transaction No. :	
To: (Name of the Enrolled Health Care Provider)		
The Director of Health, HKSAR Government ("the G	iovernment")	
I consent to use voucher(s) in the amount of HK\$	for healthcare	e service provided aid, for the consultati
shown on the "Notice on Use of Health Care Voucher".		
(Name) has read and explaine	d to me the content of the for	m "Consent of Vouch
Recipient to Transfer Personal Data" and its Appendix. my consent described in the said form.	I understand what is explained	d to me and hereby gi
I *AGREE / DO NOT AGREE to authorize the Enrolls above to obtain my personal data ^{N=0} stored in the chip Government for the purposes as set out in the Appendix Recipient to Transfer Personal Data".	embodied in my Smart Ident	ity Card for use by t
Signature of voucher recipient#:	(6	or finger print if illiterate)
Name of voucher recipient:		
Hong Kong Identity Card No.:	(or serial no. of the	Certificate of Exemption)
Telephone No.:	Date:	
Complete only if youcher recipient has mental capacity b	ut ir illitarata	
I confirm that this document and the "Consent of Voucher Recipien		s Annend's how been no
and explained to the voucher recipient in my presence.	to transper excession total until the	a representation of the real
I have also read the "Consent of Witness! Guardian to Transfer Pers	sonal Data" and hereby give my cor	sent as described therein.
Signature of witness: Name of witness:		
Hong Kong Identity Card No.:	Date:	
Hong Kong Menay Cara No	Duie.	
#Complete only if voucher recipient is mentally incapacit	ated	
I confirm that I give consent and sign on behalf of the voucher recipi		
I have also read the "Consent of Witness/ Guardian to Transfer Pers		sent as described therein.
Signature of guardian:		
Name of guardian:		
	D-s	
Hong Kong Identity Card No.:	Date:	
L		
None Personal data are limited to Hong Kong Identity Card Number.		attick and have atticed

- ⊗ More written work
- © Greater chances of error
- May be used when without computer/ printer

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A. Complete consent form from the eHS(S) - for elders who are able to sign (neither illiterate nor mentally incapacitated)

1. Confirm with the elder about the voucher amount to be used

2. Ask the elder to read the form, explain to him/her about the consent to transfer personal data, then ask him/her to sign here

Consent of Voucher	ecipient to Use Vouchers
Transaction	

Void Transaction No.:

To: LEE, BLESSING

The Director of Health, HKSAR Government ("the Government")

consent to use vouches, in the amount of HK\$ 100 for healthcare service provided by _____, with an extra service fee HK\$ 50 pair

for the consultation shown on the "Notice on Use of Health Care Voucher".

Undertaking and Declaration

- I agree to provide ______ LEE, BLESSING and the
 Government my personal data including Hong Kong Identity Card No., name (in English and Chinese),
 gender, date of birth and date of issue of Hong Kong Identity Card.
- This consent shall be governed by and construed in accordance with the laws of Hong Kong Special Administrative Region and I and the Government shall irrevocably submit to the exclusive jurisdiction of the Courts of Hong Kong Special Administrative Region.
- 4. I have read this consent carefully and fully understood my obligations and liability under this consent. (For illiterate voucher recipient: This consent has been read over and explained to me and I fully under this consent.)

Signature of voucher recipionts

(or finger print if illiterate

Page 1 of 2

Name of voucher recipient: CHAN, TAI MAN

Hong Kong Identity Card No.: G083876(3)

Telephone no.: Date: 17 Jul 2017

Complete only if voucher recipient has mental capacity but is illiterate

I confirm that this document and its Appendix "Statement of Purpose" have been read and explained to the voucher recipient in my presence.

I give consent to the above service 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 witness:

Name of witness.

Hong Kong Identity Card No.:

Date:

#Complete only if voucher recipient is mentally incapacitated

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

I give consent to the above service 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.:

Date:

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4. Fill out the transaction number

3. Put down the contact phone number of elder



B. Complete consent form from the eHS(S) - for elders who are illiterate

- 1. Confirm with the elder about the voucher amount to be used
- 2. Read and explain to the elder about the consent to use vouchers and transfer personal data in the presence of a witness (an adult other than the service provider), then ask the elder to put a mark/fingerprint here
- 3. Ask the witness to read the "Consent of Witness/Guardian to Transfer Personal Data", then sign and complete this part

Consent of Voucher Recipient to Use Vouchers

Transaction No.: TV17717Void Transaction No.:

To: LEE, PLESSING

The Director of Health, HKSAR Government ("the Government")

consent to use vouchers in the analysis HK\$ 100 for healthcare service provided by

LEE, BLESSING , with an extra service fee HK\$ 50 paid,

for the consultation shown on the "Notice on Use of Health Care Voucher".

Undertaking and Declaration

- I agree to provide _____ LEE, BLESSING and the Government my personal data including Hong Kong Identity Card No., name (in English and Chinese), gender, date of birth and date of issue of Hong Kong Identity Card.
- This consent shall be governed by and construed in accordance with the laws of Hong Kong Special Administrative Region and I and the Government shall irrevocably submit to the exclusive jurisdiction of the Courts of Hong Kong Special Administrative Region.
- 4. I have read this consent carefully and fully understood my obligations and liability under this 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.)

Signature of voucher recipient#:

(or finger print if illiterate)

Page 1 of 2

Name of voucher recipient: CHAN, TAI MAN

Hopg Kong Identity Card No.: G083876(3)

Telephone no.:

Date: 17 Jul 2017

complete only if voucher recipient has mental capacity but is illiterate

I confirm that this document and its Appendix "Statement of Purpose" have been read and explained to the voucher recipient in my presence.

I give consent to the above service 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 witness

Name of witness.

Hong Kong Identity Card No.:

Date:

#Complete only if voucher recipient is mentally incapacitated

confirm that I give consent and sign on behalf of the voucner recipiont as higher guardia

inveconsent to the above service provider to transfer and release to the Government, its agents, or other persons authorized by 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.: Date:

DH HCV103 (04/16) Print on 2017/07/17 17:51

5. Fill out the transaction number

4. Put down the contact phone number of elder

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C. Complete consent form from the eHS(S) - for elders who are mentally incapacitated

, with an extra service fee

1. Confirm with the guardian of the elder about the voucher amount to be used

2. Ask the guardian

to read the form and

the "Consent of

Witness/Guardian to

Transfer Personal

Consent of Voucher Recipient to Use Vouchers

Transaction No.:

Void Transaction No.:

TV17717
To: LEE, BLESSING

The Director of Health, HISAR Government ("the Government")

consent to use vouchers in the amount of HK\$ 100 for healthcare service provided by

for the consultation shown on the "Notice on Use of Health Care Voucher".

Undertaking and Declaration

- I agree to provide ______ LEE, BLESSING _____ and the Government my personal data including Hong Kong Identity Card No., name (in English and Chinese), gender, date of birth and date of issue of Hong Kong Identity Card.
- This consent shall be governed by and construed in accordance with the laws of Hong Kong Special Administrative Region and I and the Government shall irrevocably submit to the exclusive jurisdiction of the Courts of Hong Kong Special Administrative Region.
- 4. I have read this consent carefully and fully understood my obligations and liability under this 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.)

Signature of voucher recipient#:

(or finger print if illiterate)

HK\$ 50

Name of voucher recipient: <u>CHAN, TAI MAN</u> Hong Kong Identity Card No.: <u>G083876(3)</u>

Telephone no.: Date: <u>17 Jul 2017</u>

Complete only if voucher recipient has mental capacity but is illiterate

I confirm that this document and its Appendix "Statement of Purpose" have been read and explained to the voucher recipient in my presence.

I give consent to the above service 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 witness:

Name of witness:

Hong Kong Identity Card No.:

Date:

Complete only if voucher recipient is mentally incapacitated

- onfirm that I give consent and sign on behalf of the voucher recipient as his/her guardian
- ive consent to the above service provider to transfer and release to the Government, its agents, or other persons authorized by a Government my personal data for use by the government or trie purpose as set out in the Appendix Spiritual of purpose."

Signature of guardian.

Name of guardian:

ong Kong Identity Card No.: Date:

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4. Fill out the transaction number

3. Put down the contact phone number of elder/ his or her family member.

Data", then sign and complete this part

To complete the following information:

2. Name of service provider, amount of vouchers and net service fee charged

3. Name of the elder, HKID number, contact telephone number and date of service



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Using a Blank Consent Form

Concept of Voucher Reginient to Use Vouchers

		Transaction No. :	
		Void Transaction No. :	
o: (Name of the I	Enrolled Health Care Provider	r)	
The Director o	f Health, HKSAR Governme	nt ("the Government")	
consent to use	voucher(s) in the amount	of HK\$ for healthcare extra service fee HK\$ p	e service provided b aid for the consultatio
hown on the "Noti	ce on Use of Health Care Vo		and, and the community
Mama)	has mad and	l explained to me the content of the for	m "Concert of Vouch
		respiained to me the content of the for pendix. I understand what is explained	
	ed in the said form.	Tana Sala Wall D capitalis	a to alle tille licetoy giv
**********	OT LODGE		
		he Enrolled Health Care Provider men the chip embodied in my Smart Ident	
		the chip emoodied in my Smart Ident Appendix "Statement of Purpose" of th	
lecipient to Transf			
Signatu	re of voucher recipient#:	(4	or finger print if illiterate)
1	Name of voucher recipient:		
Hon	g Kong Identity Card No.:	(or serial no. of the	Certificate of Exemption)
	Telephone No.:	Date:	
Complete only if y	oucher recipient has mental c	apacity but is illiterate	
	•	apacity but is illiterate er Recipient to Transfer Personal Data" and to	ts Appendix have been read
I confirm that this doc	•	• •	ts Appendix have been read
I confirm that this doc and explained to the v	rument and the "Consent of Vouch oucher recipient in my presence. Consent of Witness/ Guardian to Ti	er Recipient to Transfer Personal Data" and is ransfer Personal Data" and hereby give my cor	sent as described therein.
I confirm that this doc and explained to the v	nument and the "Consent of Vouch outher recipient in my presence. Consent of Witness/Guardian to Ti Signature of witness:	er Recipient to Transfer Personal Data" and ti ransfer Personal Data" and hereby give my con	sent as described therein.
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I confirm that this doe and explained to the v I have also read the " Hon #Complete only if I confirm that I give oc I have also read the " I have also read the "	cument and the "Consent of Vouch oucher recipient in my presence. Consent of Witness/ Guardian to Ti Signature of witness: Name of witness: g Kong Identity Card No.: voucher recipient is mentally orsent and sign on behalf of the voi Consent of Witness/ Guardian: Name of guardian: Name of guardian:	er Recipient to Transfer Personal Data" and to ransfer Personal Data" and hereby give my con Date: incapacitated wher recipient as his/her guardian.	usent as described therein.

1. Transaction number

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

More importantly, remember to get the signature from the elder and/ or witness/ guardian.



Check the identity of the elder who comes forth before provision of services.

Ask the elder to countersign on the consent form if any information is amended.

Remember to obtain signature of witness/ guardian if necessary.

Use smart IC card reader to minimize chances of error.

Give the "Notice on Use of Health Care Voucher" to the voucher recipient for reference.



DON'T ask the elders and/ or witness/ guardian to sign on a blank Consent Form or before provision of health care services.

DON'T put details of more than one claim on a Consent Form (for a single use form).

DON'T put details of claims for different elders or different service providers on one Consent Form (for a multiple use form).

DON'T modify the format and/ or content of the Consent Form, or reprint the Consent Form in a reduced scale.

DON'T put the name of the Medical Organization as name of the Service Provider on the Consent Form.