

# Elderly Health Care Voucher Scheme

## Guide to Service Providers on Proper Completion of the Consent Form



衛生署  
Department of Health

# 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

Practical Tips – DON'Ts

# Consent Form - Consent of Voucher Recipient to Use Vouchers

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

**Consent of Voucher Recipient to Use Vouchers**

Transaction No.: TV17717-  
Void Transaction No.:

To: LEE, BLESSING  
The Director of Health, HKSAR Government ("the Government")

I consent to use vouchers in the amount of 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 hereby give consent to LEE, BLESSING 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".
- 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.
- 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)

Name of voucher recipient: CHAN, TALMAN  
Hong Kong Identity Card No.: G063878(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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- 😊 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 Recipient 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 Government")

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

(Name) has read and explained to me the content of the form "Consent of Voucher Recipient to Transfer Personal Data" and its Appendix. I understand what is explained to me and hereby give my consent described in the said form.

**I \*AGREE / DO NOT AGREE** to authorize the Enrolled Health Care Provider mentioned in paragraph one above to obtain my personal data<sup>106</sup> stored in the chip embodied in my Smart Identity Card for use by the Government for the purposes as set out in the Appendix "Statement of Purpose" of the "Consent of Voucher Recipient to Transfer Personal Data".

Signature of voucher recipient#: (or finger print if illiterate)  
Name of voucher recipient:  
Hong Kong Identity Card No.: (or serial no. of the Certificate of Exemption)  
Telephone No.: Date:

**Complete only if voucher recipient has mental capacity but is illiterate**  
I confirm that this document and the "Consent of Voucher Recipient to Transfer Personal Data" and its Appendix have been read and explained to the voucher recipient in my presence.  
I have also read the "Consent of Witness/Guardian to Transfer Personal Data" and hereby give my consent as described therein.

Signature of witness:  
Name of witness:  
Hong Kong Identity Card No.: Date:

**Complete only if voucher recipient is mentally incapacitated**  
I confirm that I give consent and sign on behalf of the voucher recipient as his/her guardian.  
I have also read the "Consent of Witness/Guardian to Transfer Personal Data" and hereby give my consent as described therein.

Signature of guardian:  
Name of guardian:  
Hong Kong Identity Card No.: Date:

<sup>106</sup> Personal data are limited to Hong Kong Identity Card Number, name (in English and Chinese), date of birth and date of issue of Hong Kong Identity Card.  
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- ☹ 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

4. Fill out the transaction number

3. Put down the contact phone number of elder

**Consent of Voucher Recipient to Use Vouchers**

Transaction No.: TV17717-  
Void Transaction No.: \_\_\_\_\_

To: LEE, BLESSING  
The Director of Health, HKSAR Government ("the Government")

I consent to use vouchers in the amount of 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**

1. I hereby give consent to LEE, BLESSING 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. 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.

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

4. I have read this consent carefully and fully understood 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)

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: \_\_\_\_\_



## 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

5. Fill out the transaction number

4. Put down the contact phone number of elder

**Consent of Voucher Recipient to Use Vouchers**

Transaction No.: TV17717-  
Void Transaction No.: \_\_\_\_\_

To: LEE, BLESSING  
The Director of Health, HKSAR Government ("the Government")

I consent to use vouchers in the amount of 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 hereby give consent to LEE, BLESSING 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".
- 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.
- 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)

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: \_\_\_\_\_



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

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

**Consent of Voucher Recipient to Use Vouchers**

Transaction No.: TV17717-  
Void Transaction No.: \_\_\_\_\_

To: LEE, BLESSING  
The Director of Health, HKSAR Government ("the Government")

I consent to use vouchers in the amount of 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 hereby give consent to LEE, BLESSING 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".
- 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.
- 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)

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: \_\_\_\_\_

4. Fill out the transaction number

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

2. Ask the guardian to read the form and the "Consent of Witness/Guardian to Transfer Personal 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

# Using a Blank Consent Form

## Consent of Voucher Recipient 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 Government")

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

(Name) \_\_\_\_\_ has read and explained to me the content of the form "Consent of Voucher Recipient to Transfer Personal Data" and its Appendix. I understand what is explained to me and hereby give my consent described in the said form.

I \*AGREE / DO NOT AGREE to authorize the Enrolled Health Care Provider mentioned in paragraph one above to obtain my personal data<sup>Note</sup> stored in the chip embodied in my Smart Identity Card for use by the Government for the purposes as set out in the Appendix "Statement of Purpose" of the "Consent of Voucher Recipient to Transfer Personal Data".

Signature of voucher recipient#: \_\_\_\_\_ (or finger print if illiterate)

Name of voucher recipient: \_\_\_\_\_

Hong Kong Identity Card No.: \_\_\_\_\_ (or serial no. of the Certificate of Exemption)

Telephone No.: \_\_\_\_\_ Date: \_\_\_\_\_

### Complete only if voucher recipient has mental capacity but is illiterate

I confirm that this document and the "Consent of Voucher Recipient to Transfer Personal Data" and its Appendix have been read and explained to the voucher recipient in my presence.

I have also read the "Consent of Witness/ Guardian to Transfer Personal Data" and hereby give my consent as described therein.

Signature of witness: \_\_\_\_\_

Name of witness: \_\_\_\_\_

Hong Kong Identity Card No.: \_\_\_\_\_ Date: \_\_\_\_\_

### Complete only if voucher recipient is mentally incapacitated

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

I have also read the "Consent of Witness/ Guardian to Transfer Personal Data" and hereby give my consent as described therein.

Signature of guardian: \_\_\_\_\_

Name of guardian: \_\_\_\_\_

Hong Kong Identity Card No.: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>Note</sup> Personal data are limited to Hong Kong Identity Card Number, name (in English and Chinese), date of birth and date of issue of Hong Kong Identity Card.

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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.




## Practical Tips – DOs



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.



## Practical Tips – DON'Ts



**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.