

To: The Director of Health, HKSAR Government (“the Government”)
Suites 901-4, 9/F AXA Tower, Landmark East,
100 How Ming Street, Kwun Tong, Kowloon
(Fax: 3582 4115)
(Email: hcvd@dh.gov.hk)

Health Care Voucher Scheme
Notification for
withdrawal from pairing up eHealth (Subsidies) Accounts
(i.e., Un-pairing of eHealth (Subsidies) Accounts)

I, holder of eHealth (Subsidies) Account with particulars in (i) below, would like to withdraw from pairing up my eHealth (Subsidies) Account with the other eHealth (Subsidies) Account as specified in (ii) below:

(i) Particulars of my eHealth (Subsidies) Account

- (a) Name : _____
- (b) Gender : _____
- (c) Date of Birth : _____
- (d) * Hong Kong Identity Card
Number/ Serial Number of
Certificate of Exemption: _____

(ii) Particulars of the eHealth (Subsidies) Account that is currently paired-up with mine:

- (a) Name : _____
- (b) Gender : _____

Reason(s) for un-pairing my eHealth (Subsidies) Account with that in (ii) above (please put a “✓” in the appropriate box(es))

- Divorced No longer wish to share voucher
- Other (Please specify: _____)

I enclose a copy of my *Hong Kong Identity Card/ Certificate of Exemption for reference.

I also give consent to transfer and release to any Enrolled Health Care Provider, the Government, its agents, or other persons authorized by the Government the above personal data for the use by the Government for the purposes as set out in the Appendix – “Statement of Purpose”.

**Delete the inapplicable*

Signature of eHealth (Subsidies) Account holder
giving notification (or finger print if illiterate)

:

Name of eHealth (Subsidies) Account holder:

* Hong Kong Identity Card Number/

Serial Number of Certificate of Exemption:

Contact Telephone No.:

Date:

Complete only if eHealth (Subsidies) Account holder giving notification has mental capacity but illiterate

I have read this document to the eHealth (Subsidies) Account holder giving notification.

I give consent to transfer and release to any Enrolled Health Care Provider, the Government, its agents, or other persons authorized by the Government my personal data for use by the Government for the purposes as set out in the Appendix – “Statement of Purpose”.

Signature of Witness:

Name of Witness:

Hong Kong Identity Card Number:

Date:

Complete only if eHealth (Subsidies) Account holder giving notification is mentally incapacitated
I completed this document in the capacity as the guardian of the eHealth (Subsidies) Account holder giving notification.

I give consent to transfer and release to any Enrolled Health Care Provider, the Government, its agents, or other persons authorized by the Government my personal data for use by the Government for the purposes as set out in the Appendix – “Statement of Purpose”.

Signature of Guardian:

Name of Guardian:

Hong Kong Identity Card Number:

Contact Telephone Number:

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) processing the payment of Vouchers;
 - (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 this document is voluntary. If the voucher recipient, (if applicable) the witness and (if applicable) guardian do not provide sufficient information, the Government may not be able to unpair the eHealth (Subsidies) Accounts.

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 organisations for the purpose stated in paragraph 1 above, if required.

Access to Personal Data

4. The voucher recipient, (if applicable) the witness and (if applicable) guardian have a right to request access to and correction of the personal data provided in this document under Sections 18 and 22 and Data Protection Principle 6, Schedule 1 of the Personal Data (Privacy) Ordinance (Cap. 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 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
Fax No.: 3582 4115