To: Director of Health
(c/o Health Care Voucher Unit)
Fax: 3582 4115

Request to Change Particulars
Enrolled Health Care Provider (EHCP) using the eHealth System (Subsidies)

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

Legend : HCVS - Health Care Voucher Scheme
VSS – Vaccination Subsidy Scheme
RVP – Residential Care Home Vaccination Programme
PCD – Primary Care Directory
TIV - Trivalent influenza vaccine
QIV - Quadrivalent influenza vaccine
SI - Seasonal influenza vaccine
23vPPV - 23-valent pneumococcal polysaccharide vaccine

Present Particulars of EHCP

Name of EHCP: _____ **(HKICNo.)**
Name of Medical Organization: _____

CHANGE REQUESTS TO BE MADE (please put a ☑ in the box below as appropriate)

(A) Personal particulars of EHCP:

☐ Correspondence address (in English) : _____
_____
(in Chinese) : _____
☐ Contact e-mail address : _____
☐ Daytime contact tel. no. : _____
☐ Fax no. : _____

(B) Particulars of Medical Organization:

☐ Correspondence address (in English) : _____
_____
(in Chinese) : _____
☐ Contact e-mail address : _____
☐ Daytime contact tel. no. : _____
☐ Fax no. : _____

(C) Practice details and service fees:

(i) REMOVE 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:
☐ HCVS ☐ VSS ☐ RVP ☐ PCD

(ii) ADD practice under EHCP's enrolment

[*N.B. If a new bank account is nominated, please complete an "Authority for Payment to a Bank" and submit the required documentary proof.*]

☐ Practice name (in English): _____

(in Chinese): _____

☐ Practice address (in English): _____

(in Chinese): _____

☐ Practice tel. no.: _____

Scheme(s)/Programme to which this new practice relates (only applicable to EHCP who has already enrolled in the respective scheme(s)/programme):

☐ HCVS ☐ VSS ☐ PCD ☐ RVP

Type of practice selected for display on the PCD (For Service Provider enrolled in PCD only):

☐ Non-governmental Organization ☐ Private ☐ University

☐ Please deliver the Smart IC Card Reader to the new practice via post.

(iii) UPDATE service fee (exclusive of Government subsidy)

☐	Pregnant Women	TIV* $_____	QIV @ $_____	
☐	Children	TIV* $_____	QIV @ $_____	
☐	Elders	TIV* $_____	QIV @ $_____	23vPPV $_____
☐	PID	TIV* $_____	QIV @ $_____	
☐	DA Recipients	TIV* $_____	QIV @ $_____	

***** *The service fee information for use of TIV is for monitoring purpose and will NOT be displayed in the on-line directory of the CHP website.*

@ *The service fee information for use of QIV will be displayed in the on-line directory of the CHP website.*

(D) <u>CHANGE</u> in bank details of currently enrolled practices: ☐ *[N.B. To be supported by a completed "Authority for Payment to a Bank"]*

(E) <u>WITHDRAWAL</u> from :

☐ HCVS ☐ VSS ☐ RVP ☐ PCD

Reasons for withdrawal [Optional]: _____

(F) <u>OTHERS:</u>

(Official Stamp)

Signature of Enrolled Health Care Provider

Authorised signature
For and on behalf of the Medical Organization

Name in block letters

Date: _____

Name in block letters (Authorised Signatory)

Date: _____

Notes for Attention

1. This request form DOES NOT apply to changes of EHCP's name, HKIC No., profession, medical organization or scheme enrolment. Such changes should be made in a new enrolment application. (For details, please visit Health Care Voucher Scheme website www.hcv.gov.hk or Centre for Health Protection website www.chp.gov.hk)

2. As applicable, the completed change request form together with a copy of Hong Kong Identity Card and the related supporting documents should be sent by post or by fax to the following address. All these documentary proofs will not be returned.

   Health Care Voucher Unit
   Department of Health
   1/F, Central District Health Centre
   1 Kau U Fong, Central, Hong Kong
   (Fax: 3582 4115)

Statement of purpose

Purposes of Collection

1. The personal data provided will be used by the Department of Health for one or more of the following purposes:
   (a) processing of payment, and the administration and monitoring of the concerned schemes/programme;
   (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 application 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 enrolment.

Classes of Transferees

3. The personal data you provide are mainly for use within the Department of Health but they may also be disclosed to other Government bureaux and departments, respective professional regulatory board and council and other organisations for the purpose stated in paragraph 1 above, if required.

Access to Personal Data

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

Enquiries

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

   Executive Officer
   Health Care Voucher Unit
   Department of Health
   1/F, Central District Health Centre
   1 Kau U Fong, Central, Hong Kong
   (Tel : 3582 4102 Fax: 3582 4115)