To: Director of Health (c/o Vaccination Office)

Fax: 2713 9576 or email: vacs@dh.gov.hk

# **Provision of Information on Service Fees 2017/18 Vaccination Subsidy Scheme**

(Please use ONE sheet for ONE practice. If a practice is used to provide vaccination both at clinic and at non-clinic settings, please use separate sheet for the two different settings and specify the setting in each sheet.)

Name of Enrolled Doctor:					
Service Provider Identity No. (SPID):  Confirmation of Service Fee (Please use additional sheet for additional practices)					
					Name and address of practice
<b>Target Groups</b>	arget Groups Vaccine				
(The service fees quoted should be the net charge minus Government subsidy)					
	TIV	QIV	23vPPV	PCV 13	
Pregnant Women	\$	\$	N/A	N/A	
Children	\$	\$	N/A	N/A	
Elderly	\$	\$	\$	\$	
PID	\$	\$	N/A	N/A	
DA Recipients	\$	\$	N/A	N/A	
Note: By providing the information on service fees for the target group(s), the service provider is deem to have accepted the terms and conditions of the Vaccination Subsidy Scheme. The updated terms and conditions and schedule of the scheme will soon be uploaded to the website of the Centre for Health Protection ( <a href="www.chp.gov.hk">www.chp.gov.hk</a> ). Claims <a href="could not">could not</a> be submitted for the target group/vaccine which no service fees information has been provided.  (Official Stamp)					
Signature of Enrolled Doctor		For and on l	Authorised signature For and on behalf of the Medical Organization		
Name of Enrolled Doctor in block letters		Name in blo	Name in block letters (Authorised Signatory)		
Date:					

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# **Statement of Purpose of Collection of Personal Data**

## **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 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.

#### **Classes of Transferees**

3. The personal data you provided are mainly for use within the Department of Health but the information 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. The Department of Health may impose a fee 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:

Vaccination Office
Department of Health
2/F Centre for Health Protection
147C Argyle Street,
Kowloon City, Kowloon
(Tel. 2125 2125; Fax: 2713 9576)

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