**Request to Change Particulars**

**Enrolled Health Care Provider (EHCP) under the Health Care Voucher Scheme, Vaccination Subsidy Scheme and/or Residential Care Home Vaccination Programme**

*(Read “Notes for Attention” before completing this form)*

**Legend:**
- HCVS: Health Care Voucher Scheme
- VSS: Vaccination Subsidy Scheme
- RVP: Residential Care Home Vaccination Programme
- PCD: Primary Care Directory
- DA: Disability Allowance
- TIV: Trivalent influenza vaccine
- QIV: Quadrivalent influenza vaccine
- PCV13: 13-valent pneumococcal conjugate vaccine
- 23vPPV: 23-valent pneumococcal polysaccharide vaccine
- PID: Persons with Intellectual Disability

### Present Particulars of EHCP

<table>
<thead>
<tr>
<th>Name of EHCP</th>
<th>EHCP HKIC No.</th>
<th>Name of Medical Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Change Requests - Complete only RELEVANT parts

*(Please put a “✓” in the appropriate box(es))*

**(A) Personal Particulars of EHCP**

- Correspondence address:
  - (in English):
  - (in Chinese):
- Contact email address:
- Daytime contact tel. no.:
- Fax no.:

**(B) Particulars of Medical Organisation**

- Correspondence address:
  - (in English):
  - (in Chinese):
- Contact email address:
- Daytime contact tel. no.:
- Fax no.:

**(C) Practice Details**

- **REMOVE** an enrolled 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
(C) Practice Details

☐ **ADD** a new practice under EHCP’s enrolment

*N.B. If a new bank account is nominated, please complete an “Authority for Payment to a Bank” (Appendix B) and submit the required documentary proofs by post.*

<table>
<thead>
<tr>
<th>Practice name (in English) :</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(in Chinese) :</td>
<td></td>
</tr>
<tr>
<td>Practice address (in English) :</td>
<td></td>
</tr>
<tr>
<td>(in Chinese) :</td>
<td></td>
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</tbody>
</table>

Practice tel. no. :

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

Scheme(s)/ Programme to which this new practice relates:

- ☐ HCVS
- ☐ VSS (Clinic setting / Non-clinic setting ##)
- ☐ RVP
- ☐ PCD (Non-governmental Organisation / Private / University ##)

## Please circle as appropriate.

VSS Service Fees Schedule (For new practice relevant to VSS)

*N.B. Service fees include ALL fees related to the vaccination but EXCLUSIVE of Government subsidy; and The service fees information for use of QIV will be displayed in the on-line directory of the CHP website.*

<table>
<thead>
<tr>
<th>Service</th>
<th>TIV</th>
<th>QIV</th>
<th>LAIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant Women</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Persons aged 50 - 64</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Elderly aged ≥ 65</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>PID</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>DA Recipients</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

(D) Bank Details

☐ **CHANGE** in bank details of currently enrolled practices

*N.B. To be supported by a completed “Authority for Payment to a Bank” (Appendix B) and submit the required documentary proofs by post.*

(E) Withdrawal

WITHDRAW from :

- ☐ HCVS
- ☐ VSS
- ☐ RVP
- ☐ PCD

Reasons [Optional] :

- ☐ Resignation
- ☐ Retirement
- ☐ Others: 

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Signature of EHCP | Official Stamp and Authorised Signature
---|---
Name in Block Letters | For and on behalf of the Medical Organisation
Date: | Date:

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Notes for Attention

1. This change form DOES NOT apply to changes of EHCP’s name, HKIC No., profession, medical organisation or Scheme(s)/Programme enrolment. Such changes should be made in a new enrolment application. (For details, please visit Elderly Health Care Voucher Scheme website [www.hcv.gov.hk](http://www.hcv.gov.hk) or Centre for Health Protection website [www.chp.gov.hk](http://www.chp.gov.hk).)

2. Please attach documentary proofs such as public utility bill, bank statement or valid Business Registration Certificate where applicable.

3. The name of EHCP, practice address and phone number and net service fees under VSS (except the service fee of TIV and LAIV) will be displayed in the List of Enrolled Healthcare Service Providers at the website of the CHP and HCVS.

4. As applicable, please mail/ fax/ email the completed form together with a copy of Hong Kong Identity Card and the related supporting documents (such as documentary proof of correspondence address) to the respective office of the Department of Health:

   - Programme Management and Vaccination Division (for requests relating to VSS / RVP and HCVS (if any))
     Address: Block A, 2/F, Centre for Health Protection, 147C Argyle Street, Kowloon
     Fax: 2713 9576
     Email: [vacs@dh.gov.hk](mailto:vacs@dh.gov.hk)

   - Health Care Voucher Unit (for requests relating to HCVS only)
     Address: 1/F, Central District Health Centre, 1 Kau U Fong, Central, Hong Kong
     Fax: 3582 4115
     Email: [hcvu@dh.gov.hk](mailto:hcvu@dh.gov.hk)

   Please note that all documentary proofs will not be returned.

Purposes of Collection

1. The personal data provided will be used by the Department of Health (in relation to HCVS, VSS and/or RVP) and/or Food and Health Bureau (in relation to PCD) for one or more of the following purposes:
   (a) processing of payment, and the administration and monitoring of the concerned Scheme(s)/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 change 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 enrollment.

Classes of Transferees

3. The personal data you provide are mainly for use within the Department of Health (in relation to HCVS, VSS and/or RVP) and/or Food and Health Bureau (in relation to PCD) 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 (Vaccination Subsidy Scheme)
     Programme Management and Vaccination Division, Department of Health
     Block A, 2/F, Centre for Health Protection, 147C Argyle Street, Kowloon
     Tel. no.: 2125 2299 Fax: 2713 9576 Email: [vacs@dh.gov.hk](mailto:vacs@dh.gov.hk)

   - Executive Officer, Health Care Voucher Unit
     Health Care Voucher Unit, Department of Health
     Address: 1/F, Central District Health Centre, 1 Kau U Fong, Central, Hong Kong
     Tel. no.: 2838 2311 Fax: 3582 4115 Email: [hcvu@dh.gov.hk](mailto:hcvu@dh.gov.hk)

   - Executive Officer (District Health Centre Team)
     Primary Healthcare Office, Food and Health Bureau, The Government of the Hong Kong Special Administrative Region
     Address: 11/F, The HUB, 23 Yip Kan Street, Wong Chuk Hang, Hong Kong
     Tel. no.: 2205 2491 Fax: 2556 2638 Email: [pho@fhb.gov.hk](mailto:pho@fhb.gov.hk)