

Vaccination Consent Form

(For vaccine recipient aged below 18)

- Please complete in BLOCK LETTERS using black or blue ball pen and put “✓” into the appropriate box(es) and * delete as appropriate.
- Before signing this consent form, please read the information about the Residential Care Home Vaccination Programme (RVP), the vaccine concerned, and the information on eHealth including the Participant Information Notice and Personal Information Collection Statement carefully.
- If there is any inconsistency or ambiguity between the English and the Chinese version, the English version shall prevail.
- Interpretation:
 - “**Government**” means the Government of the Hong Kong Special Administrative Region of the People’s Republic of China.
 - “**Private Doctor**” means, in respect of the Residential Care Home Vaccination Programme, the Registered Medical Practitioner whose application to enrol in such programme has been accepted by the Government.
 - “**Registered Medical Practitioner**” has the meaning given to it in Medical Registration Ordinance (Cap. 161).
 - “**RVP**” means the Residential Care Home Vaccination Programme.
 - “**Substitute Decision Maker**” has the meaning given to it in Electronic Health System Ordinance (Cap. 625).
- “**Vaccination**” means in relation to a Vaccine in Part II below, the administration of such Vaccine to a vaccine recipient during the Vaccination Period.

1. VACCINE RECIPIENT INFORMATION (as indicated on identity document)

Date of Birth: | | | DD / | | | MM / | | | YYYY

☐ Hong Kong Birth Certificate Registration No.: [] [] [] [] [] [] [] [] ([])

Part III 【Consent to Register eHealth】

(Vaccine recipient who is aged below 18 could opt out for registering eHealth)

Before filling in this part, please scan the QR codes and read the “Participant Information Notice” and “Personal Information Collection Statement”:

**Participant
Information Notice:**



**Personal Information
Collection Statement:**



If you have further enquiry, please contact the Electronic Health Record Registration Office at 3467 6300. You can also receive more information about eHealth at www.ehealth.gov.hk.

Agree to Register eHealth (For vaccine recipient aged below 16/ vaccine recipient aged between 16 and 18, but incapable of giving consent)

(To be signed by parents/ guardian)

☐ I have read and understood the “Participant Information Notice” and “Personal Information Collection Statement” of eHealth, and on behalf of the vaccine recipient AGREE to register with eHealth, which enables the Private Doctor to obtain and share the vaccine recipient’s eHealth records for healthcare purposes. If the vaccine recipient has found not registered with eHealth, I on behalf of the vaccination recipient AGREE the Government/ the Private Doctor to register eHealth for the vaccine recipient with the information provided in this consent form, or I will facilitate such registration by providing further information upon request.

Disagree to Register eHealth (For vaccine recipient aged below 16/ vaccine recipient aged between 16 and 18, but incapable of giving consent)

(To be signed by parents/ guardian)

☐ I have read and understood the “Participant Information Notice” and “Personal Information Collection Statement” of eHealth, and I disagree the vaccine recipient to register with eHealth.

Agree to Register eHealth (For vaccine recipient aged between 16 and 18, and capable of giving consent)

(To be signed by vaccine recipient)

☐ I have read and understood the “Participant Information Notice” and “Personal Information Collection Statement” of eHealth, and AGREE to register with eHealth, which enables the Private Doctor to obtain and share my eHealth records for healthcare purposes. If I was found not registered with eHealth, I AGREE the Government/ the Private Doctor to register eHealth for me with the information provided in this consent form, or I will facilitate such registration by providing further information upon request.

Disagree to Register eHealth (For vaccine recipient aged between 16 and 18, and capable of giving consent)

(To be signed by vaccine recipient)

☐ I have read and understood the “Participant Information Notice” and “Personal Information Collection Statement” of eHealth, and I disagree to register with eHealth.

Surname:

First name:

Mobile Number:

(with prefix 4 / 5 / 6 / 7 / 8 / 9)

Signature @:

Date of Signature:

(@ or finger print if illiterate)

【Signature by Parents/ Guardian】

Surname of *parents/ guardian:	First name of *parents/ guardian:	Mobile Number of *parents/ guardian: (with prefix 4 / 5 / 6 / 7 / 8 / 9)
Hong Kong Identity Card No. of *parents/ guardian:	For non-Hong Kong Identity Card holder, please fill in information of other identity document.	
	Document Type:	Document No.:
Signature of *parents/ guardian @: (@ or finger print if illiterate)		Date of Signature:
@ Witness should complete the following if the * vaccination recipient/ parents/ guardian is illiterate: This document has been read and explained to the * vaccination recipient/ parents/ guardian in my presence.		
Signature of Witness:	Name of Witness:	
Hong Kong Identity Card No. of Witness: (only the alphabet and the first three digits are required)	<div style="border: 1px solid black; display: inline-block; padding: 2px 10px;"> _ _ _ _ _ X _ X _ X _ (_ X _) </div>	
Date of Signature:	Contact Number:	

Undertakings and Declarations

1. I declare the information provided in this form is correct. I declare the information provided by me to the Government is up-to-date, true, accurate and complete in all respects at the time of provision.
2. I agree to provide the vaccine recipient's and my personal data in this form and any information related to this vaccination for the use by the Government for the purposes as set out in the "Statement of Purposes of Collection of Personal Data". I hereby give consent to the Private Doctor to transfer and release the vaccine recipient's and my personal data and any information related to this vaccination to the Government, its agents, or other persons authorised by the Government. I note that the Government may contact me to verify whether the vaccine recipient has received vaccination by using the Government subsidy.
3. For vaccine recipient who is a Smart Identity Card holder: I hereby authorise the Private Doctor to read the vaccine recipient's and my personal data (limited to Hong Kong Identity Card No., Name (in English and Chinese), date of birth and date of issue of Hong Kong Identity Card) stored in the chip embodied in the vaccine recipient's and my Smart Identity Card for the use by the Government for the purposes as set out in the "Statement of Purposes of Collection of Personal Data".
4. This consent form shall be governed by and construed in accordance with the laws of the Hong Kong Special Administrative Region and I and the Government shall irrevocably submit to the exclusive jurisdiction of the courts of the Hong Kong Special Administrative Region.
5. I have read this consent form carefully and fully understood my obligations and liability under this consent form.

Statement of Purposes

Purposes of Collection

1. The personal data provided will be used by the Government for one or more of the following purposes:
 - (a) eHealth or eHealth System (Subsidies) (as the case may be) registration, payment of subsidy, and the administration, monitoring, auditing and evaluation of the Residential Care Home Vaccination Programme, including but not limited to a verification procedure by electronic means with the data kept by the Government, processing of subsidy payment, providing necessary health care services to vaccine recipients and investigation of incidents and complaints;
 - (b) enhancing or facilitating the implementation of Government programmes which promote primary care, including but not limited to direct contact by the Government or its agents for engagement of healthcare activities and education;
 - (c) statistical, scheme monitoring, evaluation and research purposes;
 - (d) receiving vaccination information provided by the Government; and
 - (e) any other legitimate purposes as may be required, authorised or permitted by law.
2. The vaccination record made for the purpose of this consultation will be accessible by health care personnel in the public and private sectors for the purpose of determining and providing necessary health care service to the recipient.
3. The Government may disclose personal data and records of you / the vaccine recipient to other Government bureaux / departments concerned, or obtain such personal data or records from Government bureau / departments concerned, for the purpose of verifying the vaccine recipient's eligibility under the Residential Care Home Vaccination Programme.
4. The provision of personal data is voluntary. However, if you do not provide sufficient information, you may not be able to receive the subsidised vaccination.

Classes of Transferees

5. The personal data will be transferred to and used by the authorised user(s) or professional parties in the health field which are directly involved in the Residential Care Home Vaccination Programme including but not limited to:
 - (a) Private Doctors and individuals authorised by the Private Doctors, as a clinic administrator, to access and use the IT platform;
 - (b) Primary Healthcare Commission ("PHCC") and the operators appointed by PHCC;
 - (c) the Medical Council of Hong Kong, Dental Council of Hong Kong, Nursing Council of Hong Kong, Midwives Council of Hong Kong, Supplementary Medical Professional Council and five Boards set up under the Council (i.e. Medical Laboratory Technologists Board, Occupational Therapists Board, Physiotherapists Board, Radiographers Board and Optometrists Board), Chiropractors Council, Council on Human Reproductive Technology, Human Organ Transplant Board, Pharmacy and Poisons Board and Radiation Board and its agents;
 - (d) the Hospital Authority and its agents; and
 - (e) the Government's agents;

for the purpose set out in Clause 1 above.

Access to Personal Data

6. You have the right to request access to and correction of your personal data under sections 18 and 22 and principle 6, schedule 1 to the Personal Data (Privacy) Ordinance (Cap. 486). A reasonable fee may be charged by the Government for processing any data access and/or correction request.

Enquiries

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

Executive Officer (Government Vaccination Programme) 2

Address: 3/F, Two Harbourfront, 18-22 Tak Fung Street, Hung Hom, Kowloon

Telephone No.: 2125 2125