

To: Director of Health  
(c/o Programme Management and Vaccination Division)  
Fax: 2713 9576

**OFFICIAL USE ONLY**

Pr \_\_\_\_\_  
Received on \_\_\_\_\_ Team \_\_\_\_\_  
Other active practice ( Yes / No ) \_\_\_\_\_

**Provision of Information on Service Fees**  
**2021/22 Vaccination Subsidy Scheme**

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

<b>Name of Enrolled Doctor:</b>		<b>SPID:</b>			
<b>Confirmation of Service Fee (Please use additional sheet for additional practices)</b>					
Name and address of practice					
It is a practice for vaccination activities at # <b>clinic / non-clinic settings</b> . (#Please <b>circle</b> as appropriate.)					
<b>Vaccines</b> (The service fees quoted should be the net charge minus Government subsidy)					
<b>Target Groups</b>	<b>Inactivated QIV</b>	<b>23vPPV</b>	<b>PCV13</b>	<b>LAIV</b>	<b>Recombinant QIV</b>
<b>Pregnant women</b>	HK\$	N/A	N/A	N/A	HK\$
<b>Children</b>	HK\$	N/A	N/A	HK\$	N/A
<b>Persons aged 50 to 64</b>	HK\$	N/A	N/A	N/A	HK\$
<b>Elderly</b>	HK\$	HK\$	HK\$	N/A	HK\$
<b>Persons with intellectual disability</b>	HK\$	N/A	N/A	HK\$	HK\$
<b>Recipients of Disability Allowance / standard rate of "100% disabled" or "requiring constant attendance" under CSSA</b>	HK\$	N/A	N/A	HK\$	HK\$

**Note: By providing the information on service fees for the target group(s), the service provider is deemed 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 Centre for Health Protection website ([www.chp.gov.hk](http://www.chp.gov.hk)). Claims could not be submitted for the target group/vaccine/outreach activity which no service fee information has been provided.**

(Official Stamp)

\_\_\_\_\_  
Signature of EHCP

\_\_\_\_\_  
Authorised Signature

For and on behalf of the Medical Organisation

\_\_\_\_\_  
Name (in Block Letters)

\_\_\_\_\_  
Name (in Block Letters)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## **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:

Programme Management and Vaccination Division  
Department of Health  
3/F, Two Harbourfront,  
18-22 Tak Fung Street,  
Hung Hom, Kowloon  
(Tel. 2125 2299; Fax: 2713 9576)