

<u>For Requests Relating to HCVS ONLY</u> To: Health Care Voucher Division Fax: 3582 4115 or email: hcvd@dh.gov.hk	<u>For Requests Relating to VSS / RVP and HCVS (if any)</u> To: Programme Management and Vaccination Division Fax: 2713 9576 or email: vacs@dh.gov.hk
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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	LAIV: Live-attenuated influenza vaccine
	VSS: Vaccination Subsidy Scheme	QIV: Quadrivalent influenza vaccine
	RVP: Residential Care Home Vaccination Programme	PCV13: 13-valent pneumococcal conjugate vaccine
	PCD: Primary Care Directory	23vPPV: 23-valent pneumococcal polysaccharide vaccine
	DA: Disability Allowance	PID: Persons with Intellectual Disability
	CSSA: Comprehensive Social Security Assistance Scheme of the Social Welfare Department	

Present Particulars of EHCP

Name of EHCP	:	
EHCP HKIC No.	:	(SPID No.:)
Name of Medical Organisation	:	

Change Requests - Complete only RELEVANT parts (Please put a "✓" in the appropriate box(es))

(A) Personal Particulars of EHCP

<input type="checkbox"/>	Correspondence address	:	
	(in English)		
	(in Chinese)	:	
<input type="checkbox"/>	Contact email address	:	
<input type="checkbox"/>	Daytime contact tel. no.	:	
<input type="checkbox"/>	Fax no.	:	

(B) Particulars of Medical Organisation

<input type="checkbox"/>	Correspondence address	:	
	(in English)		
	(in Chinese)	:	
<input type="checkbox"/>	Contact email address	:	
<input type="checkbox"/>	Daytime contact tel. no.	:	
<input type="checkbox"/>	Fax no.	:	

(C) Practice Details

<input type="checkbox"/>	<u>REMOVE</u> 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:							
<input type="checkbox"/>	HCVS	<input type="checkbox"/>	VSS	<input type="checkbox"/>	RVP	<input type="checkbox"/>	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.**]

Practice name (in English) : _____
 (in Chinese) : _____
 Practice address (in English) : _____
 (in Chinese) : _____
 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.](#)]

<input type="checkbox"/> Pregnant Women	QIV \$	_____			
<input type="checkbox"/> Children	QIV \$	_____	LAIV	\$	_____
<input type="checkbox"/> Persons aged 50 - 64	QIV \$	_____			
<input type="checkbox"/> Elderly aged ≥ 65	QIV \$	_____	23vPPV	\$	PCV13 \$ _____
<input type="checkbox"/> Persons with intellectual disability	QIV \$	_____	LAIV	\$	_____
<input type="checkbox"/> Recipients of Disability Allowance / standard rate of “100% disabled” or “requiring constant attendance” under CSSA	QIV \$	_____	LAIV	\$	_____

(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: _____

Signature of EHCP

Official Stamp and Authorised Signature
For and on behalf of the Medical Organisation

Name in Block Letters

Name in Block Letters

Date : _____

Date: _____

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 or Centre for Health Protection website 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 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: 3/F, Two Harbourfront, 18-22 Tak Fung Street, Hung Hom, Kowloon

Fax: 2713 9576

Email: vacs@dh.gov.hk

Health Care Voucher Division (for requests relating to HCVS only)

Address: Suites 901-4, 9/F, AXA Tower, Landmark East, 100 How Ming Street, Kwun Tong, Kowloon

Fax: 3582 4115

Email: hcvd@dh.gov.hk

Please note that all documentary proofs will not be returned.

Statement of Purpose

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

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

Tel. no.: 2125 2299

Fax: 2713 9576

Email: vacs@dh.gov.hk

Executive Officer, Health Care Voucher Division

Health Care Voucher Division, Department of Health

Address: Suites 901-4, 9/F, AXA Tower, Landmark East, 100 How Ming Street, Kwun Tong, Kowloon

Tel. no.: 3582 4102

Fax: 3582 4115

Email: hcvd@dh.gov.hk

Executive Officer (District Health Centre Team)A

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@fhh.gov.hk