

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
2024/25 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.)

Name of Enrolled Health Care Provider (EHCP):		SPID:			
Confirmation of Service Fee (Please use additional sheet for additional practices)					
Name and address of practice					
It is a practice for vaccination activities at # clinic / non-clinic settings . (#Please circle as appropriate.)					
Vaccines (The service fees quoted should be the net charge minus Government subsidy)					
Target Groups	Inactivated QIV	LAIV	23vPPV	PCV13	PCV15
Pregnant women	HK\$	N/A	N/A	N/A	N/A
Children and adolescents	HK\$	HK\$	N/A	N/A	N/A
Persons aged 50 to 64	HK\$	N/A	N/A	N/A	N/A
Elderly	HK\$	N/A	HK\$	HK\$	HK\$
Persons with intellectual disability	HK\$	HK\$	N/A	N/A	N/A
Recipients of Disability Allowance / standard rate of "100% disabled" or "requiring constant attendance" under CSSA	HK\$	HK\$	N/A	N/A	N/A

Note: By providing the information on the service fees per doses for the target group(s), both the EHCP and his Medical Organisation are deemed to have accepted the latest version of the terms and conditions of the Vaccination Subsidy Scheme as well as the disclosure of the information set out further below. 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). Claims could not be submitted under the Vaccination Subsidy Scheme whether for the target group or otherwise and whether at clinic setting or non-clinic setting 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)