

## Electronic Health Record Sharing System (eHRSS) Additional Healthcare Service Location Form

(Please fill in for each additional Healthcare Service Location)

PART 1 – Information of Healthcare Provider (HCP)		<u>Healthcare provided at Service Location (can ✓ more than one):</u>  <input type="checkbox"/> General and/or specialist medical service <input type="checkbox"/> Dental <input type="checkbox"/> Elderly – Residential / Day Care / Others* <input type="checkbox"/> Rehabilitation – Residential / Day Care/ Others* <input type="checkbox"/> Laboratory <input type="checkbox"/> Radiology <input type="checkbox"/> Pharmacy <input type="checkbox"/> Occupational therapy <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Optometry <input type="checkbox"/> Others _____
Name of Business/ Corporation (English)		
Name of Business/ Corporation (Chinese)		
PART 2 – Information of additional Healthcare Service Location		
Name of Healthcare Service Location in eHRSS (English)		
Name of Healthcare Service Location in eHRSS (Chinese)		
Company Phone Number (852) _____	Fax Number (For document upload) (852) _____	
Address of Health Service Location (English)		
Room/Floor _____		
Building _____		
Street _____		
District _____		
<b>PART 3 – Information of Contact Person of Healthcare Service Location</b>		<u>Official Use</u>  PPP: _____ _____  Processed by _____
Title (Mr/Mrs/Ms/Dr)	Post Title	
Name (English)	Name (Chinese)	
Telephone Number <input type="checkbox"/> same as above (852) _____	Email Address	

## **Personal Information Collection Statement**

### **Purposes of Collection**

We, the Electronic Health Record Office under the Food and Health Bureau of HKSARG, may collect a variety of information including name, address, telephone number(s), business registration and healthcare provider registration information of your organisation, and your personal information including names, titles and contact information (e.g. telephone number(s) and email address).

The personal data or any information we collected from you and your organisation is for your registration as a registered healthcare provider in the Electronic Health Record Sharing System (eHRSS) and related matters under the Electronic Health Record Sharing System Ordinance (Cap 625) (eHRSSO). Your registration is essential, as only healthcare staff working under registered healthcare providers can access information and function(s) in eHRSS. Unless for specified purpose stated in eHRSSO, using your personal information in eHRSS for direct marketing is an offence.

### **Classes of Transferees**

Except with your prior consent, we will not transfer or disclose the collected personal information to any third party except as stated below:

- (1) the Department of Health, Hospital Authority or any person or entity whom we may appoint in writing to assist in performing a function and exercising a power, pursuant to eHRSSO;
- (2) any personnel, agent, adviser, auditor, contractor or service provider engaged by us to provide services or advice (e.g. technical, security or data processing service, etc.) in connection with our operations;
- (3) any person to whom we are required to make disclosure under any law or court order applicable in Hong Kong.

### **Access and Correction of Your Personal Data**

You have the rights of access and correction of the personal data provided; please contact the Electronic Health Record Registration Office for more information. A non-excessive fee will be charged for complying with your data access request.

### **Enquiries**

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

Senior Executive Officer (eHR) RO 2  
Electronic Health Record Registration Office  
Address: Unit 1193, 11/F, Kowloonbay International Trade & Exhibition Centre, 1 Trademart Drive, Kowloon Bay, H.K.  
Hotline: 3467 6230  
Fax: 3467 6099  
Email: [ehr@ehealth.gov.hk](mailto:ehr@ehealth.gov.hk)