

Printout Code / DH Reference: P0007 / V, App A

Consent of Voucher Recipient to Use Vouchers

Transaction ID: _____

Void Transaction No.* : _____

(* If claim is voided by HCSP. This no. is generated by HCVS system)

To: <Name of the Enrolled Health Care Provider>

I consent for use of <Number of voucher 1/2/3/4/5* > for my consultation today at <Name of the Enrolled Health Care Provider>. I note that the balance of health care vouchers under my account after this consultation is _____.

Consent

1. I hereby give consent to <Name of the Enrolled Health Care Provider> to transfer and release to the Government, its agents, or other persons authorized by the Government my personal data and any information related to this consultation for the purpose as set out in the Appendix • ~~€~~Statement of Purpose•.
2. I AGREE / NOT AGREE (**please delete whichever inappropriate**) to authorise <Name of the Enrolled Health Care Provider> to read my personal data (including Hong Kong Identity Card No., Name (in English and Chinese), date of birth and date of issue) stored in the chip embodied in my Smart Identity Card to the Government for the purpose as set out in the Appendix - ~~€~~Statement of purpose•
3. This consent shall be governed by and construed in accordance with the laws of Hong Kong Special Administrative Region and I and the Government shall irrevocably submit to the exclusive jurisdiction of the Courts of Hong Kong Special Administrative Region.
4. I have read this consent carefully and fully understood my obligations and liability under this consent.

Voucher recipient,s signature:

(or finger print if illiterate)

Name of voucher recipient:

Date of Birth:

Hong Kong Identity Card No.:

Date of Issue of Hong Kong Identity Card:

Contact telephone number:

Date:

Complete only if voucher recipient is illiterate

Signature of Witness:

Name of Witness (in English):

Hong Kong Identify Card No.:

Date:

Appendix

Statement of purpose

Purposes of Collection

1. The personal data provided will be used by the Government for one or more of the following purposes:
 - (a) redemption of vouchers, and the administration and monitoring of the Health Care Voucher Scheme
 - (b) for statistical and research purposes; and
 - (c) any other legitimate purposes as may be required, authorized or permitted by law.
2. The reading of personal data from the chip embodied in the smart identity card is for the purposes of creation of voucher account and redemption of vouchers via the Electronic Health Care Voucher System of the Department of Health.

Classes of Transferees

3. The personal data you provide are mainly for use within the Government but they may also be disclosed by the Government to other third parties for the purpose stated in paragraph 1 above, if required.

Access to Personal Data

4. You have the right of access and correction with respect to your personal data as provided for in Sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided by you during the occasions as mentioned in paragraph 1 above. 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 corrections, should be addressed to:
<Name and contact information of the Enrolled Health Care Provider>