Application for Using the Security Token issued under
Public-Private Interface – Electronic Patient Record Sharing Pilot Project
for the eHealth System (Subsidies)

I confirm that I am currently a registered user of the Public-Private Interface – Electronic Patient Record Sharing Pilot Project (PPI-ePR) System.

If my enrolment in the Health Care Voucher Scheme, and/or Vaccination Schemes is successful, I wish to use the security token issued to me under PPI-ePR for both the eHealth System (Subsidies) and PPI-ePR System. For the aforesaid purpose, I consent to the release of my Hong Kong Identity Card number to the Hospital Authority for the disclosure of the serial number of the security token issued to me under PPI-ePR to the Department of Health.

Signature of Applicant : _____

Name of Applicant : _____

HKIC No. of Applicant : _____

PPI-ePR Token Serial No. (if any): _____

Date : _____