

**Email Code / DH Reference:** P0006 / IV, App A

**Voucher Recipient Account Creation Form**

To: <Name of the Enrolled Health Care Provider>

I would like to create my voucher account with the Health Care Voucher Scheme (HCVS). I confirm that I am a Hong Kong resident aged 70 or above in this year.

**Undertaking and Declaration**

1. I, the undersigned bearing a Hong Kong Identity Card No. \_\_\_\_\_ (\_\_\_\_), hereby undertake, acknowledge and agree as set out in clause 2 to 7 below.
2. I hereby authorise <Name of the Enrolled Health Care Provider> to provide my personal data (including Hong Kong Identity Card No., Name (in English and Chinese), gender, date of birth and date of issue) to the Government for the purpose as set out in the Appendix - •Statement of purpose€
3. 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), and 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€
4. I hereby declare, undertake and warrant that all information provided in this Form and provided by me from time to time in relation to this creation of voucher account to the <Name of the Enrolled Health Care Provider> are true, accurate and complete.
5. This Undertaking and Declaration 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.

6. I have read this Undertaking and Declaration carefully and fully understood my obligations and liability under this Undertaking and Declaration.

Signature of voucher recipient:

(or finger print if illiterate)

Name of voucher recipient (in English):

(in Chinese):

Date of Birth:

Hong Kong Identity Card No.:

Date of Issue of Hong Kong Identity Card

Contact telephone number:

Date:

Signature of Enrolled Health Care Provider:

Name of Enrolled Health Care Provider (in English):

Enrollment reference no.:

Date:

Complete only if voucher recipient is illiterate

Signature of Witness:

Name of Witness (in English):

Hong Kong Identify Card No.:

Date:

## **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) Creation of voucher account with the Health Care Voucher Scheme, redemption of vouchers, and the administration and monitoring of the Health Care Voucher Scheme, including but not limiting to a matching procedure by electronic means with the Register of Persons;
  - (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>