

THE GOVERNMENT OF THE HONG KONG SPECIAL ADMINISTRATIVE REGION DEPARTMENT OF HEALTH ELDERLY HEALTH SERVICE

Elderly Health Centre Department of Health Membership Application Form

Points to note on application:

- 1. **Person aged 65 years or above based on proof of identify** is eligible to be member of Elderly Health Centre (EHC). Elderly may visit any one EHC for application of membership. Besides, family members or friends can bring along copies of elderly persons' identity documents to EHC, and apply on behalf of them. A **photocopy of Hong Kong Identity Card or other proof of identity** is required for application by post or fax to any ONE EHC.
- 2. Generally speaking, application by post or fax will be processed within 10 working days and the acknowledgement letter will be sent to you by post. If elderly persons do not receive notice 20 working days after submitting your application, please contact corresponding EHC.
- 3. Please read through the "Personal data (Privacy Ordinance, Statement of Purpose" before completing this form (Annex I).
- 4. Every elderly person can only apply EHC membership at ONE EHC. Please do not re-submit application, otherwise all your previous EHC membership applications will be cancelled.
- 5. Please fill in the corresponding personal information according to identification document, sign the form and provide postal address (Annex II).
- 6. With a huge demand for our service, you may have to wait for quite some time to be enrolled as members. The latest waiting time is available at EHCs and Elderly Health Service website for reference. We will inform you of the date of your health assessment by phone or post once available.
- 7. Please note that if you have not reached 65 years when submitting application, or you did not provide the necessary and accurate information on this membership application form, or you did not submit copy of identify document, the application will not be processed. In order to receive our service on the day of health assessment, elderly persons have to show the original copy of Hong Kong Identity Card or other proof of identity and eligibility.
- 8. For contact details of EHCs, please refer to Annex III.

Applicants Details

(Put a "✓" in the box as appropriate and provide all information in BLOCK letters)

1. □ Hong K	ong Identity Card number																	
☐ Other d	document type:						Number:											
2. Name in Eng	olish (P	lease w	rite in	Bloc	k let	ters)												
Surname																		
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Given names																		
Name in Ch (if applicab		Surna	ame					Given	name	es _								
3. Date of birth													7					
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4. Sex	\square M	lale			[☐ Fe	male											
5. Residential ad	dress (i	n Block	Lette	ers)@								1						
Room					T	1		F	loor			В	lock					
Building																		
Estate																		
Street																		
District																		
Region		Hong	Kong	g 🗆	K	owlo	on		Nev	w Ter	ritori	es		Out	side	HK		
6. Home Tel.						*Mobile			phone no.									
no.							171	OUIIC	phor	ic no	·							
* If not belong to applicant]			ne of								tionsł	_						
@ If you fail to prov	ide a Hoi	ng Kong	address	or co	ntact 1	numbe	er, we	will no	ot be al	ble to	contac	t you l	by ma	il or l	by tel	ephon	ie.	
7. I agree/do n number prov health consu	ided ab	out my	medi	cal ap	poin	tmen	ıt (in	cludir	g hea	lth as								
Signature								I	Date									

Personal Data (Privacy) Ordinance Statement of Purposes

Purpose of Collection

- 1. The personal data are provided by patients and clients with whom the Department of Health ("DH") interacts in the delivery of services, and other related activities. The personal data provided will be used by DH for the following purposes:
 - a. Proof of eligibility;
 - b. Record of investigations / examinations / treatment for continuation of care or reference by other healthcare professionals;
 - c. Consent for particular treatments / investigations / examinations;
 - d. Accounting of expenses;
 - e. Epidemiological surveillance;
 - f. For notification of reportable / notifiable diseases for public health purposes;
 - g. Contacting patients for follow up / treatment;
 - h. Assessment of disability or fitness for work;
 - i. Proof of consent for medico-legal examinations;
 - j. Record of enrolment / management;
 - k. For preparing statistics, carrying out research or teaching purpose; and
 - 1. To facilitate organisation of activities related to health education and community liaison.

The personal data collected will be retained no longer than necessary for the fulfilment of the above purposes.

* The provision of personal data is voluntary. If you do not provide sufficient information, we may not be able to prove your eligibility for specific service / activities and cannot provide service / assistance to you or even if the service / assistance may still be provided, you will be charged at the non-entitled person (usually higher) rate. Please promptly update your personal data with the Elderly Health Centre when there are changes to your personal particulars for the purposes stated above.

Classes of Transferees

2. The personal data you provide are mainly for use within DH but they may also be disclosed to other Government bureau / departments / universities or relevant parties for the purposes mentioned in paragraph 1 above, if required. Apart from this, the data may only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

Access to Personal Data & Enquiry

3. 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

4. For enquiries concerning personal data provided, including the making of access and corrections, should be addressed to your Elderly Health Centre.

Annex 2

Applicant's postal address

(Please write in Block letters)

Name:	Name:
Address:	Address:

Note: A photocopy of Hong Kong Identity Card or other proof of identity is required for application by post or fax to any ONE EHC. Elderly Health Service would not be responsible for any loss of personal particulars due to fax or postal problem.

Address, telephone and fax numbers of 18 Elderly Health Centres

Elderly Health Centre (EHC)	Address	Telephone no.	Fax no.		
Hong Kong Island		'	•		
Sai Ying Pun EHC	6/F, Sai Ying Pun Jockey Club Polyclinic, 134 Queen's Road West, H.K.	2817 3418	2819 0244		
Shau Kei Wan EHC	G/F, Shau Kei Wan Jockey Club Clinic, 8 Chai Wan Road, Shau Kei Wan, H.K.	2569 4333	2567 5041		
Aberdeen EHC	LG/F, Block B, Aberdeen Jockey Club Clinic, 10 Aberdeen Reservoir Road, H.K.	2580 3554	2518 8044		
Wan Chai EHC	2/F, Southorn Centre, 130 Hennessy Road, Wan Chai, H.K.	2591 4847	2591 6849		
Kowloon					
Kowloon City EHC	G/F, Lions Clubs Health Centre, 80 Hau Wong Road, Kowloon City, Kowloon	2762 8911	2624 5162		
Lam Tin EHC	G/F, Lam Tin Community Complex, 223 Pik Wan Road, Lam Tin, Kowloon	2727 5616	2727 5694		
Nam Shan EHC	G/F, Nam Yiu House, Nam Shan Estate, Shek Kip Mei, Kowloon	2779 5596	2776 7665		
San Po Kong EHC	2/F, Robert Black Health Centre, 600 Prince Edward Road East, San Po Kong, Kowloon	2382 3757	2383 6522		
Yau Ma Tei EHC	1/F, Yau Ma Tei Jockey Club Polyclinic, 145 Battery Street, Yau Ma Tei, Kowloon	2782 5577	2770 2141		
New Territories		<u>.</u>	<u>.</u>		
Tung Chung EHC	1/F, Block 2, Tung Chung Health Centre, 6 Fu Tung Street, Tung Chung, Lantau Island, N.T.	2109 4711	2109 4978		
Kwai Shing EHC	G/F & 1/F, Shing Wo House, Kwai Shing East Estate, Kwai Yip Street, Kwai Chung, N.T.	2741 2069	2785 3916		
Shek Wu Hui EHC	1/F, Shek Wu Hui Jockey Club Clinic, 108-130 Jockey Club Road, Sheung Shui, N.T.	2672 5858	2672 1414		
Tseung Kwan O EHC	G/F, Tseung Kwan O Jockey Club Clinic, 99 Po Lam Road North, Tseung Kwan O, N.T	2623 7304	2704 1145		
Lek Yuen EHC	3/F, Lek Yuen Health Centre, 9 Lek Yuen Street, Sha Tin, N.T.	2637 2005	2632 7860		
Tai Po EHC	G/F, Wong Siu Ching Clinic, 1 Po Wu Lane, Tai Po, N.T.	2657 2329	2656 9144		
Tsuen Wan EHC	G/F, Block B, Lady Trench Polyclinic, 213 Sha Tsui Road, Tsuen Wan, N.T.	2408 2267	2439 0705		
Tuen Mun Wu Hong EHC	1/F, Tuen Mun Wu Hong Clinic, 2 Wu Hong Street, Tuen Mun, N.T.	2430 7634	2458 3034		
Yuen Long EHC	G/F, Madam Yung Fung Shee Health Centre, 26 Sai Ching Street, Yuen Long, N.T.	2470 5982	2944 3224		