



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" (Annex I) before completing this form.
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 risk assessment by phone or post once available.
7. Please note that if you have not reached 65 years when submitting application, or the data you provided on this membership application form is incomplete or inaccurate, or you did not submit copy of identify document, the application will be deemed invalid and will not be processed. In order to receive our service on the day of health risk 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 Kong Identity Card number

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Other document type: _____ Number: _____

2. Name in English (Please write in Block letters)

Surname

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Given names

Name in Chinese: Surname _____ Given names _____
(if applicable)

3. Date of birth

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 dd

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 yyyy

4. Sex Male Female

5. Residential address (in Block Letters)[@]

Room						Floor			Block				
Building													
Estate													
Street													
District													
Region													

Hong Kong Kowloon New Territories Outside HK

6. Daytime contact Tel. no.

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 *Mobile phone no.

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[* If not belong to the applicant] Name of owner _____ Relationship _____

@ If you fail to provide a Hong Kong address or contact number, we will not be able to contact you by mail or by telephone.

7. I **agree/do not agree** (Please delete as appropriate) to receive SMS reminders through the mobile phone number provided about my medical appointment (including health risk assessment, follow up, medical consultation, allied health consultation and vaccination appointment) after my membership application is accepted.

Signature _____ 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
 - l. 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 or correct 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. Enquiries concerning personal data provided, including the making of access and corrections, should be addressed to the Elderly Health Service, Department of Health (e-mail: ehsenq@dh.gov.hk).
5. You may also contact the respective Elderly Health Centre by telephone or visit the Centre for enquiry.

Annex II

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.

Annex III

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			
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	G/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

