

#### 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 "Statement of Purposes" (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 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 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 "\sqrt{"}" in the box as appropriate and provide all information in BLOCK letters)

1. □ Hong k	Kong Ide	ntity C	ard nu	ımbe	r													
□ Other o	documen	t type:							Num	ber:_								
2. Name in En	glish (Pl	ease w	rite in	Bloc	k let	ters)												
Surname																		
													•					
Given names																		
Name in C (if applicab		Surna	ıme				G 	liven	name	s								-
3. Date of birth																		
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4. Sex	□ M	ale			[	□ Fen	nale									•		
5. Residential ad	ddress (ii	1 Block	Lette	ers)@					ĺ			]						
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6. Daytime																		
contact Tel.							*Mc	bile	phon	e no.								
[* If not belong to applicant] @ If you fail to prov			ne of			numbe	r, we v	vill no		Relat		-	by ma	ail o	r by t	eleph	one.	
7. I agree/do in number processultation accepted.	vided ab	out my	medi	cal ap	poin	tmen	t (incl	luding	g heal	lth as	sessn	nent	, follo	ow	up, 1	medi	cal	
Signature								D	ate									

## **Statement of Purposes Elderly Health Service**

### **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 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 bureaux / departments / universities, the Hospital Authority 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**

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:

Elderly Health Service, Department of Health

Address: 11/F, ChinaChem Exchange Square, 1 Hoi Wan Street, Quarry Bay, Hong Kong

Tel: 2121 8621

E-mail: <u>ehsenq@dh.gov.hk</u>

You may also contact the respective Elderly Health Centre by telephone or visit the Centre for enquiry.

# <u>Applicant's postal address</u> (Please write in Block letters)

Annex II

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

2817 3418 2569 4333 2580 3554 2591 4847	2819 0244 2567 5041 2518 8044 2591 6849
2569 4333 2580 3554	2567 5041 2518 8044
2580 3554	2518 8044
2591 4847	2591 6849
2762 8911	2624 5162
2727 5616	2727 5694
2779 5596	2776 7665
2382 3757	2383 6522
2782 5577	2770 2141
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2109 4711	2109 4978
2741 2069	2785 3916
2672 5858	2672 1414
2623 7304	2704 1145
2637 2005	2632 7860
	2727 5616  2779 5596  2382 3757  2782 5577  2109 4711  2741 2069  2672 5858  2623 7304

	9 Lek Yuen Street, Sha Tin, N.T.		
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