

病人申請授權書
Authorization Letter for Patient Enrolment

請在填寫此授權書前，參閱背面的「獲授權人遞交申請須知」*

Please read the “Points to Note – Submission of Application by Authorized Person” overleaf
before completing this Authorization Letter*

致： 病人登記處

To: Patient Registration Centre

此部分須由病人填寫及簽署 (This section should be completed and signed by patient):

本人 香港身份證號碼:
I _____, HKID No.: _____,

未能親身前往醫院管理局轄下的病人登記處遞交有關參與醫療病歷互聯試驗計劃之申請，
am unable to come in person to the designated HA's Patient Registration Centre(s) to submit my application for enrolment to PPI-ePR.

現授權
I hereby authorize _____, 香港身份證號碼 HKID No. : _____,

或 OR
護照/身份證明文件號碼 Passport/Identity Document No. : _____

(請註明種類:Please specify the type of Identity Document : _____)

代為遞交申請表及其他有關文件。本人明白當成功申請醫療病歷互聯試驗計劃後，本人將收到由病人登記處寄出的通知信件並透過申請表上填寫的手機號碼收取載有授權號碼之短訊。

to submit on my behalf my application and the required supporting documents. I understand that after I am enrolled to PPI-ePR, Patient Registration Centre will send to me a notification letter by post and a SMS with Authorization Code to my mobile phone number stated on the Application Form.

本人已參閱及明白此授權書附夾的「獲授權人遞交申請須知」，並同意「獲授權人遞交申請須知」的條款及由上述獲授權人遞交本人參與醫療病歷互聯試驗計劃之申請。

I have read and understood the contents of “Points to Note – Submission of Application by Authorized Person” overleaf. I agree to the terms set out in the Points to Note and authorize the above person to act on my behalf to submit application for enrolment to PPI-ePR.

病人簽署： 病人姓名：
Patient's Signature: _____ Patient's Name: _____ 日期：
Date: _____

此部分須由獲授權人簽署 (This section should be signed by Authorized Person):

本人已參閱及明白此授權書附夾的「獲授權人遞交申請須知」，並同意「獲授權人遞交申請須知」的條款及提供本人之個人資料作醫療病歷互聯試驗計劃辦事處職員於申請過程中作核對身份及記錄之用。

I have read and understood the contents of “Points to Note – Submission of Application by Authorized Person” overleaf. I agree to the terms set out in the Points to Note and provide my personal data to staff of the PPI-ePR Programme Office for verification and records relating to the application of the patient.

獲授權人簽署： 獲授權人姓名：
Authorized Person's Signature: _____ Authorized Person's Name: _____ 日期：
Date: _____

*請以中文或英文填寫本授權書。Please complete the Authorization Letter in Chinese or English.

Points to Note – Submission of Application by Authorized Person

獲授權人遞交申請須知

1. 病人如選擇授權他人遞交醫療病歷互聯試驗計劃之申請，必須一併填妥「醫療病歷互聯試驗計劃申請表」(Form 2.2) 及「病人申請授權書」(Form 2.4)。

Patient who opts to authorize a person to act on his/her behalf to submit application for enrolment to PPI-ePR should complete the “PPI-ePR Application Form” (Form 2.2) and the “Authorization Letter for Patient Enrolment” (Form 2.4)

2. 由獲授權人遞交醫療病歷互聯試驗計劃申請只適用於十八歲或以上而不能親身前往辦理申請之病人。
Submission of Application Form by authorized person is only applicable to patient at or above 18 years old AND who cannot apply in person.

3. 獲授權人須於醫院管理局轄下的病人登記處代病人遞交醫療病歷互聯試驗計劃之申請[有關的登記處名單可透過醫管局的網站下載: <http://www.ha.org.hk/ppp/ppiepr>]。

Authorized person should submit the application in person at the designated HA’s Patient Registration Centres (A list of centres can be obtained from HA webpage at <http://www.ha.org.hk/ppp/ppiepr>).

4. 成功登記的病人會透過手機號碼收取由醫管局發出載有授權號碼的短訊，同時通知信件亦會郵寄到病人在醫管局登記的住址。

Upon successful enrolment, a SMS with Authorization Code will be sent to patient by HA through the mobile phone number stated on the application. A notification letter will also be posted to the patient’s residential address recorded in HA.

5. 獲授權人在遞交醫療病歷互聯試驗計劃之申請時必須帶備以下的文件:

Authorized Person should bring along the following documents when submitting the application for enrolment to PPI-ePR:

- 已填妥的申請表
Completed Application Form
- 申請人的香港身份證副本
Photocopy of Hong Kong Identity Card of the Patient
- 已簽署的授權書(本文件)
Signed Authorization Letter (this document)
- #獲授權人的香港身份證/身份證明文件
#Hong Kong Identity Card/ Identity Document of Authorized Person

(#獲授權人必須出示其香港身份證/身份證明文件以作核對身份之用，並不收取任何副本)

(#Authorised Person’s Hong Kong Identity Card/ Identity document has to be produced for verification only, and copy of such documents will not be made)

6. 為確保申請成功，請確保各項個人資料準確及完整。請向醫管局提供個人資料前參閱「病人/申請人通知書 - 個人資料」。此通知書可透過醫管局的網站下載: <http://www.ha.org.hk/ppp/ppiepr>。如果你希望根據《個人資料(私隱)條例》要求查閱及/或改正你的個人資料，請參考「病人/申請人通知書 - 個人資料」。

When you provide Personal Data to us, please make sure that the data is accurate and complete for successful application. Reference can be made to the “Notice to Patient/ Applicant – Personal Data” before providing the personal data to HA. The Notice can be obtained from HA webpage at <http://www.ha.org.hk/ppp/ppiepr>. If you wish to access/correct your personal data held by the Hospital Authority, you may do so under Personal Data (Privacy) Ordinance. Please refer to “Notice to Patient/ Applicant – Personal Data” for details.