

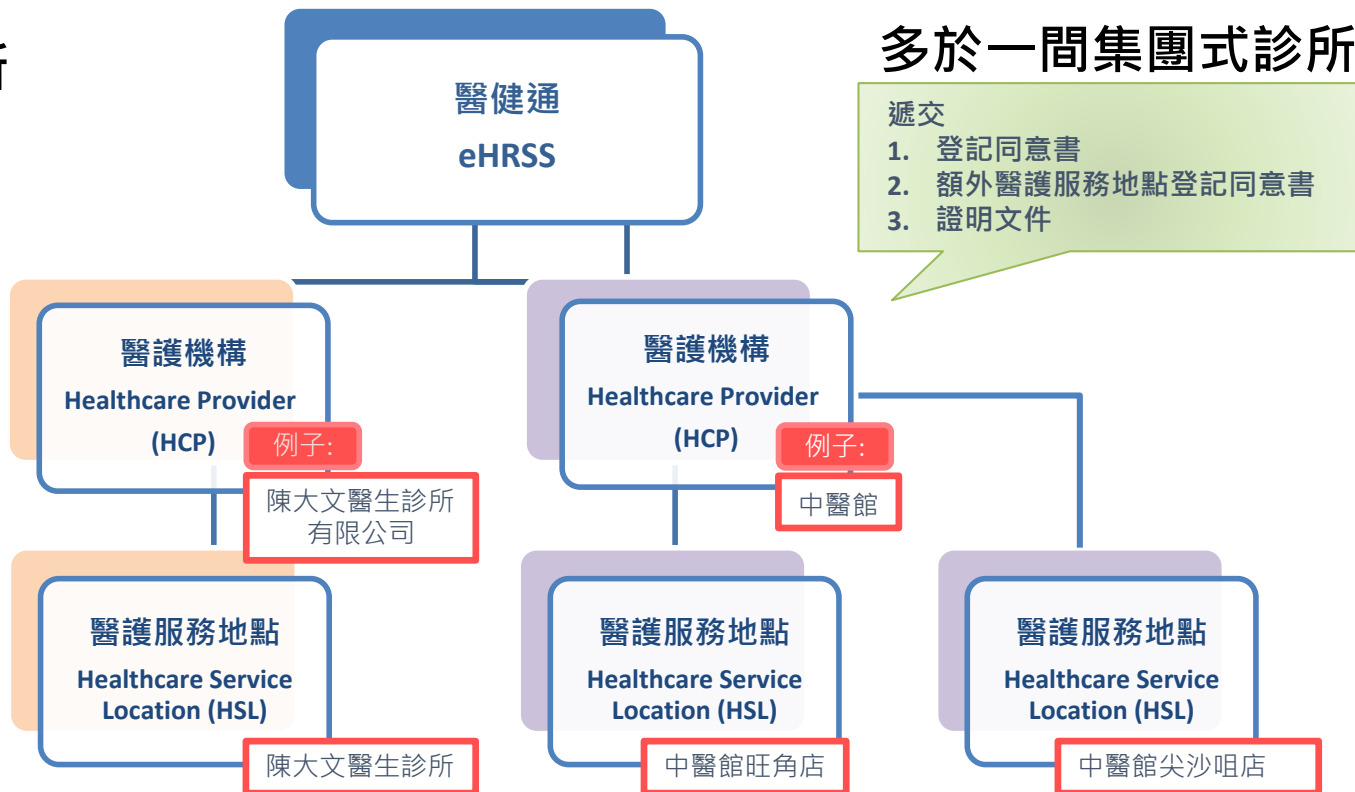
中醫醫護機構登記流程

醫師參與醫健通是以醫護機構為單位

一間獨立診所

遞交

1. 登記同意書
2. 證明文件



多於一間集團式診所

遞交

1. 登記同意書
2. 額外醫護服務地點登記同意書
3. 證明文件







如何登記

醫護機構登記醫健通



閱讀下列文件

- 醫護機構指南 
- 電子健康紀錄通訊組件及香港臨床醫療術語表特許協議  (只有英文版)
- 醫護機構登記醫健通的條件
 私家醫院  (只有英文版) / 非私家醫院  (只有英文版)
- 使用電子健康紀錄作醫護用途的實務守則





準備證明文件

- 按醫護機構類別，準備有效的證明文件



填寫登記表格

- 登記同意書  (只有英文版)
- 額外醫護服務地點登記同意書  (如有多過一個醫護服務地點) (只有英文版)



**Electronic Health Record Sharing System (eHRSS)
Healthcare Provider Registration Form**

PART 1 – Healthcare Provider (HCP) Information

Name of Business / Corporation (English) <i>(Please provide a copy of Business Registration Certificate/ Other supporting documents)</i>				Healthcare provided at Service Location (can ✓ more than one):
Name of Business / Corporation (Chinese)				<input type="checkbox"/> General and/or specialist medical service
Company Phone Number (852) _____	Fax Number (852) _____	Official Email Address _____	Official Website _____	<input type="checkbox"/> Dental
Address (English) of healthcare service location and major healthcare provided Room/Floor _____ Building _____ Street _____ District _____ Number of Additional Healthcare Service Location(s) ¹ : _____ <i>(Please complete and submit Additional Healthcare Service Location Form)</i>				<input type="checkbox"/> Elderly - Residential / Day Care / Others*
				<input type="checkbox"/> Rehabilitation – Residential / Day Care/ Others*
				<input type="checkbox"/> Laboratory
				<input type="checkbox"/> Radiology
				<input type="checkbox"/> Pharmacy
				<input type="checkbox"/> Occupational therapy
				<input type="checkbox"/> Physiotherapy
				<input type="checkbox"/> Optometry
				<input type="checkbox"/> Chinese Medicine
				<input type="checkbox"/>

PART 2 – Authorised Person and User(s) Information

2.1 Authorised Person

Title (Mr/Mrs/Ms/Dr)	Post Title	HKID No. (A 123456(7))	*Delete as appropriate
Name (English)	Name (Chinese)	Mobile Phone Number ² if also apply as User Administrator ³ (852) _____	
Office Telephone Number <input type="checkbox"/> Same as above (852) _____	Fax Number <input type="checkbox"/> Same as above (852) _____	Contact Email Address <input type="checkbox"/> Same as above _____	<p style="text-align: center;"><i>Official Use</i></p> <p>PPP: _____</p> <p>Processed by _____</p>
Correspondence Address (if different from above address)			

2.2 User Administrator & Other User Accounts

Authorised Person also applies as:

User Administrator (UA)¹

Healthcare Professional (Professional) accessing eHRSS *(Please provide a copy of professional practicing certificate)*

Other User Accounts

Title (Mr/Mrs/Ms/Dr)	Name (English & Chinese)	Roles	Professional Registration No.	HKID No. A123456(7)	Contact Email Address	Mobile Phone Number ²
		<input type="checkbox"/> UA				
		<input type="checkbox"/> Professional				
		<input type="checkbox"/> UA				
		<input type="checkbox"/> Professional				
		<input type="checkbox"/> UA				
		<input type="checkbox"/> Professional				

Contact of IT Support Person of computer system in your organisation (if any): Name _____ Phone _____

Part 3 – Important Notes for Application for Registration in eHRSS

3.1 Responsibilities of Registered Healthcare Providers

- Upon acceptance of the application for registration, this form will constitute an agreement between the HCP and eHR HK Limited⁴ in relation to the Encapsulated Linkage Security Application (ELSA) licence referred to in Part 3.4 below.
- Please refer to the Checklist for Submission of Application on the next page, *Guide for Healthcare Provider Registration: ELSA & HKCTT Licence, Conditions of Registration of HCPs in eHRSS and Code of Practice for Using eHR for Healthcare (COP)* before filling the form. (Updated information is available at www.ehealth.gov.hk)
- HCP shall comply with the Electronic Health Record Sharing System Ordinance (Cap 625) (eHRSSO), Personal Data (Privacy) Ordinance (Cap 486) (PD(P)O), COP issued by the Commissioner for the Electronic Health Record (eHRC), Conditions of Registration of HCPs in eHRSS, and any other requirements set out by eHRC for joining and using eHRSS.
- HCP shall indemnify the Government of the Hong Kong SAR for any loss or damages resulting from:
 - any breach by the HCP of the conditions imposed by eHRC in accordance with the eHRSSO;
 - any breach of any applicable laws by the HCP or its staff in relation to any access or use of eHRSS; or
 - any allegation for copyright infringement due to sharing of data provided to eHRSS

3.2 Use of Data

- A registered healthcare recipient (HCR)'s health data in eHRSS is not a complete health record and the information contained in it may not be up-to-date or accurate and shall not be taken as a substitution of the clinical records held by the HCP.
- HCPs and their staff must not solely rely on the data and information obtained from eHRSS for providing healthcare as they are intended to be for reference only.
- eHRC makes no representation or warranty regarding eHRSS that:
 - it is fit for a particular purpose;
 - it is free from any computer virus or any risk of causing damage to others' systems;
 - it is available, accurate and in proper functioning at any time.
- eHRC is not responsible for delivery of data over the internet or handling of data by systems that are not owned or operated by eHRC.
- Requirements and specifications governing the operation of eHRSS may be amended and updated from time to time.
- Any pre-existing intellectual property rights in the data provided to eHRSS remains unaffected under the operation of eHRSS.

3.3 Limitation of Liability

- eHRC would endeavour to ensure proper operation and security protection of eHRSS. However eHRC is not in a position to verify the accuracy of the data being shared in the eHRSS and it is not possible for the eHRC to completely prevent any misuse of the data.
- eHRC is not liable for:
 - any unauthorised access or use of eHR but eHRC will take appropriate and reasonable steps to protect the security of the data in eHRSS;
 - any direct, indirect, special or consequential losses or damages arising from access to or use of eHRSS, use of any eHR in eHRSS, or providing or obtaining data or information to and from eHRSS;
 - such act or thing for which any liability is excluded by the eHRSSO.

3.4 ELSA Licence

- ELSA (including all its versions, updates and fixes if any) is a security program to allow the IT systems of HCP to securely share and access information with eHRSS. ELSA is held, maintained and licensed by eHR HK Limited.
- Upon the acceptance of this application for registration, the HCP shall have entered into a licence with eHR HK Limited for the use of ELSA on the terms of the licence available at www.ehealth.gov.hk.

PART 4 – Declaration of Authorised Person

By signing this form, I declare that-

- I have the lawful authority from the healthcare provider to submit the application.
- The healthcare provider applying for registration in eHRSS provides healthcare under the definition in Section 2 of eHRSSO (Cap 625) in the healthcare locations specified in this form and any Additional Healthcare Service Location Form submitted.
- The healthcare provider shall comply with the requirements of "Application by healthcare providers for registration" according to Section 19 of eHRSSO.
- The healthcare provider shall use the data and information contained in an electronic health record in compliance with Section 28 of eHRSSO (Cap 625).
- The information given in Part 1 and Part 2 of this application and any Additional Healthcare Service Location Form is true and correct to the best of my knowledge.
- I have read and agree to the Conditions of Registration of HCPs in eHRSS and Code of Practice for Using eHR for Healthcare set out in Part 3.1 above.
- I have read the ELSA Licence and agree to its terms.

Signature of Authorised Person	Organisation Chop
Date	

醫健通
ehealth
Electronic Health Record Sharing System (eHRSS)
Healthcare Provider Registration Form

PART 1 – Healthcare Provider (HCP) Information

Name of Business / Corporation (English) (Please provide a copy of Business Registration Certificate/ Other supporting documents) **DR. CHAN TAI MAN CLINIC LIMITED**

Name of Business / Corporation (Chinese) **陳大文醫生診所有限公司**

Company Phone Number (852) **21345678** Fax Number (852) **29876543** Official Email Address **info@ctmclinic.com.hk** Official Website **www.ctmclinic.com.hk**

Address (English) of healthcare service location and major healthcare provided

Room/Floor **Rm 11, 11/F,**
Building **ABC Tower,**
Street **10 Hong Kong Street,**
District **Hong Kong**

Number of Additional Healthcare Service Location(s): **1** (Please complete and submit Additional Healthcare Service Location Form)

Healthcare provided at Service Location (can ✓ more than one):

General and/or specialist medical service
 Dental
 Elderly - Residential / Day Care / Others*
 Rehabilitation – Residential / Day Care/ Others*
 Laboratory
 Radiology
 Pharmacy
 Occupational therapy
 Physiotherapy
 Optometry
 Chinese Medicine

PART 2 – Authorised Person and User(s) Information

2.1 Authorised Person

Title (Mr/Mrs/Ms/Dr) **Mr.** Post Title **Manager** HKID No. (A 123456(7)) **A 123456(7)**

Name (English) **CHAN Tai Man** Name (Chinese) **陳大文** Mobile Phone Number² (852) _____ if also apply as User Administrator³

Office Telephone Number (852) Same as above Fax Number (852) Same as above Contact Email Address **ctm@email.com**

Correspondence Address (if different from above address) _____

2.2 User Administrator & Other User Accounts

Authorised Person also applies as:
 User Administrator (UA)
 Healthcare Professional (Professional) accessing eHRSS (Please provide a copy of professional practicing certificate)
 Other User Accounts

Title (Mr/Mrs/Ms/Dr)	Name (English & Chinese)	Roles	Professional Registration No.	HKID No. A123456(7)	Contact Email Address	Mobile Phone Number ²
Dr.	LEE E SZE 李依施	<input type="checkbox"/> UA <input checked="" type="checkbox"/> Professional	L013579	8234567(8)	leeesze@email.com	6333 3333
		<input type="checkbox"/> UA <input type="checkbox"/> Professional				
		<input type="checkbox"/> UA <input type="checkbox"/> Professional				

Contact of IT Support Person of computer system in your organisation (if any): Name _____ Phone _____

機構英文名稱

機構中文名稱

聯絡資料

英文地址

額外地點(分店)數目

• 如沒有，請填0

負責人的資料

• 如負責人= *帳戶管理員，請選擇 User Administrator(UA)


• 如負責人= 中醫師/其他醫護專業，請選擇Healthcare Professional

機構其他用戶的資料(可多選)

如用戶是醫師，請選擇Professional並輸入註冊號碼

如用戶是帳戶管理員，請選擇UA

機構資訊科技同事聯絡(如適用)



Electronic Health Record Sharing System (eHRSS)
Healthcare Provider Registration Form

樣本

PART 1 – Healthcare Provider (HCP) Information

Name of Business / Corporation (English) (Please provide a copy of Business Registration Certificate/ Other supporting documents)
DR. CHAN TAI MAN CLINIC LIMITED

Name of Business / Corporation (Chinese)
陳大文醫生診所有限公司

Company Phone Number <small>(852)</small> 21345678	Fax Number <small>(852)</small> 29876543	Official Email Address info@ctmclinic.com.hk	Official Website www.ctmclinic.com.hk
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Address (English) of healthcare service location and major healthcare provided

Room/Floor: **Rm 11, 11/F.,**

Building: **ABC Tower,**

Street: **10 Hong Kong Street,**

District: **Hong Kong**

Number of Additional Healthcare Service Location(s): **1** (Please complete and submit Additional Healthcare Service Location Form)

Healthcare provided at Service Location (can ✓ more than one):

- General and/or specialist medical service
- Dental
- Elderly - Residential / Day Care / Others*
- Rehabilitation – Residential / Day Care/ Others*
- Laboratory
- Radiology
- Pharmacy
- Occupational therapy
- Physiotherapy
- Optometry
- Chinese Medicine
-

PART 2 – Authorised Person and User(s) Information

2.1 Authorised Person

Title (Mr/Mrs/Ms/Dr) Mr.	Post Title Manager	HKID No. [A 123456(7)] A 123456(7)
Name (English) CHAN Tai Man	Name (Chinese) 陳大文	Mobile Phone Number ² if also apply as User Administrator ³ <small>(852)</small> 9111 1111
<input checked="" type="checkbox"/> Office Telephone Number Same as above <small>(852)</small>	<input checked="" type="checkbox"/> Fax Number Same as above <small>(852)</small>	Contact Email Address ctm@email.com

Processed by _____

2.2 User Administrator & Other User Accounts

Authorized Person also applies as:

User Administrator (UA)³
Healthcare Professional (Professional) accessing eHRSS (Please provide a copy of professional practicing certificate)

Other User Accounts

Title (Mr/Mrs/Ms/Dr)	Name (English & Chinese)	Roles	Professional Registration No.	HKID No. A123456(7)	Contact Email Address	Mobile Phone Number ³
Dr.	LEE E SZE 李依施	<input type="checkbox"/> UA <input checked="" type="checkbox"/> Professional	L013579	8234567(8)	leesze@email.com	6333 3333
		<input type="checkbox"/> UA <input type="checkbox"/> Professional				
		<input type="checkbox"/> UA <input type="checkbox"/> Professional				

Contact of IT Support Person of computer system in your organisation (if any): Name _____ Phone _____

Healthcare provided at Service Location (can ✓ more than one):

- General and/or specialist medical service
- Dental
- Elderly - Residential / Day Care / Others*
- Rehabilitation – Residential / Day Care/ Others*
- Laboratory
- Radiology
- Pharmacy
- Occupational therapy
- Physiotherapy
- Optometry
- Chinese Medicine
-

*Delete as appropriate

選擇服務：「中醫」



Electronic Health Record Sharing System (eHRSS)
Healthcare Provider Registration Form

樣本

PART 1 – Healthcare Provider (HCP) Information

Name of Business / Corporation (English) *(Please provide a copy of Business Registration Certificate/ Other supporting documents)*
DR. CHAN TAI MAN CLINIC LIMITED

Name of Business / Corporation (Chinese)
陳大文醫生診所有限公司

Company Phone Number (852) **21345678** Fax Number (852) **29876543** Official Email Address **info@ctmclinic.com.hk** Official Website **www.ctmclinic.com.hk**

Address (English) of healthcare service location and major healthcare provided
 Room/Floor **Rm 11, 11/F,**
 Building **ABC Tower,**
 Street **10 Hong Kong Street,**
 District **Hong Kong**

Number of Additional Healthcare Service Location(s) ¹: **1** *(Please complete and submit Additional Healthcare Service Location Form)*

PART 2 – Authorised Person and User(s) Information

2.1 Authorised Person

Title (Mr./Mrs/Ms./Dr.) Mr.	Post Title Manager	HKID No. (A 123456(7)) A 123456(7)	<i>*Delete as appropriate</i>
Name (English) CHAN Tai Man	Name (Chinese) 陳大文	Mobile Phone Number ² if also apply as User Administrator ³ (852) 9111 1111	<i>Official Use</i>

Office Telephone Number Same as above (852) Fax Number Same as above (852) Contact Email Address Same as above **ctm@email.com**

Correspondence Address (if different from above address)

2.2 User Administrator & Other User Accounts

Authorized Person also applies as:
 User Administrator (UA)¹
 Healthcare Professional (Professional) accessing eHRSS *(Please provide a copy of professional registration certificate)*

Other User Accounts

Title (Mr./Mrs/Ms./Dr.)	Name (English & Chinese)	Roles	Professional Registration No.	HKID No. A123456(7)
Dr.	LEE E SZE 李依施	<input type="checkbox"/> UA <input checked="" type="checkbox"/> Professional <input type="checkbox"/> UA <input type="checkbox"/> Professional <input type="checkbox"/> UA <input type="checkbox"/> Professional	L013579	8234567(8)

Contact of IT Support Person of computer system in your organisation (if any): Name _____ Phone _____

• 簽署

• 公司蓋章

• 日期



3.1 Responsibilities of Registered Healthcare Providers

- Upon acceptance of the application for registration, this form will constitute an agreement between the HCP and eHR HK Limited⁴ in relation to the Encapsulated Linkage Security Application (ELSA) licence referred to in Part 3.4 below.
- Please refer to the Checklist for Submission of Application on the next page, [Guide for Healthcare Provider Registration, ELSA & HKCTT licence, Conditions of Registration of HCPs in eHRSS](#) and [Code of Practice for Using eHR for Healthcare \(COP\)](#) before filling the form. (Updated information is available at [www.ehealth.gov.hk](#)).
- HCP shall comply with the Electronic Health Record Sharing System Ordinance (Cap 625) (eHRSSO), Personal Data (Privacy) Ordinance (Cap 486) (PD(P)O), COP issued by the Commissioner for the Electronic Health Record (eHRC), Conditions of Registration of HCPs in eHRSS, and any other requirements set out by eHRC for joining and using eHRSS.
- HCP shall indemnify the Government of the Hong Kong SAR for any loss or damages resulting from:
 - any breach by the HCP of the conditions imposed by eHRC in accordance with the eHRSSO;
 - any breach of any applicable laws by the HCP or its staff in relation to any access or use of eHRSS; or
 - any allegation for copyright infringement due to sharing of data provided to eHRSS

3.2 Use of Data

- A registered healthcare recipient (HCR)'s health data in eHRSS is not a complete health record and the information contained in it may not be up-to-date or accurate and shall not be taken as a substitution of the clinical records held by the HCP.
- HCPs and their staff must not solely rely on the data and information obtained from eHRSS for providing healthcare as they are intended to be for reference only.
- eHRC makes no representation or warranty regarding eHRSS that:
 - it is fit for a particular purpose;
 - it is free from any computer virus or any risk of causing damage to others' systems;
 - it is available, accurate and in proper functioning at any time.
- eHRC is not responsible for delivery of data over the internet or handling of data by systems that are not owned or operated by eHRC.
- Requirements and specifications governing the operation of eHRSS may be amended and updated from time to time.
- Any pre-existing intellectual property rights in the data provided to eHRSS remains unaffected under the operation of eHRSS.

3.3 Limitation of Liability

- eHRC would endeavour to ensure proper operation and security protection of eHRSS. However eHRC is not in a position to verify the accuracy of the data being shared in the eHRSS and it is not possible for the eHRC to completely prevent any misuse of the data.
- eHRC is not liable for:
 - any unauthorised access or use of eHR but eHRC will take appropriate and reasonable steps to protect the security of the data in eHRSS;
 - any direct, indirect, special or consequential losses or damages arising from access to or use of eHRSS, use of any eHR in eHRSS, or providing or obtaining data or information to and from eHRSS;
 - such act or thing for which any liability is excluded by the eHRSSO.

3.4 ELSA Licence

- ELSA (including all its versions, updates and fixes if any) is a security program to allow the IT systems of HCP to securely share and access information with eHRSS. ELSA is held, maintained and licensed by eHR HK Limited.
- Upon the acceptance of this application for registration, the HCP shall have entered into a licence with eHR HK Limited for the use of ELSA on the terms of the licence available at [www.ehealth.gov.hk](#).

PART 4 – Declaration of Authorised Person

By signing this form, I declare that-

- I have the lawful authority from the healthcare provider to submit the application.
- The healthcare provider applying for registration in eHRSS provides healthcare under the definition in Section 2 of eHRSSO (Cap 625) in the healthcare locations specified in this form and any Additional Healthcare Service Location Form submitted.
- The healthcare provider shall comply with the requirements of "Application by healthcare providers for registration" according to Section 19 of eHRSSO.
- The healthcare provider shall use the data and information contained in an electronic health record in compliance with Section 28 of eHRSSO (Cap 625).
- The information given in Part 1 and Part 2 of this application and any Additional Healthcare Service Location Form is true and correct to the best of my knowledge.
- I have read and agree to the Conditions of Registration of HCPs in eHRSS and Code of Practice for Using eHR for Healthcare set out in Part 3.1 above.
- I have read the ELSA Licence and agree to its terms.

Signature of Authorised Person <div style="text-align: center; font-size: 1.5em; font-family: cursive;">Jc</div>	Organisation Chop <div style="text-align: center; border: 1px solid blue; border-radius: 50%; width: 80px; margin: 0 auto; padding: 5px; color: blue; font-size: 0.8em;"> ABC Company Limited </div>
Date 02/05/2021	



Electronic Health Record Sharing System (eHRSS)
Additional Healthcare Service Location Form

(Please fill in for each additional Healthcare Service Location)

樣本

PART 1 – Information of Healthcare Provider (HCP)

Name of Business/ Corporation (English)
DR. CHAN TAI MAN CLINIC LIMITED

Name of Business/ Corporation (Chinese)
陳大文醫生診所有限公司

PART 2 – Information of additional Healthcare Service Location

Name of Healthcare Service Location in eHRSS (English)
DR. CHAN TAI MAN CLINIC – Central

Name of Healthcare Service Location in eHRSS (Chinese)
陳大文醫生診所中環

Company Phone Number (852) **2121 2121** Fax Number (For document upload) (852) **2121 2122**

Address of Health Service Location (English)
Room/Floor **Rm 1, 1/F,**
Building **ABC Tower,**
Street **10 Hong Kong Street,**
District **Hong Kong**

- Healthcare provided at Service Location (can ✓ more than one):
- General and/or specialist medical service
 - Dental
 - Elderly – Residential / Day Care / Others*
 - Rehabilitation – Residential / Day Care/ Others*
 - Laboratory
 - Radiology
 - Pharmacy
 - Occupational therapy
 - Physiotherapy
 - Optometry
 - Chinese Medicine
- *Delete as appropriate



PART 3 – Information of Contact Person of Healthcare Service Location

Title (Mr/Mrs/Ms/Dr) **Mr.** Post Title **Manager**

Name (English) **CHAN Tai Man** Name (Chinese) **陳大文**

Telephone Number (same as above) (852) **9111 1111** Email Address **ctm@email.com**

Official Use

PPP: _____

Processed by: _____

Remark:
You may be requested to submit additional or missing information if required. Failure to provide the information requested or get the connection setup ready within 60 days after the HCP registration form is received by eHR RO, such application will be deemed unsuccessful and all related documents shall be disposed of without further notice.

Healthcare provided at Service Location (can ✓ more than one):

- General and/or specialist medical service
- Dental
- Elderly - Residential / Day Care / Others*
- Rehabilitation – Residential / Day Care/ Others*
- Laboratory
- Radiology
- Pharmacy
- Occupational therapy
- Physiotherapy
- Chinese Medicine
- _____

*Delete as appropriate

帳戶管理員

User Administrator (UA)

- **管理** 醫健通使用者帳戶
- 醫健通辦公室 與 醫健通用戶之間的**溝通橋樑**



參考資料：“電子健康紀錄互通系統用戶管理人員的角色與職責”

<https://www.ehealth.gov.hk/filemanager/content/pdf/tc/hcp/hcp-roles-and-responsibilities.pdf>



技術支援

如申請被接納，醫健通技術支援組會透過電話預約，
上門協助安裝軟件及身份證讀卡器



常見問題

<https://www.ehealth.gov.hk/tc/faq/index.html>



遞交申請

透過以下其中一種途徑遞交申請至電子健康紀錄申請及諮詢中心：



電郵：ehr@ehealth.gov.hk



郵寄：香港九龍灣展貿徑1號九龍灣國際展貿中心11樓1193室

*表格須由醫護機構的醫健通帳戶管理人遞交申請
如有需要，可聯絡電子健康紀錄申請及諮詢中心，查詢貴機構的醫健通帳戶管理人 (電話: 3467 6230)

醫護機構登記指南



主要原則

參與同意



醫護提供者及病人
均已參與醫健通

自願登記

互通同意



病人向醫護提供者給予互通
同意以取覽其電子健康紀錄



醫護提供者可以取覽及
互通病人的電子健康紀錄

病人“正接受其護理”
及“有需要知道”

妥善保管 你的用戶資料



用戶只可以自己的帳戶取覽醫健通



切勿使用他人帳戶，違例者可被檢控



醫健通用戶提示

1. 切勿透露或與他人共用自己的用戶名稱和密碼
2. 設定高強度的密碼，並定期更改
3. 妥善保管帳戶登入資料
4. 使用系統後，緊記登出
5. 如發現可疑的取覽，應立即舉報



帳戶管理人員提示

1. 為每位用戶設立個人專屬帳戶
2. 確保只有獲授權的醫護專業人員方可取覽病人的電子健康紀錄
3. 適時更新用戶資料
4. 適時終止離職者的帳戶
5. 妥善記錄及管理每位用戶的取覽權限
6. 如發現可疑的取覽，應立即舉報



https://www.ehealth.gov.hk/filemanager/content/pdf/tc/ehrss/safe_use_user_account.pdf

查詢

 病人查詢熱線	3467 6300
 醫護人員查詢熱線	3467 6230
 傳真	3467 6099
 電郵	ehr@ehealth.gov.hk
 網頁	www.ehealth.gov.hk
 地址	香港九龍灣展貿徑1號 九龍灣國際展貿中心11樓1193室