

《私營醫療機構條例草案》委員會

二零一八年三月十六日草案委員會會議的跟進事項 政府回應

目的

本文件載述政府就二零一八年三月十六日《私營醫療機構條例草案》（《條例草案》）委員會會議的跟進事項所作的回應。

在屬個人的持牌人去世時的相關事宜

2. 根據《條例草案》第 36 條，就日間醫療中心、診所或衛生服務機構而言，凡屬一名個人的持牌人去世，衛生署署長（署長）可在該條所列的條件的規限下，延遲撤銷機構的牌照，直至有關持牌人去世日期後的六個星期屆滿為止。有意見認為，在署長撤銷機構的牌照前，應有更長的延遲期間，而非只有六個星期。就此，我們會考慮是否適宜透過委員會審議階段修正案放寬這項要求，例如將延遲期間增至 12 個星期。

豁免書

3. 根據《條例草案》第 42 條，任何營辦或擬營辦小型執業診所的人，可向署長要求就該診所發出豁免書。該要求須按署長指明的格式及方式提出。要求豁免的表格旨在獲取證明診所合資格取得豁免所需的資料，並附以營辦人的相關聲明和文件證明；以及讓公眾和發牌當局能辨識豁免診所所需的資料（如診所名稱、地址和平面圖）。表格的草擬本載於**附件 A**。

4. 署長在收到根據《條例草案》第 42 條提出的要求後，如信納符合第 43(1)條所列的情況，可就有關診所發出豁免書。另一方面，如署長認為，讓提出要求的人在沒有牌照的情況下，在該診所進行有關執業並不適當，署長須拒絕發出豁免書；並須以書面將拒絕及拒絕原因，告知提出該要求的人。如提出要求的人仍希望取得豁免書，他／她可在署長指明的期間內，提供未曾向署長提交的附加資料，以供署

長作進一步考慮。無論如何，提出要求的人可就診所申請牌照，以營辦該診所。

5. 根據《條例草案》第 45 條，署長可基於第 46 條指明的理由，撤銷豁免診所的豁免。在撤銷有關豁免前，署長須向豁免診所的營辦人，給予不少於 14 日的關於撤銷意向及其理由的書面通知。營辦人可於書面通知的期間內，提供未曾向署長提交的附加資料，以供署長就是否撤銷豁免作進一步考慮。

《條例草案》中文文本中的“行止端正”

6. 根據《條例草案》第 51(c)條，私營醫療機構的醫務行政總監須屬行止端正，並具有良好品格的人。該條英文文本中“integrity”一字的中文對應詞現為“行止端正”。“行事持正”一詞出現於數條與專業有關的條例¹，我們檢視了我們的原意後，認為可採用“行事持正”，以反映身為醫務行政總監的人以該身分處事時，對其表現的要求。

對醫務行政總監的要求

7. 根據《條例草案》第 53(4)條，任何人不得同時在超過兩間日間醫療中心或診所，擔任醫務行政總監²。我們提出這項要求，是為了確保醫務行政總監能有效掌管其負責的機構的日常管理。如每名醫務行政總監可負責更多私營醫療機構，或會令人質疑醫務行政總監對私營醫療機構日常營運的監督是否充足和有效。當《條例草案》獲制定並生效後，所有私營醫療機構均須符合《私營醫療機構條例》訂明的各項規定。

8. 部分委員和持份者建議政府應考慮放寬《條例草案》第 53(4)條的規定。我們正諮詢持份者並全面評估建議的影響，以考慮是否適宜透過委員會審議階段修正案放寬這項要求。其中一個可供考慮的建議，是容許每名醫務行政總監同時負責最多三間由不同持牌人營辦的診所。

¹ 例子為《專業會計師條例》（第 50 章）和《香港醫學專科學院條例》（第 419 章）。

² 除非是第 53(5)條所指的情況。

過往費用及收費的統計數據

9. 收費透明度是改革後的私營醫療機構規管制度的其中一個重要元素。在早前進行的公眾諮詢期間，市民相當支持提高私營醫療機構的收費透明度。我們聯同香港私家醫院聯會於二零一六年十月推出一項先導計劃，提高私家醫院的收費透明度。

10. 衛生署已就先導計劃成立了專題網站（<https://www.orphf.gov.hk/Public/Enquiry/Main.aspx>）。該專題網站提供先導計劃的概要；並作為平台，就參與先導計劃的私家醫院所提供的指明治療和程序，為公眾提供收費的統計數據（例子載於**附件 B**）。

11. 我們根據公眾諮詢期間所收集的意見和從先導計劃所汲取的經驗，在《條例草案》第 61 至 63 條訂明在新制度下，持牌人須遵守的收費透明度措施。根據《條例草案》第 63 條，醫院的持牌人須公布署長指明的治療及程序的過往費用及收費的統計數據。持牌人須以署長指明的方式，公布上述過往統計數據，而採用的格式將參考上文提及的先導計劃所採用的相應格式。

推行改革後的制度

12. 為確保營辦人和醫療及牙醫專業在改革後的制度推行前有充分準備，我們在《條例草案》第 9 部訂立了過渡安排。舉例來說，在新法例制定及生效時，署長如收到現有日間醫療中心或現有診所營辦人就正式牌照的申請，並信納某些條件獲得符合，會向該營辦人發出暫准牌照。暫准牌照讓有關的日間醫療中心或診所可以繼續經營，直至《條例草案》第 136 條指明的情況出現。此外，我們會分階段落實規管制度，先規管屬風險較高類型的私營醫療機構。至於有關禁止作出某些行為及訂立相關罪行的條文，則會在我們認為公眾及持份者已準備就緒，可面對全面落實規管有關私營醫療機構類型時生效。

13. 我們有意於持份者全面掌握相關資訊和有充分準備後，才推行改革後的規管制度。我們將推行一連串的宣傳活動，如向醫生及牙醫發信、舉行有關規管要求和申請程序的簡介會、推出政府宣傳短片或聲帶，和網上宣傳等，以確保公眾和持份者全面掌握相關資訊。

食物及衛生局

衛生署

二零一八年三月



《私營醫療機構條例》(第 XXX 章) 第 42 條
PRIVATE HEALTHCARE FACILITIES ORDINANCE (CAP. XXX) SECTION 42

要求就小型執業診所發出豁免書(表格[一])
Request for Letter of Exemption for Small Practice Clinics (FORM [1])

- 注意：
Note:
- (1) 填寫本表格前，請參閱“要求就小型執業診所發出豁免書指引”(指引)。
Please read the “Guidance Notes on Request for Letter of Exemption for Small Practice Clinics” (Guidance Notes) carefully before completing this form.
- (2) 請在適當的方格內 填上「✓」號。
 Please tick the appropriate box.
- (3) *刪去不適用者。
*Delete as appropriate.

重要提示：
Important Notice:

根據《私營醫療機構條例》(第 XXX 章)第 93 條，如就此項要求作出或填報在要項上屬虛假或具誤導性的陳述或資料，即屬犯罪。
Under section 93 of the Private Healthcare Facilities Ordinance (Cap. XXX), it is an offence to furnish in this request any statement or information that is false or misleading in a material particular.

現謹根據《私營醫療機構條例》(第 XXX 章)(《條例》)第 42 條要求 就下述小型執業診所發出豁免書。

Request is hereby made for issuance of a letter of exemption for the undermentioned small practice clinic under section 42 of the Private Healthcare Facilities Ordinance (Cap. XXX) (“the Ordinance”).

第一(甲)部分 小型執業診所的詳情
Section I(A) *Particulars of the Small Practice Clinic*

- (a) 診所處所中文地址 (下稱“有關處所”)：
Address in Chinese of the Premises forming the clinic:
- _____
- _____
- (b) 診所處所英文地址：
Address in English of the Premises forming the clinic (referred to hereinafter as “the Premises”):
- _____
- _____

(c) 診所中文名稱：
Name of the clinic in Chinese:

(d) 診所英文名稱：
Name of the clinic in English:

(e) 電話號碼： 傳真號碼： 電郵地址：
Telephone number: _____ Fax number: _____ E-mail address: _____

(f) 診所由以下人士營辦 – 獨資經營人 sole proprietor
The clinic is operated by a – 合夥 partnership
公司 company

(g) 診所 於填寫表格的日期(____年____月____日)正在提供服務
The clinic is currently providing service as at the date of filling in this form
(_____)
DD MM YYYY

或 or

行將於以下日期投入服務
will commence service on
_____日_____月_____年
Day Month Year

(h) 診所執業類別： 醫科執業 medical practice 有 Yes 無 No
Type(s) of practice 牙科執業 dental practice 有 Yes 無 No
of the clinic:

(i) 就《條例》第41(1)、(2)及(3)條(c)款的規定，以下法人/個人有獨有權利使用有關處所—

For the purposes of subsections (1)(c), (2)(c) and (3)(c) of section 41 of the Ordinance, the following legal entity/individual(s) has/have the exclusive right to use the Premises

—

名稱/姓名 Name(s) :

- 獨資經營人 the sole proprietor _____
- 合夥人 partner(s) _____
- 公司董事 company director(s) _____
- 公司 the company _____

第一(乙)部分 小型執業診所的處所平面圖 (請參閱附件一的須知事項。)

Section I(B) Floor Plan of the Small Practice Clinic (Please read the Points to Note at Annex I to this form.)

請提供有關處所的平面圖及填寫以下(j)項至(l)項。申請人應在符合要求的圖則(見附件一(a)及(b)的樣本)上,清楚標示有關處所佔用範圍的界線和所有出入口以及其他所需資料。

Please provide the floor plan of the Premises and fill in items (j) to (l) below. The boundaries, entrances and other details required should be marked on a suitable floor plan (samples are at Annexes I(a) and I(b)).

- (j) 診所的處所在結構上與任何並非為在診所進行的執業所合理附帶的目的而設的處所分隔。

The Premises of the clinic are physically separated from any premises that serve a purpose not reasonably incidental to the practice carried on in the clinic.

是 Yes 否 No

- (k) 診所有直接而分開的入口,除為在診所進行的執業所合理附帶的目的而設的處所外,該入口並非與任何其他處所共用,而進入診所亦不需通過任何其他處所。

The clinic has a direct and separate entrance not shared with, or involving passing through, any premises that serve a purpose not reasonably incidental to the practice carried on in the clinic.

是 Yes 否 No

- (l) 診所是一個獨立和單獨運作的單位,可獨立發揮其功能。

The clinic is a distinct and exclusive unit and is able to perform its functions independently.

是 Yes 否 No

第二(甲)部分 營辦人如屬獨資經營人,請填報下列資料。

Section II (A) Information to be filled in by operator who is a sole proprietor

- (a) 營辦人的中文全名(須與香港身分證所示姓名相同): _____ 醫生
Full name of the operator in English (must be the same as the one shown on Hong Kong Identity Card):

Dr

Surname first, then other names

- (b) 香港身分證號碼: _____

Hong Kong Identity Card Number:

- (c) 以獨資經營人名義登記的業務名稱(中文):

Name of the sole proprietorship business registered (in Chinese):

- (d) 以獨資經營人名義登記的業務名稱 (英文):
Name of the sole proprietorship business registered (in English):

- (e) 商業登記號碼:
Business Registration Number: _____
- (f) 營辦人屬: 註冊醫生/註冊牙醫*
The operator is: a registered medical practitioner/ registered dentist*
- (g) 香港醫務委員會/香港牙醫管理委員會*註冊編號:
Medical Council of Hong Kong/ Dental Council of Hong Kong* Registration Number:

- (h) 中文住址/Residential address in Chinese (不接受郵政信箱):

- (i) 英文住址/Residential address in English (Post Office box is not accepted):

- (j) 中文通訊地址/Correspondence address in Chinese (如與以上(h)項不同):

- (k) 英文通訊地址/Correspondence address in English (if different from (i) above):

- (l) 電話號碼:
Telephone number: _____
- (m) 傳真號碼(如有):
Fax number (if any): _____
- (n) 電郵地址:
E-mail address: _____

第二(乙)部分 如診所由合夥或公司營辦，請填報下列資料。

Section II (B) *Information to be filled in if the clinic is operated by a partnership or a company*

(a) 診所由以下人士營辦： 合夥
The clinic is operated by a partnership
(請填寫(b)及(d)項。 Please fill in items (b) and (d).)

公司
a company
(請填寫(c)及(d)項。 Please fill in items (c) and (d).)

(b) 合夥資料

Particulars and contact information of the partnership

(i) 以合夥名義登記的業務名稱 (中文)：

Name of the partnership business registered (in Chinese):

(ii) 以合夥名義登記的業務名稱 (英文)：

Name of the partnership business registered (in English):

(iii) 商業登記號碼：

Business Registration Number:

(iv) 合夥通訊地址(中文) (如與第一(甲)部分(a)項不同)：

Correspondence address of the partnership in Chinese (If different from item(a) in Section I(A)):

(v) 合夥通訊地址(英文) (如與第一(甲)部分(b)項不同)：

Correspondence address of the partnership in English (If different from item(b) in Section I(A)):

(vi) 合夥電話號碼：

Telephone number of the partnership:

(vii) 合夥傳真號碼：

Fax number of the partnership:

(viii) 合夥電郵地址：

E-mail address of the partnership:

(ix) 合夥人總數：
Total number of partners: _____

(x) 聯絡人資料
Contact person

(衛生署日後會按以上所提供的聯絡資料，就與此豁免要求或小型執業診所有關的事宜與下述合夥人聯絡。)

(The Department of Health will contact the partner as stated below according to the contact information provided above for matters relating to this request or other matters about the small practice clinic.)

合夥人的中文全名：_____ 醫生

Full name of the partner in English:

Dr _____

Surname first, then other names

(c) 公司資料

Particulars and contact information of the company

(i) 公司中文名稱：_____

Name of the company in English: _____

(ii) 商業登記號碼：_____

Business Registration Number: _____

(iii) 公司註冊證明書編號：_____

Certificate of Incorporation Number: _____

(iv) 公司註冊辦事處地址(中文)/ Address of the company's registered office (Chinese): _____

(v) 公司註冊辦事處地址(英文)/ Address of the company's registered office (English): _____

(vi) 公司通訊地址(中文)/Correspondence address of the company (Chinese) (如與以上(iv)項不同)：

(vii) 公司通訊地址(英文)/Correspondence address of the company (English) (If different from item(v) above):

(viii) 公司電話號碼：
Telephone number of the
company:

(ix) 公司傳真號碼：
Fax number of the company:

(x) 公司電郵地址：
E-mail address of the
company:

(xi) 董事總人數：
Total number of directors:

(xii) 聯絡人資料
Contact person

(衛生署日後會按以上所提供的聯絡資料，就與此項豁免要求或小型執業診所有關的事宜與以下公司董事聯絡。)

(The Department of Health will contact the company director as stated below according to the contact information provided above for matters relating to this request or other matters about the small practice clinic.)

董事的中文全名：_____ 醫生

Full name of the director in English:

Dr

Surname first, then other names

- (d) 營辦人資料
Particulars of operators
(營辦人指所有合夥人或公司董事。Operators refer to each partner or company director.)

(1) 營辦人(一)
Operator (1)

- (i) 中文全名(須與香港身分證所示姓名相同)：_____ 醫生
Full name in English (must be the same as the one shown on Hong Kong Identity Card):
Dr _____
Surname first, then other names

- (ii) 香港身分證號碼： _____
Hong Kong Identity Card Number:

- (iii) 營辦人屬：註冊醫生/註冊牙醫*
The operator is: a registered medical practitioner/ registered dentist*

- (iv) 香港醫務委員會/香港牙醫管理委員會*註冊編號： _____
Medical Council of Hong Kong/ Dental Council of Hong Kong* Registration Number:

- (v) 中文住址/ Residential address in Chinese (不接受郵政信箱)： _____

- (vi) 英文住址/ Residential address in English (Post Office box is not accepted): _____

- (vii) 電話號碼： _____
Telephone number:

- (viii) 傳真號碼 (如有)： _____
Fax number (if any):

- (ix) 電郵地址： _____
E-mail address:

(2) 營辦人(二)
Operator (2)

- (i) 中文全名(須與香港身分證所示姓名相同)：_____ 醫生
Full name in English (must be the same as the one shown on Hong Kong Identity Card):
Dr _____
Surname first, then other names

(ii) 香港身分證號碼： _____
Hong Kong Identity Card Number:

(iii) 營辦人屬：註冊醫生/註冊牙醫*
The operator is: a registered medical practitioner/ registered dentist*

(iv) 香港醫務委員會/香港牙醫管理委員會*註冊編號：
Medical Council of Hong Kong/ Dental Council of Hong Kong* Registration Number:

(v) 中文住址/ Residential address in Chinese (不接受郵政信箱)：

(vi) 英文住址/ Residential address in English (Post Office box is not accepted):

(vii) 電話號碼：
Telephone number: _____

(viii) 傳真號碼 (如有)：
Fax number (if any): _____

(ix) 電郵地址：
E-mail address: _____

(3) 營辦人(三)
Operator (3)

(i) 中文全名(須與香港身分證所示姓名相同)： _____ 醫生
Full name in English (must be the same as the one shown on Hong Kong Identity Card):
Dr _____
Surname first, then other names

(ii) 香港身分證號碼： _____
Hong Kong Identity Card Number:

(iii) 營辦人屬：註冊醫生/註冊牙醫*
The operator is: a registered medical practitioner/ registered dentist*

(iv) 香港醫務委員會/香港牙醫管理委員會*註冊編號：
Medical Council of Hong Kong/ Dental Council of Hong Kong* Registration Number:

(v) 中文住址/ Residential address in Chinese (不接受郵政信箱)：

(vi) 英文住址/ Residential address in English (Post Office box is not accepted):

(vii) 電話號碼：

Telephone number: _____

(viii) 傳真號碼 (如有)：

Fax number (if any): _____

(ix) 電郵地址：

E-mail address: _____

(4) 營辦人(四)

Operator (4)

(i) 中文全名(須與香港身分證所示姓名相同)：_____ 醫生

Full name in English (must be the same as the one shown on Hong Kong Identity Card):
Dr _____

Surname first, then other names

(ii) 香港身分證號碼：

Hong Kong Identity Card Number: _____

(iii) 營辦人屬：註冊醫生/註冊牙醫*

The operator is: a registered medical practitioner/ registered dentist*

(iv) 香港醫務委員會/香港牙醫管理委員會*註冊編號：

Medical Council of Hong Kong/ Dental Council of Hong Kong* Registration Number:

(v) 中文住址/ Residential address in Chinese (不接受郵政信箱)：

(vi) 英文住址/ Residential address in English: (Post Office box is not accepted):

(vii) 電話號碼：

Telephone number: _____

(viii) 傳真號碼 (如有) :
Fax number (if any): _____

(ix) 電郵地址 :
E-mail address: _____

(5) 營辦人(五)
Operator (5)

(i) 中文全名(須與香港身分證所示姓名相同) : _____ 醫生
Full name in English (must be the same as the one shown on Hong Kong Identity Card):
Dr _____
Surname first, then other names

(ii) 香港身分證號碼 : _____
Hong Kong Identity Card Number:

(iii) 營辦人屬 : 註冊醫生/註冊牙醫*
The operator is: a registered medical practitioner/ registered dentist*

(iv) 香港醫務委員會/香港牙醫管理委員會*註冊編號 :
Medical Council of Hong Kong/ Dental Council of Hong Kong* Registration Number:

(v) 中文住址/ Residential address in Chinese (不接受郵政信箱) :

(vi) 英文住址/ Residential address in English (Post Office box is not accepted):

(vii) 電話號碼 :
Telephone number: _____

(viii) 傳真號碼 (如有) :
Fax number (if any): _____

(ix) 電郵地址 :
E-mail address: _____

第三部分 營辦人聲明
Section III Declaration of Operator

本人 / 吾等* 謹此聲明：
I / We* declare that -

1. 據本人所知，本表格內所填報的資料均屬真確無訛。本人 / 吾等*亦已閱讀並同意附件二內之「收集個人資料聲明」。

The information in this form is true and correct to the best of my knowledge. I / we* have read and agree to the “Personal Information Collection Statement” in Annex II.

2. 本表格所填報的診所(“本診所”)是用作或擬用作向病人提供不設住宿的醫療服務的用途。以下醫療程序不會在本診所內施行：

The clinic to which this form relates (“this Clinic”) is used, or intended to be used, for providing medical services to patients without lodging. The medical procedures below are not/will not be carried out in this Clinic:

- (a) 屬於《條例》附表 2 第 2 欄(但非第 3 欄)所描述的醫療程序
Medical procedures described in Column 2 of Schedule 2 of the Ordinance, but not described in Column 3 of Schedule 2
- (b) 於任何根據《條例》發出的實務守則中指明只可在醫院內施行的任何醫療程序
Any medical procedure specified in any code of practice issued in accordance with the Ordinance as procedures that may only be carried out in a hospital
- (c) 有可能要求病人持續逗留在診所超過 12 小時的醫療程序。
Medical procedures that may require continuous confinement of the patient within the clinic for more than 12 hours.

3. 本診所內的任何房間、單位或部分，均沒有應用包含“手術室”、“手術房”、“手術間”、“operating room”、“operation room”、“operating theatre”或“operation theatre”或相類詞語字樣的名稱或描述。

None of the rooms, units or sections of this Clinic bears a name or description that includes the expression “operating room”, “operation room”, “operating theatre”, “operation theatre”, “手術室”, “手術房” or “手術間”, or a similar expression.

4. [只適用於合夥及公司營辦人]
[Applicable to partnership operators or company operators only]
除第二(乙)部分填報的合夥人 / 董事*以外，本合夥 / 公司*並無其他合夥人 / 董事*。

There is no other partner / director* in the partnership / company* apart from those set out in Section II(B).

5. 在任何公曆年中，因本人 / 本合夥的一名合夥人 / 本公司的一名董事*不在本診所，而由另一名註冊醫生 / 註冊牙醫*在本診所負起其職責的總日數不會超過 60 日。

The total number of days for which another registered medical practitioner / registered dentist* takes up my duties / the duties of a partner of the partnership / a director of a company* in this Clinic because of my / their* absence from this Clinic will not exceed 60 days in a calendar year.

6. [只適用於合夥及公司營辦人]

在任何公曆年中，由其他註冊醫生或註冊牙醫負起營辦本診所的有關合夥人 / 董事*的職責的總計日數不會超過 180 日。

[Applicable to partnership operators or company operators only]

The aggregate number of days for the taking up of duties by other registered medical practitioner(s) or registered dentist(s) for the partners / directors* operating this Clinic will not exceed 180 days in a calendar year.

7. 除第 5 及 6 項所指的情況外，並無本人 / 本合夥的合夥人 / 本公司的董事*以外的其他註冊醫生或註冊牙醫在本診所應診。

There are no registered medical practitioner(s) / registered dentist(s) serving this Clinic other than the sole proprietor / partners / company directors*, apart from the situations described in items 5 and 6.

8. 除本表格第一(甲)部分(i)項所填報的法人 / 個人外，並無其他法人 / 個人具獨有權利使用有關處所。

Apart from the legal entity / individual(s) stated in item (i) of Section I(A) of this form, no other legal entity / individuals have the exclusive right to use the Premises of this Clinic.

9. 隨本表格遞交的平面圖已如實反映本診所處所身處大廈樓層的正確位置，並已清晰顯示處所佔用範圍的界線及所有出入口。(對營辦人的提示：有關標示診所處所佔用範圍的界線及所有出入口的平面圖則樣本，請參考附件一(a)及(b))

The floor plan submitted together with this form has accurately represented the actual location of the Premises in the located floor(s) of the building and clearly shown the delineation and all entrances of the Premises. (Note to operator: please refer to Annexes I(a) and I(b) for samples of floor plans showing the boundaries and entrances of the premises of the clinic)

10. 有關處所用作診所用途是符合相關的政府租契條款的。本人 / 吾等*明白此乃本人 / 吾等*的責任確保有關處所的用途符合任何有關條例及規例。

The use of the Premises as a clinic complies with the conditions of the Government lease concerned and I / we* understand that it is my / our* responsibility to ascertain that the use of the Premises is in compliance with any relevant Ordinances and Regulations.

11. 本人 / 吾等*明白根據《條例》第 93 條的規定，任何人在本豁免要求中作出或填報在要項上屬虛假或具誤導性的陳述或資料，即屬犯罪。

I / We* understand that according to section 93 of the Ordinance, any person who furnishes in this request any statement or information that is false or misleading in a material particular, commits an offence.

營辦人如屬獨資經營人：

If the operator is a sole proprietor:

簽署：

Signature: _____

營辦人姓名：

Name of operator: _____

日期：

Date: _____

如診所由合夥或公司營辦，所有合夥人或董事必須填寫和簽署：

If the clinic is operated by a partnership or a company, all partners or directors must complete and sign:

合夥人 / 董事*(一) 簽署：

Signature of partner / director*(1): _____

姓名：

Name: _____

日期：

Date: _____

合夥人 / 董事*(二) 簽署：

Signature of partner / director*(2): _____

姓名：

Name: _____

日期：

Date: _____

合夥人 / 董事*(三) 簽署：

Signature of partner / director*(3): _____

姓名：

Name: _____

日期：

Date: _____

合夥人 / 董事*(四) 簽署：
Signature of partner / director*(4):

姓名：
Name:

日期：
Date:

合夥人 / 董事*(五) 簽署：
Signature of partner / director*(5):

姓名：
Name:

日期：
Date:

*刪去不適用者
*Delete as appropriate

合夥或公司印鑑
Chop of partnership or company

填寫表格(一)第一部分(j)至(l)項須知事項
Points to note on items (j) to (l) in Section I of Form 1

1. 根據《條例》第 66(3)條，豁免診所的營辦人須確保，該診所是一個獨立和單獨運作的單位，並能夠獨立發揮其功能。

Under section 66(3) of the Ordinance, the operator of an exempted clinic must ensure that the clinic is a distinct and exclusive unit and is able to perform its functions independently.

2. 根據《條例》第 66(2)條，凡任何處所並非為在豁免診所進行的執業所合理附帶的目的而設，則豁免診所的營辦人須確保豁免診所的處所在結構上與該等處所分隔。(有關何謂符合第 66 條的處所之說明，請參閱附件一(a)及(b)的處所平面圖則樣本。)

Under section 66(2) of the Ordinance, the operator of an exempted clinic must ensure that the premises of the clinic is physically separated from any premises that does not serve a purpose reasonably incidental to the practice carried on in the clinic. *(Please refer to the samples at Annexes I(a) and I(b) for examples of premises that are considered to have met the requirements under section 66.)*

3. 根據《條例》第 67(2)條，豁免診所的營辦人亦須確保診所有直接而分開的入口，除為在診所進行的執業所合理附帶的目的而設的處所外，該入口並非與任何其他處所共用，而進入診所亦不需通過任何其他處所。(有關何謂符合第 67 條的處所，請參閱附件一(a)及(b)的處所平面圖則樣本。)

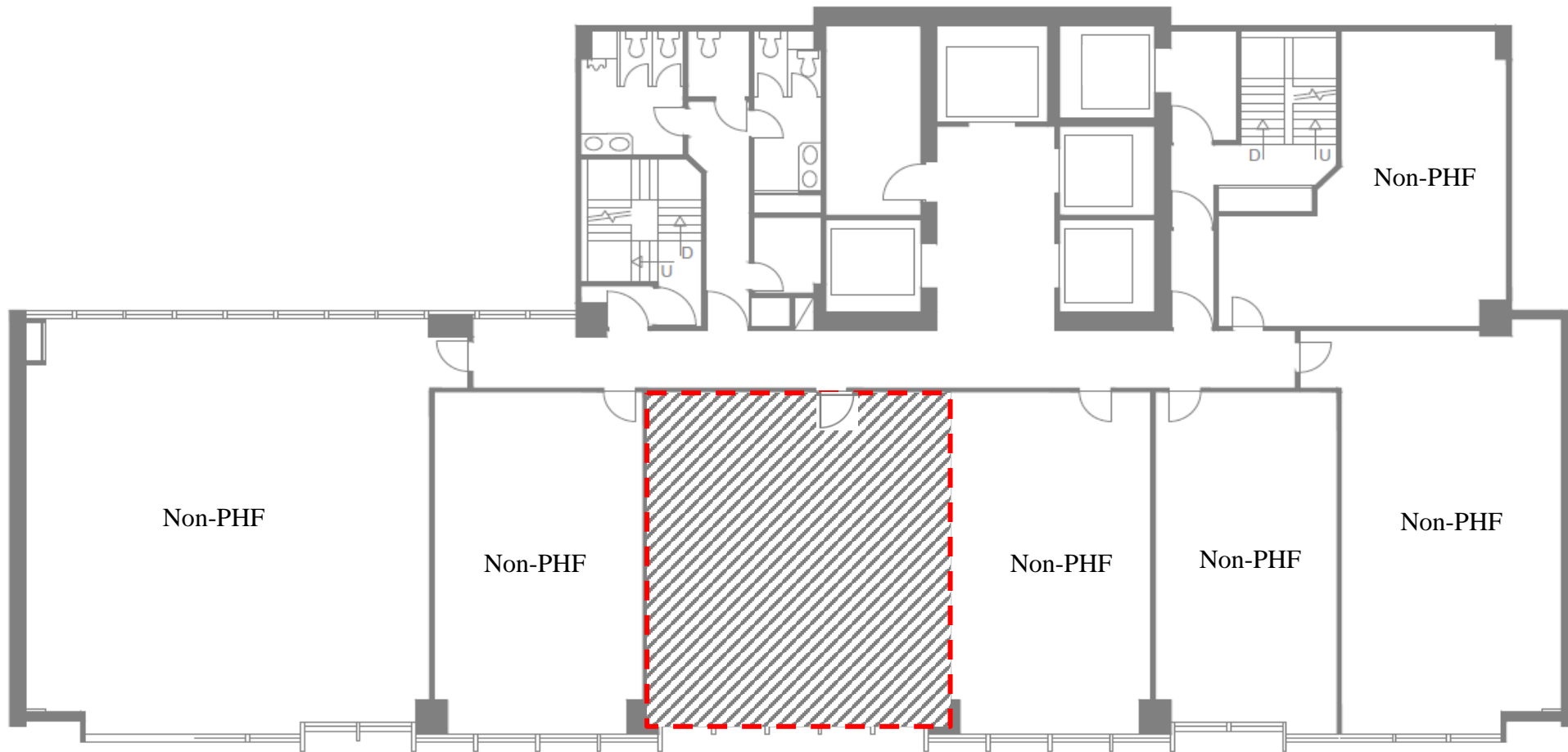
Under section 67(2) of the Ordinance, the operator of the exempted clinic must also ensure that the clinic has a direct and separate entrance not shared with, or involving passing through, any premises that does not serve a purpose reasonably incidental to the practice carried on in the clinic. *(Please refer to the samples at Annexes I(a) and I(b) for examples of premises that are considered to have met the requirements under section 67.)*

4. 有關處所用作診所用途須符合有關處所的政府租契條款。營辦人亦有責任去確保有關處所的用途符合任何有關條例及規例。

The use of the Premises as a clinic must be in compliance with the conditions of the Government lease applicable to the land where the Premises located and it is the responsibility of the operator(s) to ascertain that the use of the Premises is in compliance with any relevant Ordinances and Regulations.

5. 如有關處所未能符合上述第 1 至 3 項要求，有關豁免要求不會獲批准。營辦人應考慮申請診所牌照及/或按衛生署署長在《條例》第 135(6)(b)條下指明的期間，申請診所暫准牌照。

If the requirements set out in items 1 to 3 are not met, the request will not be approved and the operators should consider applying for a clinic licence and/or, during the specified period specified by the Director of Health under section 135(6)(b) of the Ordinance, a provisional clinic licence.



圖例



擬獲豁免的診所範圍



此標誌已顯示所有可進出處所的门/開口
 * 診所的所有邊界均不是可移動間牆、簾幕或開口
 (已清楚標示的出入口除外)

Non-PHF

並非為在診所進行的執業所合理附帶的目的而設的處所

診所名稱： [ABC 診所]

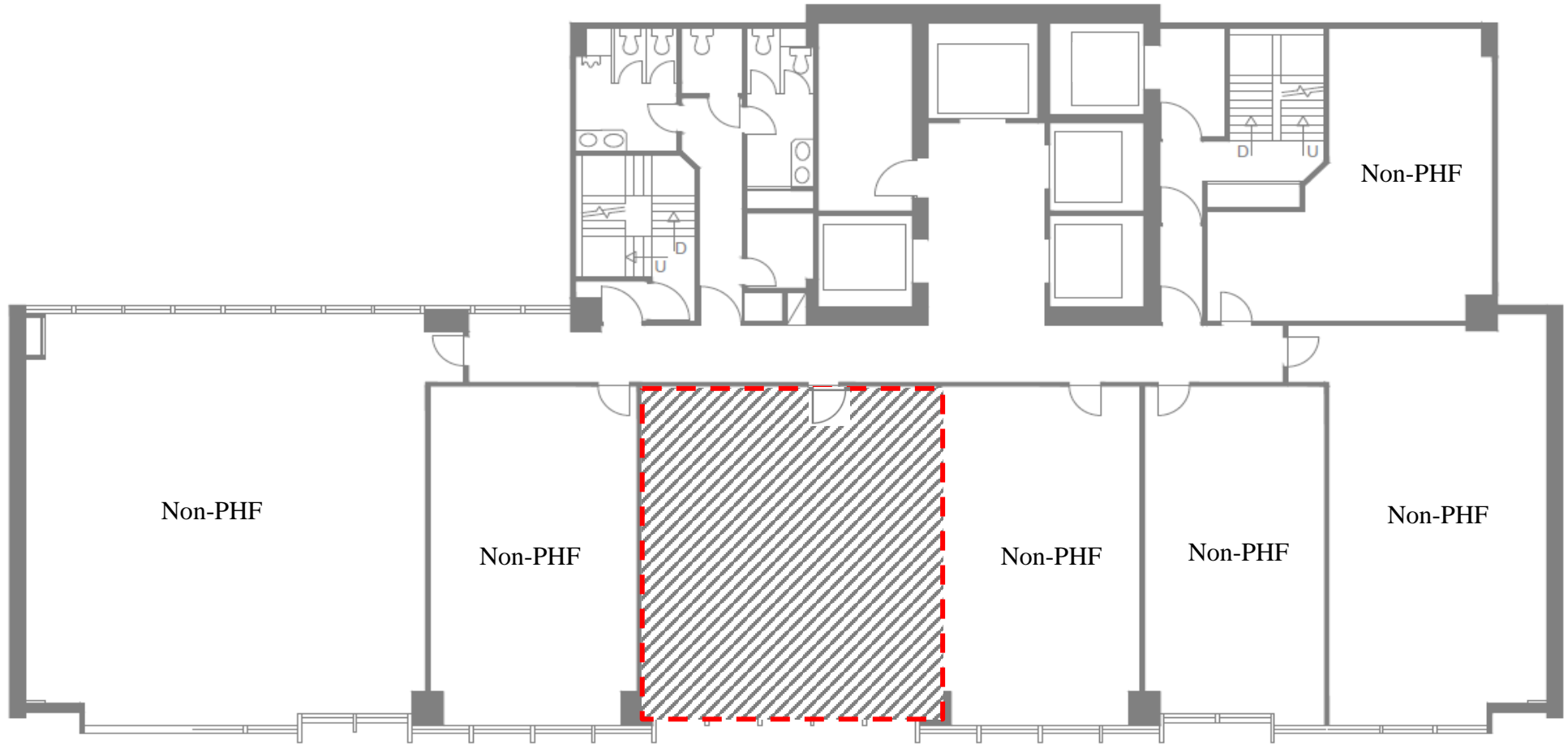
診所地址：[九龍彌敦街 12 號 XYZ 大廈 12 樓 1203 室]

獨資經營人、所有合夥人或所有公司董事姓名及簽署：

[陳大文 *Chau Tai Man*]

日期：[20XX 年 1 月 31 日]

Sample floor plan (1) for showing the boundaries and entrances of the Premises



Legend



Area demarcated for clinic to be exempted



All doors/openings leading into the Premises have been indicated using this symbol

* All boundaries are not movable partition, curtain or openings (except for entrance(s) which is/are clearly indicated)

Non-PHF

other premises not serving a purpose reasonably incidental to the practice carried on in the clinic

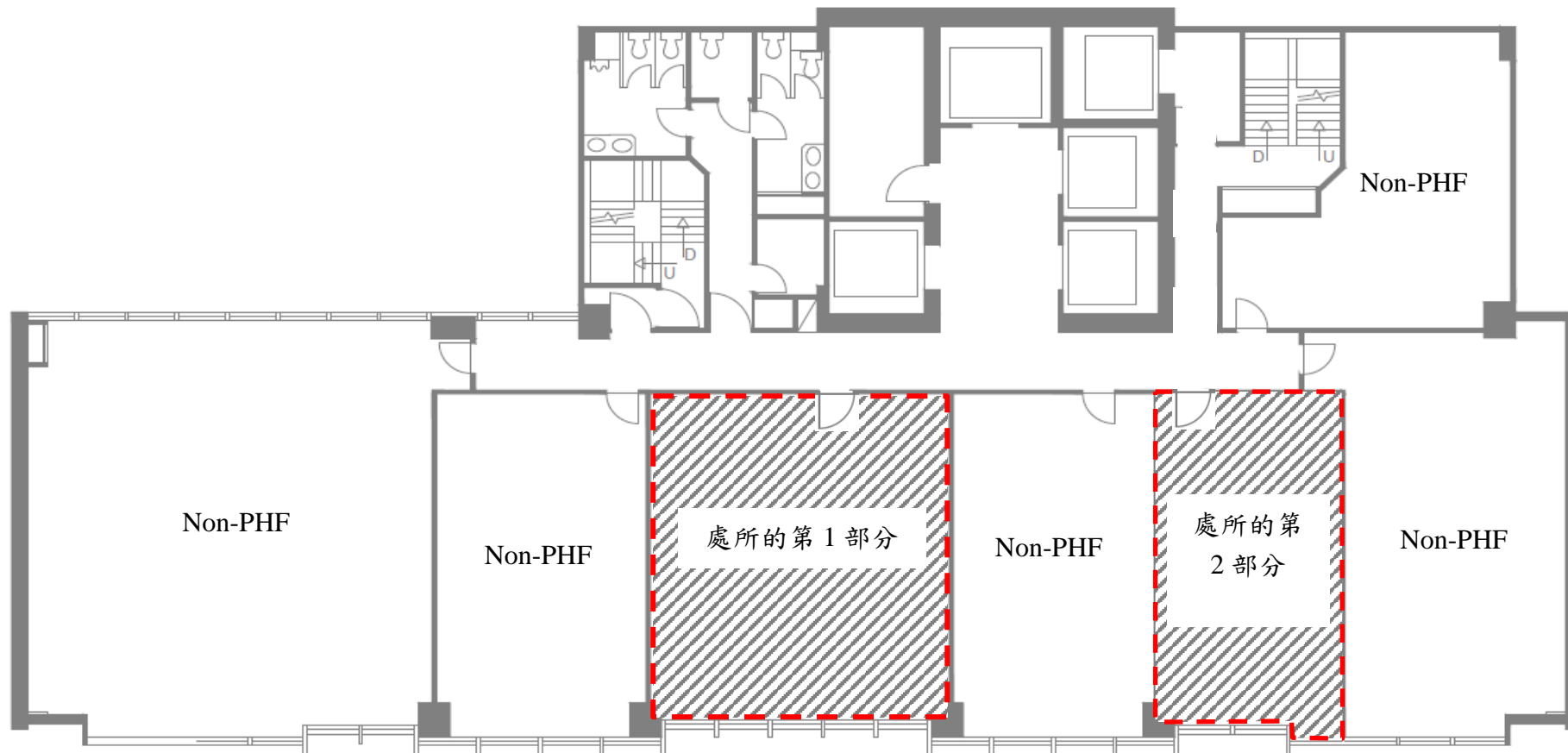
Name of Clinic : [ABC Clinic]

Address of Clinic : [Room 1203, 12/F, XYZ House, 12 Nathan Street, Kowloon]

Name(s) & Signature(s) of the sole proprietor, each of the partners or each of the company directors :

[CHAN Tai Man *Chan Tai Man*]

Date : [31 Jan 20XX]



圖例



擬獲豁免的診所範圍



此標誌已顯示所有可進出處所的门/開口
* 診所的所有邊界均不是可移動間牆、簾幕或開口(已清楚標示的出入口除外)

Non-PHF

並非為在診所進行的執業所合理附帶的目的而設的處所

本人謹此聲明-

處所的第 1 部分及第 2 部分成為一體，使機構以單一機構形式運作。它們的功能分述如下-

第一部分：[診症室]

第二部分：[接待處及藥房]

診所名稱： [ABC 診所]

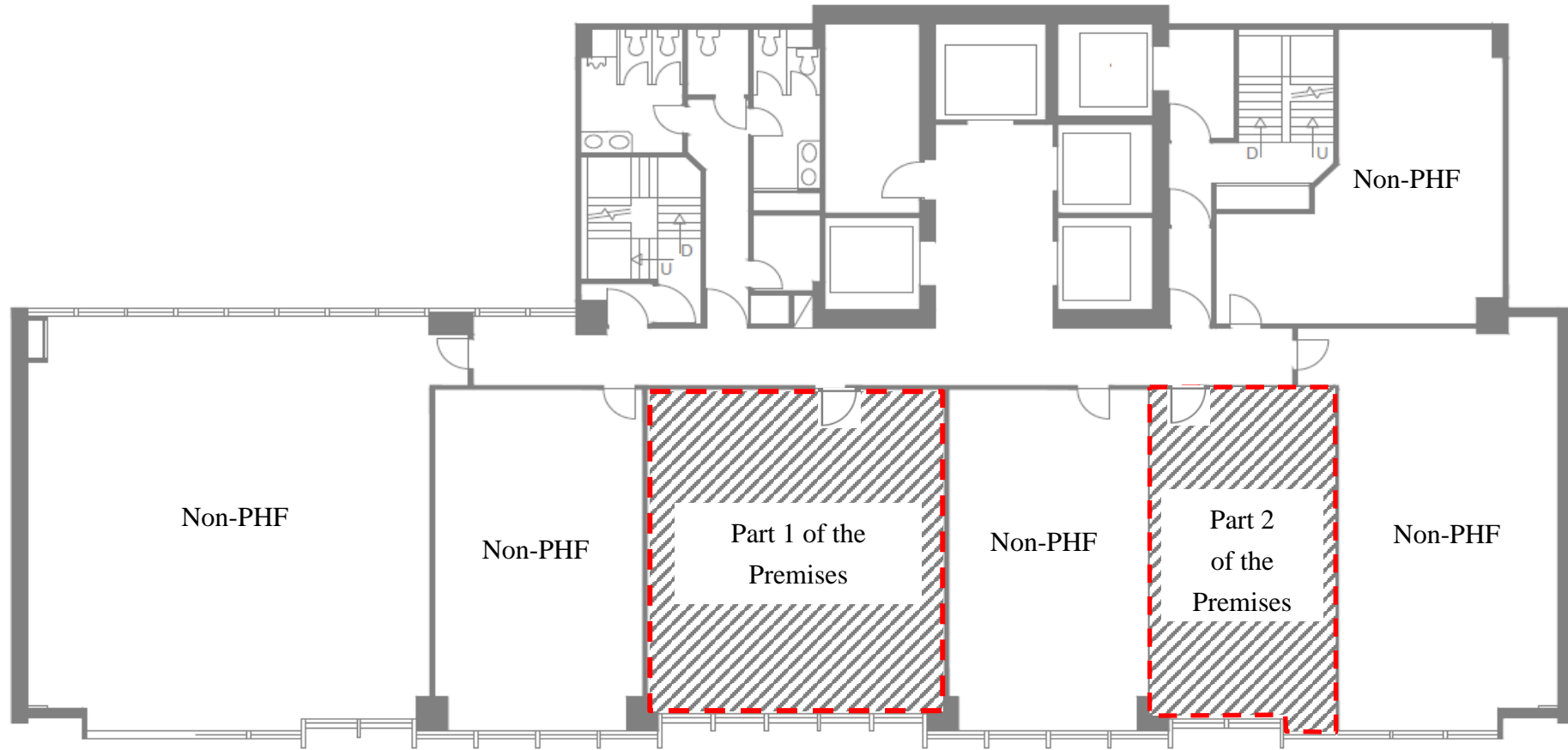
診所地址：
[九龍彌敦街 12 號 XYZ 大廈 12 樓 1203 及 1205 室]

獨資經營人、所有合夥人或所有公司董事姓名及簽署：

[陳大文 *Chen Tai Man*]

日期：[20XX 年 1 月 31 日]

Sample floor plan (2) for showing the boundaries and entrances of the Premises



Legend



Area demarcated for clinic to be exempted



All doors/openings leading into the Premises have been indicated using this symbol

* All boundaries are not movable partition, curtain or openings (except for entrance(s) which is/are clearly indicated)

Non-PHF

Other premises not serving a purpose reasonably incidental to the practice carried on in the clinic

I declare that Part 1 and Part 2 of the Premises form a distinct whole for the facility to function as a single entity and their respective functions are as follows –

Part 1 : [Consultation Rooms]

Part 2 : [Reception and Pharmacy]

Name of Clinic : [ABC Clinic] _____

Address of Clinic : [Rooms 1203&1205, 12/F, XYZ House, 12 Nathan Street, Kowloon]

Name(s) & Signature(s) of the sole proprietor, each of the partners or each of the company directors:

[CHAN Tai Man *Chan Tai Man*]

Date : [31 Jan 20XX] _____

收集個人資料聲明
Personal Information Collection Statement

收集資料的目的

Purpose of Collection

1. 衛生署在處理你就小型執業診所要求發出豁免書的過程中，向你收集個人資料。你所提供的資料，除用作處理你的要求外，也會由衛生署用作以下用途：

The Department of Health (DH) collects personal data during the course of processing your **request for a letter of an exemption for a small practice clinic**. The personal data provided will also be used by DH for the following purposes:-

- (a) 執行《條例》；
facilitating the execution of the Ordinance;
- (b) 根據《條例》第 107 條設立和備存登記冊供公眾查閱；及
establishing and maintaining a register under section 107 of the Ordinance for public inspection; and
- (c) 為執行《條例》而作出不會顯示任何個人資料的統計。
preparing statistics for the purposes of implementing the Ordinance without showing any personal data.

2. 如你未能提供所需的資料，或所填寫的資料未能清楚顯示有關診所符合要求豁免的資格，衛生署可能無法處理有關要求。

If you fail to provide the required information or the submitted information fails to clearly indicate that the clinic is eligible for an exemption, DH may be unable to process the request.

接受轉介人的類別

Classes of Transferees

3. 你所提供的個人資料，主要由本署內部使用，但亦可能於有所需要時，按以上第 1 項所列形式及目的向其他政府決策局／部門或有關人士披露。

The personal data you provided are mainly for use within DH but they may also be disclosed to other Government bureaux/departments or relevant parties in the form and for the purposes mentioned in item 1 above, if required.

查閱個人資料

Access to Personal Data

4. 根據《個人資料(私隱)條例》(第486章)第18條及22條以及附表1第6原則所述，你有權查閱及修正個人資料，包括有權取得你於以上第1項所述情況下所提供的個人資料的副本。本署應查閱資料要求而提供資料時，可能會徵收費用。

You have the right of access and correction with respect to your personal data as provided for in Sections 18 and 22 of and Principle 6 of Schedule 1 to the Personal Data (Privacy) Ordinance (Cap. 486). Your right of access includes the right to obtain a copy of your personal data provided under item 1. A fee may be imposed for complying with such a data access request.

查詢

Enquires

5. 有關所提供個人資料（包括查閱及/或修正資料）的查詢，應送交：

Enquiries concerning personal data provided, including the making of a request for access to and/or corrections of the personal data, should be addressed to:

香港鯉魚涌太古灣道14號
太古城中心3期4樓402室
衛生署
私營醫療機構規管辦事處
高級行政主任（私營醫療機構）
(電話查詢：3107 8451)

Senior Executive Officer (PHF)
Office for Regulation of Private Healthcare Facilities
Department of Health
Room 402, 4/F Cityplaza 3
14 Taikoo Wan Road
Quarry Bay, Hong Kong
(Enquiry Telephone Number : 3107 8451)

提交文件清單
Checklist of Documents

請在適當的方格內加上「✓」號並提供指定的項目。
Please tick as appropriate and provide the required items.

項目 編號 Item No.	適用於所有營辦人 Applicable to all Operators:	由營辦人填寫 Checked by Operator	供內部填寫 Official Use Only
1.	已填妥、簽署(及蓋章,如適用)的要求豁免表格 Completed request form which has been signed (and stamped, if applicable)	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
2.	由香港醫務委員會或香港牙醫管理委員會發予營辦人(即獨資經營人、每名合夥人或每名公司董事)的最新周年執業證明書副本 Copy of the latest Annual Practising Certificate of the operator (i.e. the sole proprietor, each of the partners or each of the directors) issued by the Medical Council of Hong Kong or the Dental Council of Hong Kong	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
3.	由稅務局局長發出有關診所的商業登記證的副本 Copy of the Business Registration Certificate from the Commissioner of Inland Revenue in relation to the Clinic	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
4.	營辦人(如診所由合夥或公司營辦,每名合夥人或公司董事)的聲明書 (附件四) Declaration by operator (each partner or director in the case of partnership or company operator) (Annex IV)	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
5.	顯示診所位置的平面圖(詳情請參閱附件一(a)及(b)的樣本) Floor plan showing the location of the clinic (Please refer to the sample floor plans at Annexes I(a) and I(b) for details)	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted

項目 編號 Item No.	如診所是由公司營辦的： If the clinic is operated by a company:	由營辦人填寫 Checked by Operator	供內部填寫 Official Use Only
6.	由公司註冊處發出之公司註冊證明書副本 Copy of Certificate of Incorporation of the company issued by the Companies Registry	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
7.	董事名單副本 (例如由公司註冊處所發之表格 NAR1) Copy of Director's List (e.g. "Form NAR1" from Companies Registry)	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
8.	董事的香港身分證副本 Copy of every director's Hong Kong Identity Card(s)	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
如診所是由合夥營辦的： If the clinic is operated by a partnership:			
9.	合夥人名單副本(由商業登記署所發之表格 1(c)) Copy of Partners' List (e.g. "Form 1(c)" from Business Registration Office)	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
10.	合夥人的香港身分證副本 Copy of every partner's Hong Kong Identity Card(s)	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted
如診所由個人獨資經營： If the operator is a sole proprietor:			
11.	獨資經營人的香港身份證副本 Copy of Hong Kong Identity Card of the sole proprietor	<input type="checkbox"/> 已提交 Submitted	<input type="checkbox"/> 已提交 Submitted

認收信
Acknowledgment letter

(只供內部填寫)
(Official use only)

致:

To : _____

本辦事處已收到 _____ [營辦人名稱] _____ 於 _____ 年 _____ 月 _____ 日 提交有關 _____ [小型執業診所名稱] _____ 豁免受《私營醫療機構條例》(第 XXX 章)第 10(1)條規範的要求。如有需要，本辦事處職員或會在處理有關要求的過程中聯絡有關營辦人，要求提供補充文件或澄清已提供的資料。

The Office for Regulation of Private Healthcare Facilities acknowledges receipt of the request for exemption from the requirement under section 10(1) of the Private Healthcare Facilities Ordinance (Cap. XXX) for _____ [Name of the small practice clinic] _____ by _____ [Name of the operator] _____ dated _____. During the processing of the request, our staff may contact the operators for supplementary information or clarification on information provided if necessary.

如有任何查詢，請致電 xxxx xxxx。

For any enquiries, please contact xxxx xxxx.

[Official Chop of ORPHF]

衛生署私營醫療機構規管辦事處

Office for Regulation of Private Healthcare Facilities,
Department of Health

日期:

Date: _____

營辦人[#]根據《私營醫療機構條例》(第 XXX 章)就小型執業診所要求豁免的聲明
Declaration by the operators[#] on request for exemption for a small practice clinic
under the Private Healthcare Facilities Ordinance (Cap.XXX)

本人謹此聲明：
I declare that –

(a) 現時本人以下列身分(不論何種身分)–

- (i) 豁免診所的獨資經營人；
 - (ii) 營辦/擬營辦豁免診所的合夥的合夥人；
 - (iii) 營辦/擬營辦豁免診所的公司的董事；
- 營辦/擬營辦以下已獲豁免的其他小型執業診所：

Other small practice clinics for which an exemption is in force and are operated/ are intended to be operated by me for the time being, in any of the following capacities,

- (i) The sole proprietor of an exempted clinic;
- (ii) A partner of a partnership operating/ intending to operate an exempted clinic;
- (iii) A director of a company operating/ intending to operate an exempted clinic;

are listed below –

(1) 診所名稱： _____
Name: _____

豁免書編號： _____
Letter No.: _____

處所英文地址/ Address of the premises in English :

處所中文地址/ Address of the premises in Chinese :

(2) 診所名稱： _____
Name: _____

豁免書編號：
Letter No.: _____

處所英文地址/ Address of the premises in English :

處所中文地址/ Address of the premises in Chinese :

(b) 現時本人正/擬以下列身分(不論何種身分)–

- (i) 豁免診所的獨資經營人；
 - (ii) 營辦/擬營辦豁免診所的合夥的合夥人；
 - (iii) 營辦/擬營辦豁免診所的公司的董事；
- 要求就以下 **其他** 小型執業診所發出豁免書：

Other small practice clinics for which an exemption is under request and are operated/ are intended to be operated by me for the time being, in any of the following capacities,

- (i) The sole proprietor of an exempted clinic;
 - (ii) A partner of a partnership operating/ intending to operate an exempted clinic;
 - (iii) A director of a company operating/ intending to operate an exempted clinic;
- are listed below –

(1) 診所名稱： _____
Name: _____

處所英文地址/ Address of the premises in English :

處所中文地址/ Address of the premises in Chinese :

(2) 診所名稱： _____
Name: _____

處所英文地址/ Address of the premises in English :

處所中文地址/ Address of the premises in Chinese :

如小型執業診所由/擬由以下人士營辦—

If the small practice clinic is operated/ is intended to be operated by –

- (i) 以獨資經營人身分營辦/擬營辦該診所的個人，則由該個人填寫及簽署聲明書；
an individual as the sole proprietor, the declaration is to be completed and signed by the individual;
- (ii) 合夥，則每名合夥人均須分別填寫及簽署一份聲明書；及
a partnership, the declaration is to be completed by each of the partners of the partnership respectively; and
- (iii) 公司，則每名董事均須分別填寫及簽署一份聲明書。
a company, the declaration is to be completed by each of the directors of the company respectively.

*刪去不適用者 Delete as appropriate

簽署：
Signature: _____

獨資經營人/合夥人/公司董事*姓名：
Name of sole proprietor/ partner(s)/ director(s)*: _____

日期：
Date: _____

提高私家醫院收費透明度的先導計劃

住院手術

報告時期：2016年01月01日 - 2016年12月31日

剖腹分娩的統計數據 (住院手術)

醫院 ▲	全年出院人數 (範圍)	平均住院日數	醫生費 (港幣\$)		醫院費 (港幣\$)		總收費 (港幣\$)	
			百分位數		百分位數		百分位數	
			第五十	第九十	第五十	第九十	第五十	第九十
嘉諾撒醫院	101 - 200	4.4 日	\$ 43,250	\$ 53,680	\$ 30,778	\$ 34,284	\$ 74,028	\$ 87,964
香港滙安醫院 - 司徒拔道	30 - 100	4.1 日	\$ 49,000	\$ 71,300	\$ 32,836	\$ 35,801	\$ 81,836	\$ 107,101
香港滙安醫院 - 荃灣	>200	4.5 日	\$ 34,000	\$ 36,000	\$ 25,341	\$ 29,737	\$ 59,341	\$ 65,737
香港浸信會醫院	>200	3.9 日	\$ 38,850	\$ 50,490	\$ 31,063	\$ 46,994	\$ 69,913	\$ 97,484
香港養和醫院有限公司	>200	5.5 日	\$ 44,250	\$ 65,200	\$ 30,257	\$ 40,903	\$ 74,507	\$ 106,103
明德醫院 (明德國際醫院)	30 - 100	4.6 日	\$ 78,500	\$ 83,200	\$ 44,269	\$ 63,079	\$ 122,769	\$ 146,279
黃血醫院 (明愛)	>200	3.4 日	\$ 24,000	\$ 28,600	\$ 26,647	\$ 31,762	\$ 50,647	\$ 60,362
聖保祿醫院	>200	4.0 日	\$ 49,000	\$ 51,200	\$ 22,776	\$ 39,988	\$ 71,776	\$ 91,188
聖德肋撒醫院	>200	4.3 日	\$ 28,500	\$ 34,400	\$ 28,826	\$ 32,610	\$ 57,326	\$ 67,010
仁安醫院	>200	5.6 日	\$ 29,000	\$ 31,000	\$ 30,060	\$ 36,150	\$ 59,060	\$ 67,150