

**立法會**  
**Legislative Council**

LC Paper No. CB (2)1963/14-15  
(These minutes have been seen  
by the Administration)

Ref : CB2/BC/6/13

**Bills Committee on Electronic Health Record Sharing System Bill**

**Minutes of the sixth meeting**  
**held on Tuesday, 29 July 2014, at 10:45 am**  
**in Conference Room 3 of the Legislative Council Complex**

**Members present** : Hon Charles Peter MOK, JP (Chairman)  
Hon Emily LAU Wai-hing, JP  
Prof Hon Joseph LEE Kok-long, SBS, JP, PhD, RN  
Dr Hon LEUNG Ka-lau  
Hon Alan LEONG Kah-kit, SC  
Hon WU Chi-wai, MH  
Hon CHAN Han-pan, JP  
Hon Alice MAK Mei-kuen, JP  
Dr Hon KWOK Ka-ki  
Dr Hon Fernando CHEUNG Chiu-hung  
Ir Dr Hon LO Wai-kwok, BBS, MH, JP

**Members absent** : Hon Cyd HO Sau-lan, JP  
Hon CHEUNG Kwok-che  
Dr Hon Helena WONG Pik-wan  
Dr Hon Elizabeth QUAT, JP

**Public Officers attending** : Item I  
Mr Sidney CHAN, JP  
Head (eHealth Record)  
eHealth Record Office  
Food and Health Bureau

Ms Ida LEE  
Deputy Head (eHealth Record)  
eHealth Record Office  
Food and Health Bureau

Dr N T CHEUNG  
Consultant (eHealth)  
eHealth Record Office  
Food and Health Bureau

Mrs Juliet CHENG  
Chief Systems Manager (eHealth Record)  
eHealth Record Office  
Food and Health Bureau

Dr W N WONG  
Senior Health Informatician (eHealth Record) Special Duties  
eHealth Record Office  
Food and Health Bureau

Mr Patrick YEUNG  
Senior Government Counsel  
Department of Justice

Ms Carmen CHAN  
Government Counsel  
Department of Justice

**Attendance** : Office of the Privacy Commissioner for Personal Data  
**by invitation**

Mr Allan CHIANG  
Privacy Commissioner for Personal Data

Ms Lavinia CHANG  
Deputy Privacy Commissioner for Personal Data

Ms Sandra LIU  
Senior Legal Counsel

**Clerk in** : Ms Maisie LAM  
**attendance** Chief Council Secretary (2) 5

**Staff in attendance** : Miss Carrie WONG  
Assistant Legal Adviser 4

Ms Janet SHUM  
Senior Council Secretary (2) 5

Ms Michelle LEE  
Legislative Assistant (2) 5

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Action

**I. Meeting with the Office of the Privacy Commissioner for Personal Data and the Administration**

[File Ref.: FH CR 1/1/3781/10, LC Paper Nos. CB(2)1515/13-14(01), CB(2)1551/13-14(01), CB(2)1580/13-14(03), CB(2)1775/13-14(02), CB(2)1873/13-14(01), CB(2)2045/13-14(01) to (03), CB(2)2065/13-14(01), CB(2)2078/13-14(01), CB(2)2130/13-14(01) and CB(3)575/13-14]

The Bills Committee deliberated (index of proceedings attached at **Annex**).

Admin

2. The Bills Committee requested the Administration to -

- (a) in respect of clause 38 on access to and correction of data or information contained in the electronic health record ("eHR") of a registered healthcare recipient ("HCR"),
  - (i) provide inference of cases that the authorization in writing for a person to make a data access request ("DAR") or a data correction request ("DCR") for a registered HCR might give rise to possible abuse by dishonest employers or insurers;
  - (ii) provide information on the safeguards against abuse by dishonest persons of the authorization in writing for a person to make a DAR or DCR as currently provided for under the laws of Hong Kong; and
  - (iii) given that it was beyond the Guardianship Board's jurisdiction to grant an order to enable parents to become guardians of their mentally handicapped grown-up children who did not fall within the definition of "mentally

Action

incapacitated person" in the Mental Health Ordinance (Cap. 136) for the purpose of making a DAR or DCR in respect of their children's health records and the mentally handicapped grown-up children did not have the capacity to authorize their parents to do so, advise how the Administration would address the issue so as to enable these parents to make these requests on behalf of their children;

- (b) provide an assessment on the technical feasibility for the Electronic Health Record Sharing System ("eHRSS") to accommodate an HCR's or a substitute decision maker of an HCR's opting out from being taken as having given a sharing consent to the Department of Health and to the Hospital Authority when giving a joining consent to facilitate members' further consideration of whether clause 16 should be so amended; and
- (c) provide the proposed draft Committee Stage amendments to the Bill on the following for discussion at the next meeting -
  - (i) add a provision to reflect the "need-to-know" spirit that among the staff employed by a prescribed healthcare provider ("HCP") with sharing consent, only relevant healthcare professionals could have access to the relevant parts of eHR kept in eHRSS;
  - (ii) amend clause 20 to subject Government bureaux or departments to similar criteria on the provision of healthcare as required of other HCPs for registration for eHRSS under clause 17; and
  - (iii) subject to the availability of adequate safeguards referred to in paragraph (a)(ii) above, delete clause 38 to avoid modifying the definition of "relevant person" under section 17A of the Personal Data Privacy Ordinance (Cap. 486) so that a registered HCR might authorize a person in writing to make a DAR or DCR in respect of his/her eHR kept in eHRSS.

**II. Any other business**

3. Members agreed to invite the Privacy Commissioner for Personal Data ("PCPD") to attend the next meeting of the Bills Committee to be scheduled in

Action

late September or early October 2014 to further exchange views with members on issues relating to privacy protection in eHRSS. The Chairman said that he would work out with the Clerk on the meeting arrangements and members would be informed of the details in due course.

*(Post-meeting note: The seventh and eighth meeting of the Bills Committee for meeting with the Administration, and for meeting with the Office of PCPD and the Administration has been scheduled for 14 October 2014 at 4:30 pm and 11 November 2014 at 4:30 pm respectively.)*

4. There being no other business, the meeting ended at 12:43 pm.

Council Business Division 2  
Legislative Council Secretariat  
24 July 2015

**Proceedings of the sixth meeting of  
the Bills Committee on Electronic Health Record Sharing System Bill  
held on Tuesday, 29 July 2014, at 10:45am  
in Conference Room 3 of the Legislative Council Complex**

Time marker	Speaker	Subject(s)/Discussion	Action required
<i>Agenda item I: Meeting with the Office of the Privacy Commissioner for Personal Data and the Administration</i>			
000313 - 000443	Chairman	Opening remarks	
000444 - 000735	Chairman Admin	<p><u>Application by healthcare providers for registration and registration of Government bureau and departments as healthcare providers</u></p> <p>Powerpoint presentation by the Administration on its response to issues of concern raised by the Privacy Commissioner for Personal Data ("PCPD") on the following clauses of the Bill concerning the registration of healthcare providers ("HCPs") for the Electronic Health Record System ("eHRSS") -</p> <p>(a) clause 17(5)(g) which allowed the registration as an HCP by a specified entity that, in the opinion of the Commissioner for the Electronic Health Record ("eHRC"), directly or indirectly provided healthcare to any healthcare recipient ("HCR"); and</p> <p>(b) clause 20 which provided that eHRC might register a Government bureau or department as an HCP for eHRSS if eHRC was satisfied that the operation of the bureau or department involved providing healthcare.</p> <p>[Item 1 in LC Paper No. CB(2)2148/13-14(01)]</p>	
000736 - 001011	Ms Emily LAU Chairman PCPD Admin	<p>PCPD's response that -</p> <p>(a) he welcomed the Administration's proposals to, subject to views of members, move Committee Stage amendments ("CSAs") to delete clause 17(5)(g) and amend clause 20 of the Bill; and</p> <p>(b) the CSAs to be proposed by the Administration to clause 20 should address the issue that the current criterion for registration of a Government bureau or department as an HCP for eHRSS (i.e. involved providing healthcare) under clause 20 was too loose when compared to the criterion for registration as an HCP by a specified entity (i.e. engaged a healthcare professional to perform healthcare at one premises) under clause 17(5)(f).</p> <p>The Administration's remarks that clause 20 was drafted mainly to cater for Government bureaux and departments</p>	

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		<p>such as the Immigration Department ("ImmD") and the Correctional Services Department ("CSD"), which would also provide healthcare to detainees.</p> <p>The Administration was requested to amend clause 20 to subject Government bureaux or departments to similar criteria on the provision of healthcare as required of other HCPs for registration for eHRSS under clause 17.</p>	<b>Admin</b>
001012 - 001633	Chairman Ir Dr LO Wai-kwok Mr Alan LEONG Admin	<p>Ir Dr LO Wai-kwok's view that it was necessary for the Bill to provide for the registration of Government bureaux and departments involved providing healthcare as HCPs for eHRSS.</p> <p>Mr Alan LEONG's suggestion that the criterion for registration of a Government bureau or department as an HCP for eHRSS should be its employment of a healthcare professional (i.e. a person who had valid registration status contained in the statutory professional registers as specified in the Schedule to the Bill).</p> <p>The Administration's advice that -</p> <ul style="list-style-type: none"> <li>(a) in the case of ImmD and CSD, healthcare provided to detainees were performed by medical officers posted to CSD from the Department of Health ("DH"), visiting doctors from the Hospital Authority ("HA"), and CSD officers with nursing qualification; and</li> <li>(b) there might, however, be cases that a Government bureau or department (such as the Labour Department) would employ healthcare professional(s) but for the purpose of providing healthcare.</li> </ul> <p>The Chairman's remarks that the proposed amendments to clause 20 should ensure that no Government bureau and department which had genuine need to access to eHRSS would become excluded from registration as an HCP.</p>	
001634 - 001838	Chairman Prof Joseph LEE PCPD	<p>Given that "healthcare" was clearly defined in clause 2(1), Prof Joseph LEE's view that CSD would be the only Government department meeting the criteria of providing healthcare. Hence, there was no cause for concern that the current drafting of clause 20 would result in excessive sharing of HCRs' electronic health record ("eHR").</p> <p>PCPD's reiteration of his concern that the expression "involves providing healthcare" was too loose and might enable some Government bureaux or departments involved in the provision of healthcare but not performance of healthcare for individuals to register as HCPs for eHRSS.</p>	
001839 - 002500	Chairman Ms Emily LAU PCPD Dr LEUNG Ka-lau	<p>Ms Emily LAU's enquiry about whether clause 20 as currently drafted went against the "need-to-know" principle to ensure that only those healthcare professionals who might perform healthcare for a HCR could access to the relevant</p>	

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	Admin	<p>health data of that HCR; and PCPD's reply in the positive.</p> <p>Dr LEUNG Ka-lau's remarks that a reason why there was a need for DH to second medical officers to CSD to perform healthcare for the inmates was to avoid conflict of interest of CSD in performing the healthcare and custodial roles, as there might be cases whereby the injury or illness of an inmate was caused by the force used by the CSD officer(s) on that inmate, and his concern that the Bill as currently drafted would enable officers of CSD to access the health record of an inmate kept in eHRSS if CSD (and not individual healthcare professional of CSD) was registered as an HCP for eHRSS in accordance with clause 20.</p> <p>The Administration's response that it was more appropriate to discuss the above concerns under the discussion on the "need-to-know" principle.</p>	
002501 - 002854	Chairman Mr Alan LEONG Admin	<p>In response to Mr Alan LEONG's enquiry, the Administration's clarification that, it was an entity that provided healthcare at a service location, rather than a healthcare professional specified in the Schedule to the Bill, which might apply for registration under clause 17 as an HCP for eHRSS for that location.</p> <p>Mr Alan LEONG's suggestion that clause 20 could be amended to the effect that the healthcare professional(s) of those Government bureaux or departments which provided healthcare to certain HCRs in their daily operation might register for eHRSS.</p>	
002855 - 003047	Chairman Admin	<p><u>Access to and correction of data or information contained in the eHR of an HCR</u></p> <p>Powerpoint presentation by the Administration on its response to issues of concern raised by PCPD on Part 4 and clause 38 concerning the application to data or information that was personal data under the Personal Data (Privacy) Ordinance (Cap. 486) ("the Privacy Ordinance"), and access to and correction of data or information contained in the eHR of an HCR respectively.</p> <p>[Item 2 in LC Paper No. CB(2)2148/13-14(01)]</p>	
003048 - 003702	Chairman PCPD Admin Dr Fernando CHEUNG	<p>PCPD's remarks that the inconsistent arrangement under the Privacy Ordinance and the Bill whereby a person authorized in writing by the data subject could make a data access or correction request on behalf of that data subject under the Privacy Ordinance but such an arrangement was prohibited under clause 38 would cause confusion to the public. The clause also did not cater for HCRs in serious illness who had difficulty to make such a request in person.</p> <p>Dr Fernando CHEUNG's concern that some elders residing in the residential care homes for the elderly might need to make a data access request ("DAR") or data correction</p>	



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		<p>request ("DCR") through an authorized person in writing.</p> <p>The Administration's response that it was open to views as to whether clause 38 should be deleted, and its clarification that the submission of a completed form duly signed by the HCR concerned would be suffice for making a DAR or DCR under eHRSS.</p>	
003703 - 003936	Chairman Dr Fernando CHEUNG Admin	<p>Dr Fernando CHEUNG's concern that given that it was beyond the Guardianship Board's jurisdiction to grant an order to enable parents to become guardians of their mentally handicapped grown-up children who did not fall within the definition of "mentally incapacitated person" in the Mental Health Ordinance (Cap. 136) for the purpose of making a DAR or DCR in respect of their children's health records and the mentally handicapped grown-up children did not have the capacity to authorize their parents to do so.</p> <p>The Administration's undertaking to provide a written response on how the Administration would address the issue so as to enable these parents to make these requests on behalf of their children, and its remarks that the issues of concern raised by Dr Fernando CHEUNG would also arise under the Privacy Ordinance.</p>	<b>Admin</b>
003937 - 005051	Chairman Dr KWOK Ka-ki Admin PCPD	<p>Dr KWOK Ka-ki's view that there was a need to allow a person authorized in writing by the registered HCR, particularly if the latter was in serious illness, to make a DAR on behalf of that HCR for his/her eHR. This would also tally with the arrangement provided for under the Privacy Ordinance.</p> <p>In response to Dr KWOK Ka-ki's enquiry as to whether a dishonest employer or insurer who improperly obtained the written authorization from an registered HCR seeking employment or taking out insurance policy for making a DAR or DCR on behalf of that HCR would commit an offence under the Bill, the Administration's advice that -</p> <p>(a) clause 40 of the Bill provided that a contravention of a requirement under a provision of the Privacy Ordinance that had effect subject to Part 4 of the Bill was to be regarded as a contravention of a requirement under that Ordinance. If clause 38 was deleted, any request for correcting the data or information contained in the eHR of an HCR by a third party authorized by that HCR in writing would be governed by the Privacy Ordinance; and</p> <p>(b) in line with the Privacy Ordinance, a DCR under eHRSS would be handled by the HCP from whom the data originated. The HCP concerned, being the data user, might correct the data, or refuse to do so if it did not agree that the data was inaccurate.</p>	

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		PCPD's advice that under section 22(4) of the Privacy Ordinance, a person who, in a DCR, supplied any information which was false or misleading in a material particular for the purpose of having the personal data corrected as indicated in the request, committed an offence and was liable on conviction to a fine at level 3 and to imprisonment for six months.	
005052 - 005947	Chairman Dr LEUNG Ka-lau Ms Emily LAU PCPD Mr Alan LEONG	<p>Ms Emily LAU's view that clause 38 should be deleted if there were adequate safeguards against abuse by dishonest persons of the authorization in writing for a person to make a DAR as currently provided for under the laws of Hong Kong, and her enquiry about the safeguards provided under the Privacy Ordinance in this regard.</p> <p>PCPD's advice that -</p> <p>(a) under section 18(5) of the Privacy Ordinance, a person committed an offence if he/she, in making a DAR, supplied an information which was false or misleading in a material particular for the purpose of having the data user informed the person whether the data user held any personal data which was the subject of the request, or having the data user supplied a copy of the data; and</p> <p>(b) whether there was any malpractice on the part of a person authorized by an individual to make a DAR depended on the facts and circumstances of a particular case.</p> <p>Dr LEUNG Ka-lau's view that if a registered HCR was not required to make a DAR or DCR in person, a dishonest third party could still abuse the mechanism to make a DAR or DCR by requesting the HCR concerned to sign the relevant form through coercive means. Against the above, clause 38 should be deleted as safeguards against abuse had already been provided for under the Privacy Ordinance.</p> <p>Mr Alan LEONG's view that clause 38 should be deleted, as the right for a registered HCR to authorize a third party to make a DAR or DCR on his/her behalf should not be deprived due to the concern that there might be possibility of abuse of the arrangement by dishonest persons.</p> <p>At the request of the Chairman, the Administration undertook to provide written information on the safeguards against abuse by dishonest persons of the authorization in writing for a person to make a DAR or DCR as currently provided for under the existing laws of Hong Kong.</p>	<b>Admin</b>
005948 - 010934	Chairman Mr CHAN Han-pan Admin PCPD	Mr CHAN Han-pan's concern about whether allowing a third party authorized in writing by the registered HCR to make a DAR on behalf of that HCR would encourage malpractice of dishonest employers or insurance companies	

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		<p>trying to obtain written authorization from persons seeking employment or taking out insurance policy by coercive means in order to gain access to their eHR, taking into account that the processing of a DAR would be much more convenient when compared to the circumstances when health data was kept in paper form.</p> <p>The Administration's response that while it was expected that the time required by eHRC, as the data user, to comply with a DAR would be much less than the requirement of 40 days after receipt of the DAR as set out in the Privacy Ordinance, it should be noted that not all the health information contained in an HCP's own medical records would be uploaded and shared under eHRSS. The design of Stage 1 eHRSS only captured 10 types of health data.</p> <p>In response to the Chairman's enquiry about whether there had been past cases of employers or insurance companies seeking to excessively access, on behalf of a data subject, the health data of that data subject held by HA, PCPD's advice that the Privacy Ordinance required that personal data should be collected by means which were lawful and fair in the circumstances of the case. Where the Privacy Ordinance permitted a person to be authorized in writing by an individual to make a DAR on behalf of the individual concerned, the authorization had to presumably be a valid one and obtained by fair means.</p> <p>The Administration was requested to provide after the meeting inference of cases that the authorization in writing for a person to make a DAR or DCR for a data subject might give rise to possible abuse by dishonest employers or insurers.</p>	<b>Admin</b>
010935 - 011915	Chairman Dr Fernando CHEUNG Admin PCPD	<p>In response to Dr Fernando CHEUNG's enquiry about the avenues to resolve the disputes that might arise between a registered HCR (i.e. the data subject) and a prescribed HCP (i.e. the data user) over the latter's decision of not complying with the former's DCR, PCPD's advice that -</p> <p>(a) if a prescribed HCP refused to comply with a DCR because the HCP was not satisfied that the data to which the request related was inaccurate, the HCP concerned should make a note of the matter; and</p> <p>(b) the data subject could lodge a complaint with PCPD if he/she was not satisfied with the HCP's decision. It should, however, be noted that while PCPD would consider whether the health data in question was materially inaccurate, PCPD had no expertise and historical knowledge to assess the clinical judgement made by the healthcare professionals concerned. The complainant might appeal to the Administrative Appeals Board against a decision of PCPD.</p> <p>The Administration's supplementary advice that an HCR who had a complaint involving professional conduct of a</p>	

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		registered medical practitioner could lodge a complaint with the Hong Kong Medical Council.	
011916 - 012748	Chairman Dr LEUNG Ka-lau Admin	<p>Dr LEUNG Ka-lau's view that a clinical judgement made by a healthcare professional at any one time should not be corrected on an HCR's request due to the availability of new clinical indications. If any new information was made available, the healthcare professional concerned should make a new clinical judgement.</p> <p>In response to Dr LEUNG Ka-lau's concern as to whether all changes or remarks to the eHR data of a registered HCR would be logged by eHRSS instead of replacing the original data, the Administration's reply in the positive.</p> <p>In response to the Chairman's enquiry about whether there would be any guidelines to facilitate consideration of the healthcare professionals in handling a registered HCR's DCR for his/her eHR, the Administration's advice that healthcare professionals had the responsibility to maintain accurate and up-to-date medical records of their patients.</p>	
012749 - 012830	Chairman Admin	<p><u>"Need-to-know" principle</u></p> <p>Powerpoint presentation by the Administration on its response to issues of concerns raised by PCPD concerning the adoption of the "need-to-know" principle in eHRSS.</p> <p>[Item 3 in LC Paper No. CB(2)2148/13-14(01)]</p>	
012831- 013043	Chairman PCPD	PCPD's remarks that the current drafting of the Bill would allow all healthcare professionals of a prescribed HCP to gain access to the same set of sharable eHR data relating to a registered HCR. To recognize the importance of the cardinal principle that data access would only be made on a "need-to-know" basis, it should be spelt out expressly in the Bill that only relevant healthcare professionals could have access to the relevant parts of eHR kept in eHRSS.	
013044 - 015025	Chairman Dr LEUNG Ka-lau Ms Emily LAU Dr KWOK Ka-ki Admin PCPD	<p>Ms Emily LAU, Dr LEUNG Ka-lau and Dr KWOK Ka-ki's expression of concurrence with PCPD's view that the Bill as currently drafted could not serve the purpose of upholding the "need-to-know" principle; and Dr LEUNG Ka-lau's view that -</p> <p>(a) given that it was an HCP that provided healthcare at a service location, rather than its individual healthcare professionals, that might apply for registration as an HCP for eHRSS, the system alert feature that the access of an HCR's eHR would trigger the issue of a notification (such as SMS) to the relevant HCR would not provide information on the identity of the individual healthcare professional who had accessed the eHR;</p> <p>(b) clause 26 as currently drafted was too broad to guard</p>	

Time marker	Speaker	Subject(s)/Discussion	Action required
		<p>against the use of the data and information contained in an eHR of an HCR by a healthcare professional who did not have the need to provide healthcare to that HCR, as it allowed the use of such data and information for improving the healthcare "to be provided" to that HCR;</p> <p>(c) the arrangement under the Public-Private Interface - Electronic Patient Record Sharing Pilot Project whereby a patient's consent was provided to individual healthcare professionals, and an SMS would notify the patient of every access of his/her health data by the healthcare professional to whom access consent was given was considered more desirable; and</p> <p>(d) clause 16 which provided that an HCR, or a substitute decision maker ("SDM") of an HCR, was taken to have given a sharing consent to DH and HA when giving a joining consent would enable a large number of healthcare professionals employed by DH and HA to gain access to the eHR data of all registered HCRs, even if some HCRs only used private healthcare services for various reasons.</p> <p>The Administration's response that -</p> <p>(a) the arrangement under clause 16 would help to facilitate the achievement of the objective of eHRSS to foster public-private collaboration in healthcare delivery, as DH and HA, being HCPs in the public sector serving the largest number of HCRs, had a vast amount of health data which would be the essential building blocks of HCRs' life-long eHR;</p> <p>(b) apart from incorporating the "need-to-know" concept in clause 12 (which provided that an HCR might give a sharing consent to a prescribed HCP) and clauses 25 and 26 (which set out the restriction on the use of data and information in eHRSS), the principle had also been adopted in the future operation or workflow of eHRSS such that the right to access to the health data in eHR of an HCR would only be granted to those statutory registered healthcare professionals who performed healthcare for that HCR; and</p> <p>(c) given the concerns raised by members and PCPD, the Administration would propose a draft CSA to add a provision to reflect the "need-to-know" spirit that among the staff employed by an HCP with sharing consent, only relevant healthcare professionals could have access to the relevant parts of eHR kept in eHRSS.</p>	<p><b>Admin</b></p>
015026 - 015746	Chairman Dr KWOK Ka-ki Dr Fernando CHEUNG	Dr Fernando CHEUNG's view that only those relevant healthcare professionals should be granted the right to access to the relevant parts of eHR kept in eHRSS.	

<b>Time marker</b>	<b>Speaker</b>	<b>Subject(s)/Discussion</b>	<b>Action required</b>
	Admin	<p>Dr KWOK Ka-ki and Dr Fernando CHEUNG's view that HCRs, in particular those who only used private healthcare services, should be allowed to opt out from being taken as having given a sharing consent to DH and HA when giving a joining consent under eHRSS.</p> <p>The Administration's response that no objection was received during the public consultation carried out in 2011 on the proposal that HCR's consent to DH and HA should be part and parcel of their registration for eHRSS. Hence, the current technical design of eHRSS had incorporated the aforementioned arrangement. That said, it would assess the technical feasibility for eHRSS to accommodate requests for the opting out from the above arrangement by HCRs or their SDMs to facilitate members' further consideration of whether clause 16 should be so amended.</p>	<b>Admin</b>
<i>Agenda item II: Any other business</i>			
015747 - 015940	Chairman Ms Emily LAU Dr Fernando CHEUNG PCPD	Date and arrangements for the next meeting	