

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

**The Administration's Response to the issues arising from the
discussion at the meeting on 28 April 2015**

This paper sets out the Administration's response to the issues arising from the discussion of the Bills Committee on the Electronic Health Record Sharing System (eHRSS) Bill on 28 April 2015.

(a) The view of the Hong Kong Alliance for Rare Diseases on using identifiable electronic health record (eHR) for research and statistics

2. At the meeting on 28 April 2015, we mentioned that the Hong Kong Alliance for Rare Disease had on other occasions expressed their support to compilation of database on rare diseases. A member suggested us to liaise with the alliance for views on the use of identifiable eHR data for research and statistics. We will accordingly approach the alliance for a meeting, and a copy of our letter will be provided to this committee for information.

(b) Provision of health data of patients of the Hospital Authority (HA) to another healthcare provider (HCP) outside Hong Kong for healthcare purpose

3. At the meeting on 14 April 2015, some members raised the suggestion of relaxing the geographical restriction that the use of the data of a healthcare recipient (HCR) for improving the healthcare provided (or to be provided) to the HCR has to be for an activity performed in Hong Kong. We have accordingly worked out a proposal and proposed draft amendments to the bill vide LC Paper No. CB(2)1321/14-15(03). At the subsequent meeting on 28 April 2015, members generally accepted this proposed arrangement. In this connection, we were asked whether there was any available statistics on the number of cases handled by HA in the past regarding provision of health data of its patients to another HCP outside Hong Kong for healthcare purpose.

4. We have confirmed with HA that there were no statistics

specifically on such requests. However, members may wish to note HA's prudent practice regarding the disclosure of its patient data. For disclosure of patient data, HA has to comply with its clinical data policy requirements. HA and its employees also have a duty to protect confidential patient data under the Common Law, the Personal Data (Privacy) Ordinance (PDPO, Cap. 486) and its various corporate policies. Disclosure of patient data to non-HA healthcare professionals for the purpose of patient care and with patient's consent is permitted on a "need-to-know" basis. As for emergency situations, the disclosure of patient data is exempted from the requirement for obtaining consent under Data Protection Principle 3 of PDPO, and the disclosure is made between the healthcare professionals of the concerned patient.

(c) Erasure of data no longer required and keeping of a log book for the purposes of Part 5 of PDPO

5. As explained at the meeting, administrative staff of HCPs that deal with DAR/DCR may need to access the personal data in eHRSS of a HCR. Clause 35A(3) is specifically added according to the suggestion made by PCPD to provide for such possible access by the concerned administrative staff. We do not envisage any operational need to provide for access to personal data in eHRSS purely for the purpose of keeping a log book by the HCP.

6. We have also explained that the eHR Commissioner (eHRC), instead of the HCPs, will be responsible for erasure of health data in eHRSS (section 26 of PDPO). eHRC as a data user is also responsible for the keeping of a log book (section 27 of PDPO) as far as eHRSS is concerned. We do not see the need to amend clause 35A(3) as clause 48 of the bill has already provided for the powers and functions of the eHRC and eHRC may appoint a person in writing to assist him/her in performing a function or exercising a power.

**Food and Health Bureau
May 2015**