

Bills Committee on Private Healthcare Facilities Bill

Government's response to the follow-up issues raised at the Bills Committee meeting on 16 March 2018

Purpose

This paper sets out the Government's response to the follow-up issues raised at the meeting of the Bills Committee on Private Healthcare Facilities Bill (the Bill) held on 16 March 2018.

Death of Licensee Being an Individual

2. Under clause 36 of the Bill, in case of the death of the licensee for a day procedure centre, a clinic or a health services establishment who is an individual, subject to the conditions stated in that clause, the Director of Health (the Director) may defer the cancellation of the facility's licence until the expiry of six weeks after the date of death of the licensee. There were views that instead of six weeks, there should be a longer deferment period before the facility's licence was cancelled by the Director. In this regard, we will consider whether it is appropriate to relax this requirement, say, by increasing the deferment period to twelve weeks, via a Committee Stage Amendment.

Letter of Exemption

3. Under clause 42 of the Bill, a person that operates, or intends to operate, a small practice clinic may ask the Director for a letter of exemption for the clinic. Such request must be made in the form and way specified by the Director. The request form for letter of exemption serves to obtain the information necessary for proving the clinic's eligibility that is supported by the operator(s)' declaration and documentary proof, as well as the particulars that would allow the public and the licensing authority to identify the exempted clinic (e.g. name, address and floor plan). A draft request form is at **Annex A**.

4. On receiving a request under clause 42 of the Bill, the Director may issue a letter of exemption for the clinic if the Director is satisfied that the conditions set out in clause 43(1) of the Bill are met. On the other hand, the Director must refuse to issue a letter of exemption if the Director considers it inappropriate for the person making the request to carry on the practice in the clinic without a licence. The Director must, in writing, inform the person making the request of the refusal, as well as the reasons for the refusal. If the person making the request still wants to pursue for a letter of exemption, he/she may provide additional information (which has not been made available to the Director) for the Director's further consideration within the period specified by the Director. In any case, he/she may apply for a licence to operate the clinic concerned.

5. Under clause 45 of the Bill, the Director may, on a ground specified in clause 46, revoke an exemption issued in respect of an exempted clinic. Before revoking the exemption, the Director must give the operator of the exempted clinic concerned not less than 14 days' notice in writing of the intended revocation and the ground for the intended revocation. The operator may, during the period of the notice, provide additional information (which has not been made available to the Director) for the Director's further consideration not to revoke the exemption.

“Integrity” in the Chinese Text of the Bill

6. Under clause 51(c) of the Bill, the chief medical executive (CME) of a private healthcare facility (PHF) must be a person of integrity and good character. The term “integrity” is currently “行止端正” in the Chinese text of the Bill. Upon review of our intention, we consider that the Chinese expression “行事持正”, which appears in several Ordinances related to professions¹, could be adopted to reflect how the person being a CME is expected to act in that capacity.

¹ Such as the Professional Accountants Ordinance (Cap. 50) and the Hong Kong Academy of Medicine Ordinance (Cap. 419).

Requirement on Chief Medical Executive

7. Under clause 53(4) of the Bill, a person must not serve at the same time as the CME of more than two day procedure centres or clinics². Such a requirement was proposed to ensure that the CME will be able to take charge of the day-to-day administration of the facilities under his/her responsibilities effectively. With each CME being allowed to take charge of more PHFs, there could be doubts on the adequacy and effectiveness of the CME's oversight of the PHFs' day-to-day operation. All PHFs must comply with the requirements stipulated in the Private Healthcare Facilities Ordinance when the Bill comes into effect after enactment.

8. Some Members and stakeholders have proposed that the Government should consider relaxing the requirement under clause 53(4) of the Bill. We are now comprehensively assessing the implications of this proposal in consultation with stakeholders, before considering whether it is appropriate to relax this requirement via a Committee Stage Amendment. One proposal could be to allow each CME to take charge of at most three clinics operated by different licensees at the same time.

Historical Statistics on Fees and Charges

9. Price transparency is one of the key elements in our revamped regulatory regime for PHFs. During the public consultation conducted earlier, we have received strong public support for enhancing price transparency of PHFs. Together with the Hong Kong Private Hospitals Association, we rolled out in October 2016 a pilot programme for enhancing price transparency for private hospitals.

10. A dedicated website on the pilot programme (<https://www.orphf.gov.hk/Public/Enquiry/Main.aspx>) has been set up by the Department of Health. The website provides an overview of the pilot programme, and acts as a platform for the public to have easy access to the historical bill sizes statistics in respect of the specified treatments and procedures provided by participating hospitals (example at **Annex B**).

² Except in the situation referred to in clause 53(5).

11. Based on the public views received during the public consultation and the experience gained during the pilot programme, we have stipulated in clauses 61 to 63 of the Bill the price transparency measures that licensees have to comply with under the new regulatory regime. Under clause 63 of the Bill, the licensee of a hospital must publish historical statistics on the fees and charges for the treatments and procedures specified by the Director. The licensee must publish the historical statistics in the way specified by the Director, the format of which will be formulated with reference to the corresponding format under the aforementioned pilot programme.

Implementation of the Revamped Regulatory Regime

12. To ensure that operators and the medical and dental professions will be fully prepared before implementation of the revamped regime, Part 9 of the Bill provides for transitional arrangements. For example, when the new legislation is enacted and takes effect, the Director will, if satisfied that certain conditions are met, issue a provisional licence to the operator of an existing day procedure centre or an existing clinic after receiving the operator's applications for a full licence. The provisional licence allows the day procedure centre or the clinic concerned to continue to operate, until the occurrence of the scenarios specified in clause 136 of the Bill. We will also commence the regulatory regime in phases, with the regulatory regime of riskier types of PHFs put in force earlier. The relevant prohibition and offence provisions will be effective when we consider that both the public and stakeholders are ready for full-scale regulation of the type of PHFs concerned.

13. It is our intention to get stakeholders fully informed and prepared before implementing the revamped regulatory regime. A series of publicity activities, such as letters to doctors and dentists, briefing sessions on the regulatory requirements and application procedures, Announcements in the Public Interest as well as online publications, will be in place to ensure that the public and stakeholders are informed.

**Food and Health Bureau
Department of Health
March 2018**



《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。)

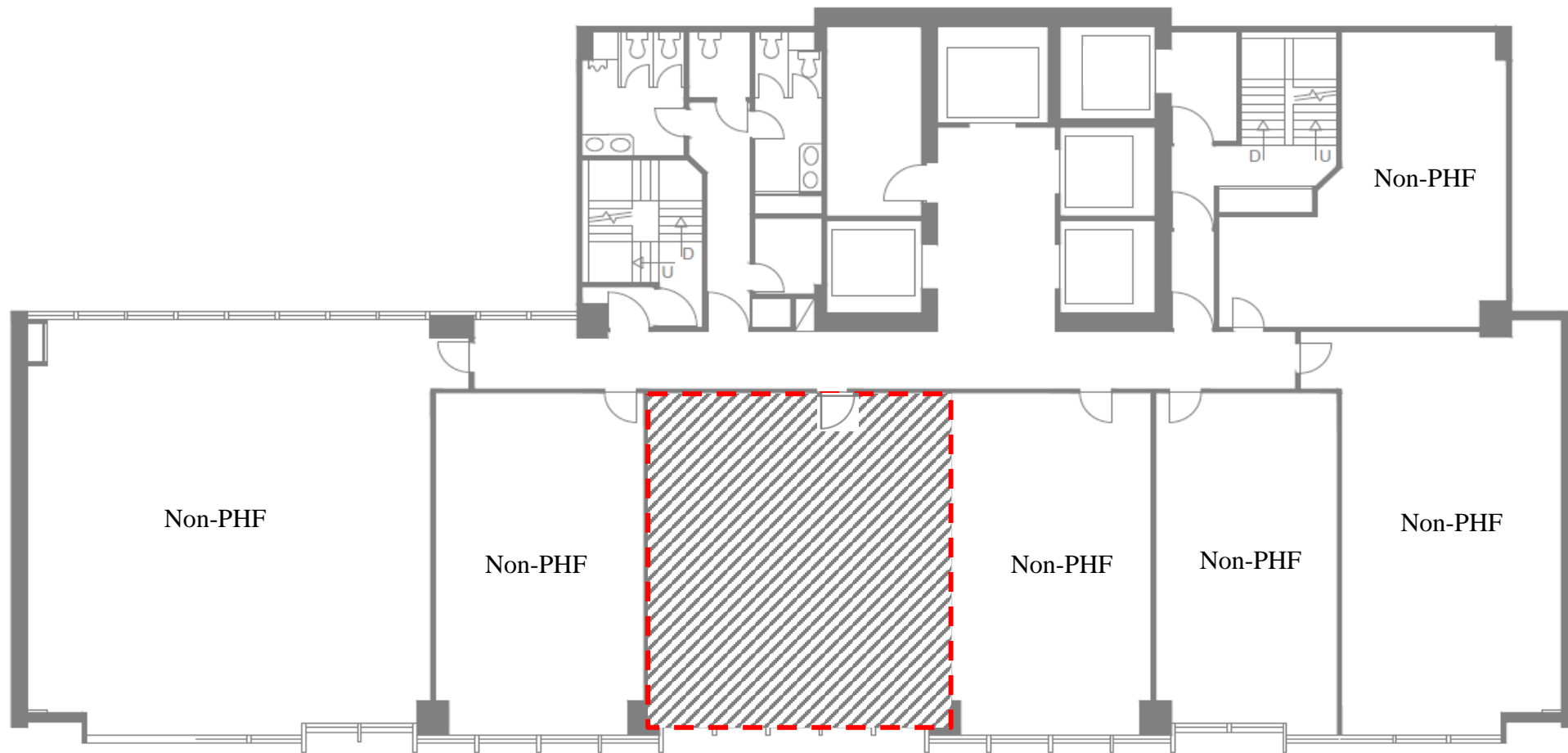
Under section 67(2) of the Ordinance, the operator of the exempted clinic must also ensure that the clinic has a direct and separate entrance not shared with, or involving passing through, any premises that does not serve a purpose reasonably incidental to the practice carried on in the clinic. *(Please 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]

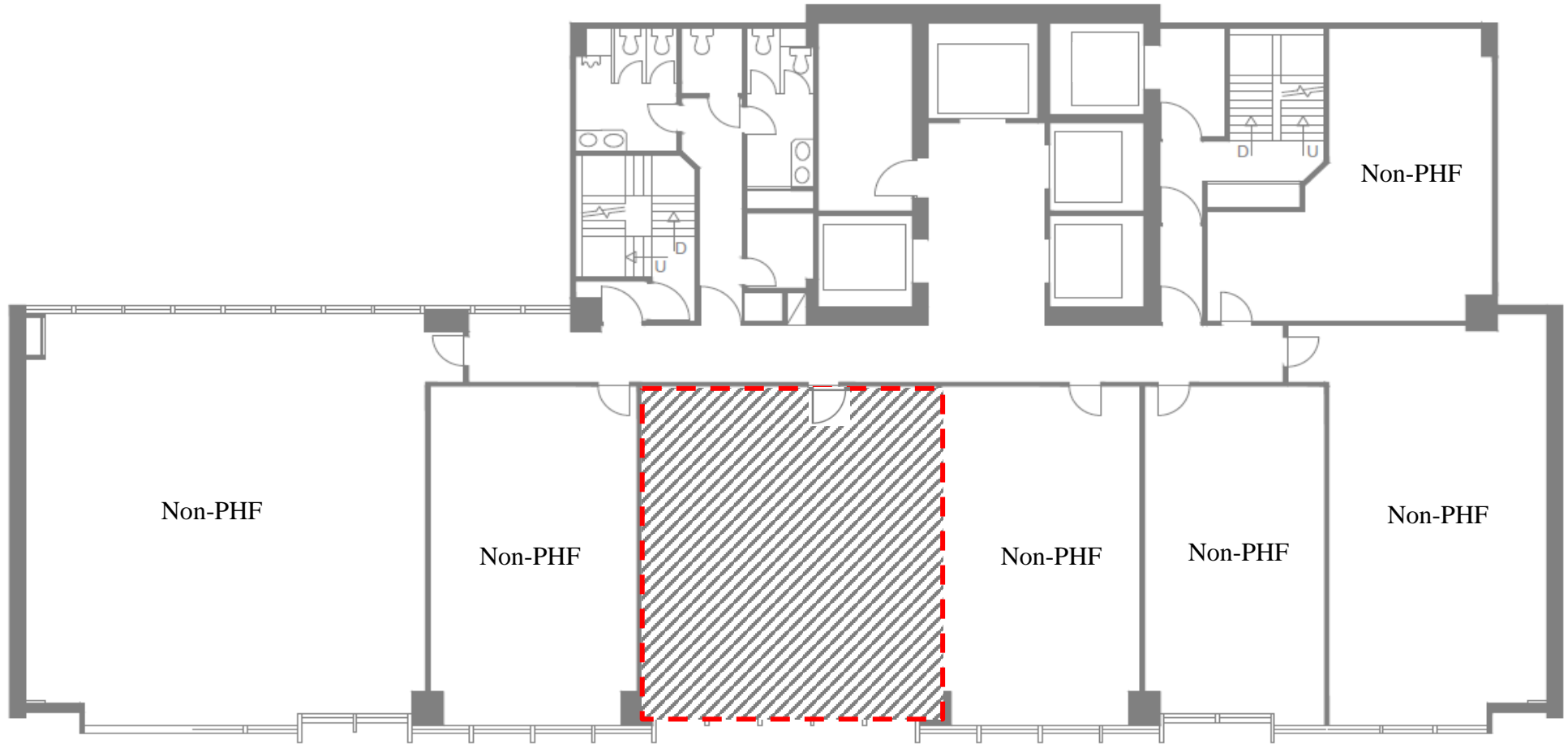
診所地址：[九龍彌敦街 12 號 XYZ 大廈 12 樓 1203 室]

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

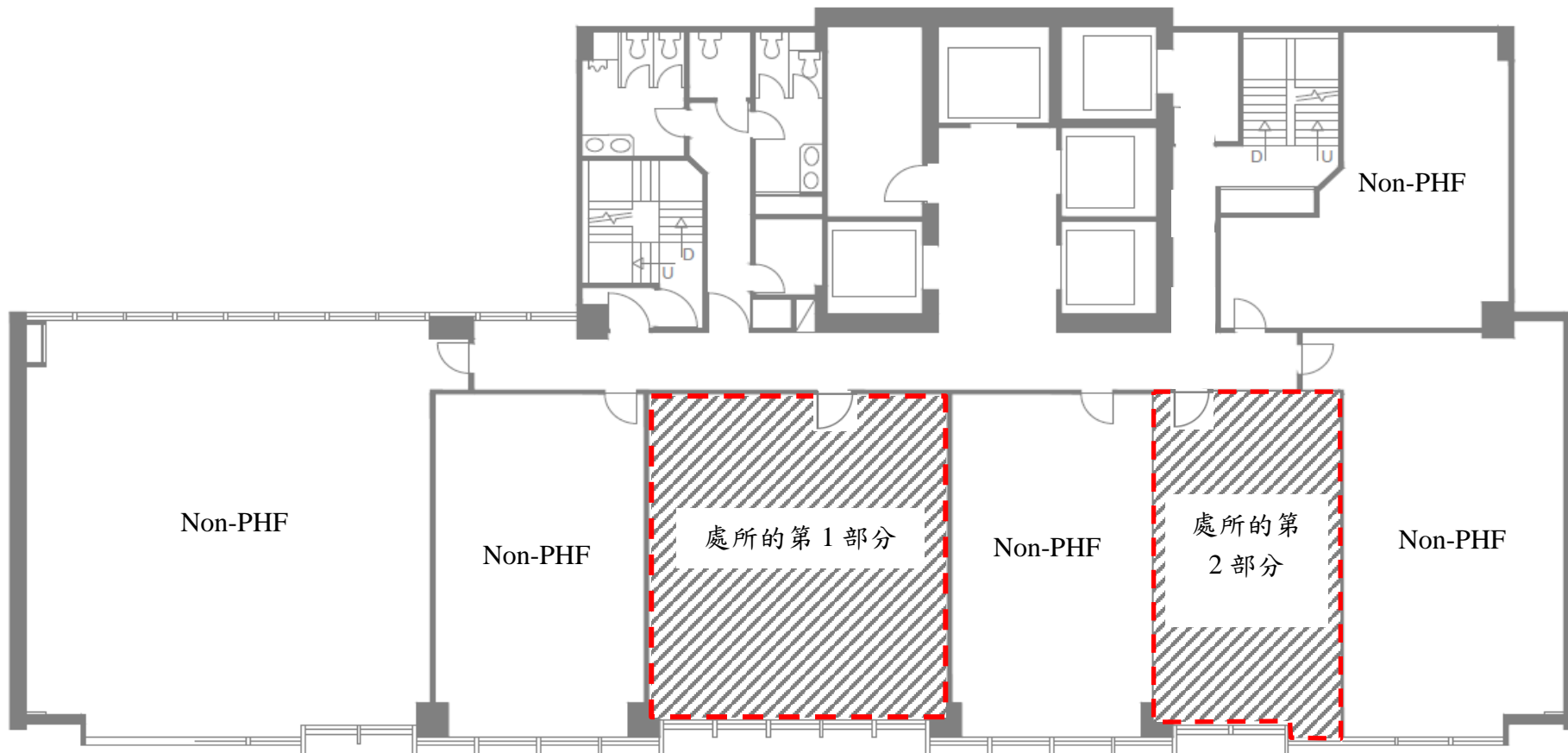
Name of Clinic : [ABC Clinic]

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]

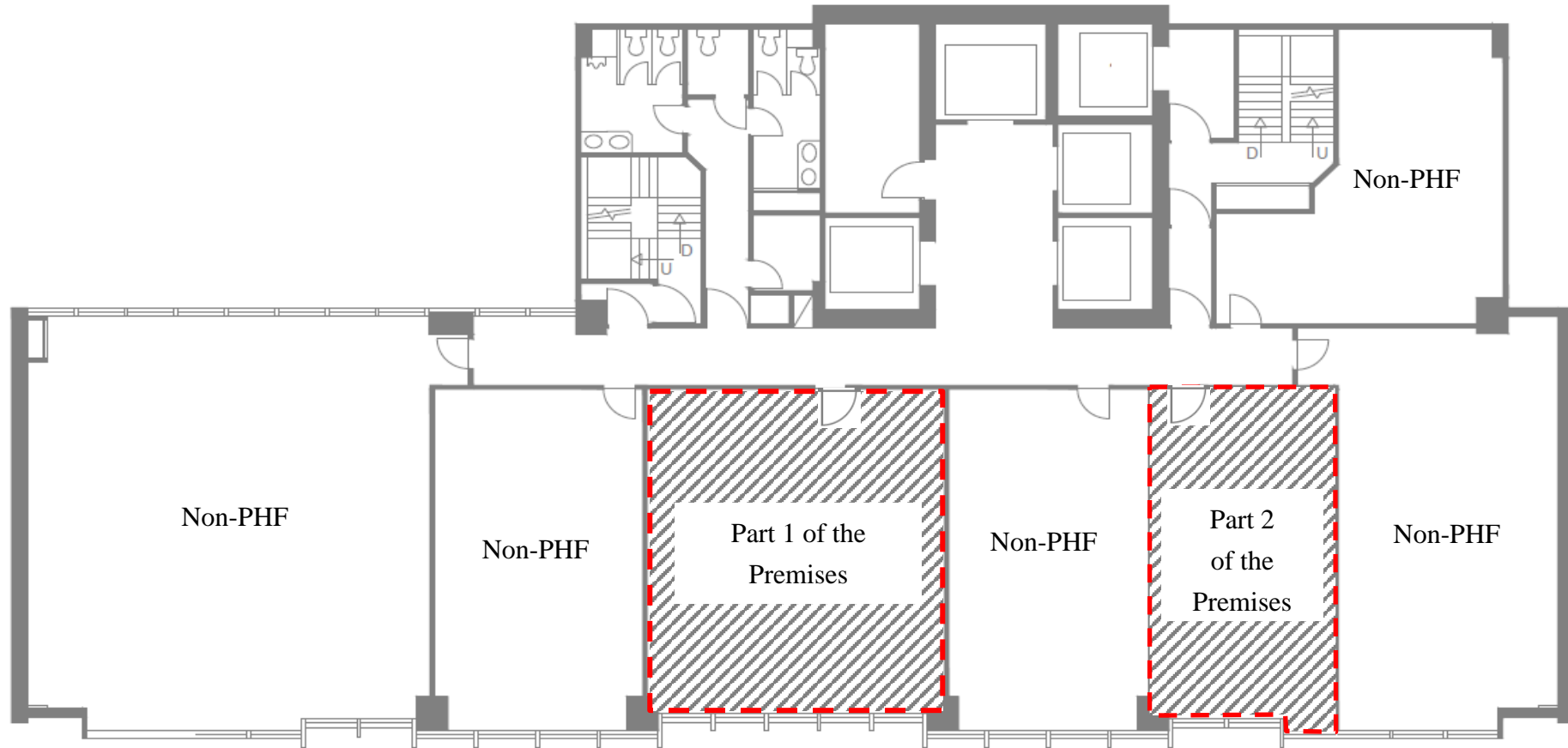
診所地址：
[九龍彌敦街 12 號 XYZ 大廈 12 樓 1203 及 1205 室]

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: _____

Pilot Programme for Enhancing Price Transparency for Private Hospitals

Reporting period : 01 Jan 2016 - 31 Dec 2016

In-patient

Statistics of Caesarean section (In-patient)								
Hospital ▲	Annual Number of Discharges (in range)	Average Length of Stay	Doctor's Fees (HK\$)		Hospital Charges (HK\$)		Total Charges (HK\$)	
			Percentile		Percentile		Percentile	
			50th	90th	50th	90th	50th	90th
Canossa Hospital (Caritas)	101 - 200	4.4 days	\$ 43,250	\$ 53,680	\$ 30,778	\$ 34,284	\$ 74,028	\$ 87,964
Hong Kong Adventist Hospital - Stubbs Road	30 - 100	4.1 days	\$ 49,000	\$ 71,300	\$ 32,836	\$ 35,801	\$ 81,836	\$ 107,101
Hong Kong Adventist Hospital - Tsuen Wan	>200	4.5 days	\$ 34,000	\$ 36,000	\$ 25,341	\$ 29,737	\$ 59,341	\$ 65,737
Hong Kong Baptist Hospital	>200	3.9 days	\$ 38,850	\$ 50,490	\$ 31,063	\$ 46,994	\$ 69,913	\$ 97,484
Hong Kong Sanatorium & Hospital Limited	>200	5.5 days	\$ 44,250	\$ 65,200	\$ 30,257	\$ 40,903	\$ 74,507	\$ 106,103
Matilda & War Memorial Hospital (also known as Matilda International Hospital)	30 - 100	4.6 days	\$ 78,500	\$ 83,200	\$ 44,269	\$ 63,079	\$ 122,769	\$ 146,279
Precious Blood Hospital (Caritas)	>200	3.4 days	\$ 24,000	\$ 28,600	\$ 26,647	\$ 31,762	\$ 50,647	\$ 60,362
St. Paul's Hospital	>200	4.0 days	\$ 49,000	\$ 51,200	\$ 22,776	\$ 39,988	\$ 71,776	\$ 91,188
St. Teresa's Hospital	>200	4.3 days	\$ 28,500	\$ 34,400	\$ 28,826	\$ 32,610	\$ 57,326	\$ 67,010
Union Hospital	>200	5.6 days	\$ 29,000	\$ 31,000	\$ 30,060	\$ 36,150	\$ 59,060	\$ 67,150