



中華人民共和國香港特別行政區政府總部醫務衛生局
Health Bureau, Government Secretariat
The Government of the Hong Kong Special Administrative Region
The People's Republic of China

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2 June 2025

Ms Macy NG
Clerk to Bills Committee on
Electronic Health Record Sharing System (Amendment) Bill 2025
Legislative Council Secretariat
Legislative Council Complex
1 Legislative Council Road
Central, Hong Kong

Dear Ms NG,

Electronic Health Record Sharing System (Amendment) Bill 2025

Thank you for your letter dated 22 May 2025. The supplementary information requested by Members at the meeting of the Bills Committee on Electronic Health Record Sharing System (Amendment) Bill 2025 on 20 May 2025 is provided in the **Annex** for reference.

Yours sincerely,

(Erica LAM)
for Secretary for Health

Encl.

c.c. Department of Justice
(Attn: Mr Michael CHOI, Senior Government Counsel)
(By email: michaelchoi@doj.gov.hk)

Annex

Follow-up item (a): Regarding clause 28 of the Electronic Health Record Sharing System (Amendment) Bill 2025 (“the Bill”) –

(i) Examine the provisions relating to new sections 26C, 26D, 26G and 26H of the Electronic Health Record Sharing System Ordinance (Cap. 625) (“Cap. 625”), as proposed in the Bill, concerning suspension and revocation of recognition of non-Hong Kong healthcare providers (“HCPs”) and non-Hong Kong information infrastructures, on whether it is necessary to allow such non-Hong Kong HCPs and non-Hong Kong information infrastructures to continue providing new data and information of a registered healthcare recipient (“HCR”) to the Electronic Health Record Sharing System (“eHealth”) during the period of suspension of recognition (see the proposed new sections 26C(4) and 26G(4) of Cap. 625), and consider empowering the Commissioner for the Electronic Health Record (“eHRC”) to immediately revoke such recognition without being required to comply with the requirements set out in the proposed new sections 26D(4) and 26H(4) of Cap. 625, in specific circumstances, for protection of personal data within eHealth.

Suspension of recognition of non-Hong Kong HCPs and non-Hong Kong information infrastructures

The proposed new sections 26C and 26G of Cap. 625 provide that if the eHRC **reasonably suspects** that certain circumstances have occurred, he/she may suspend the recognition of a non-Hong Kong HCP or a non-Hong Kong information infrastructure. According to the proposed new sections 26(C)4 and 26(G)4 of Cap. 625, when such recognition is suspended, the HCP or information infrastructure concerned may still provide new data or information of a registered HCR to eHealth, but shall not obtain electronic health records (“eHRs”) of the registered HCR from eHealth. Such arrangement aims to enable the HCP or information infrastructure concerned to continue depositing health records of the registered HCR into his/her eHealth account, while also enabling timely access to the complete eHR profile of the registered HCR by other authorised relevant HCPs, thereby ensuring that the registered HCR receives continuous care. On the other hand, the HCP or information infrastructure concerned shall only obtain eHRs of the registered HCR through eHealth after the HCP or operator of the information infrastructure concerned has taken reasonable follow-up actions and provided clarifications on the relevant matters, and the eHRC is satisfied that there are no longer any grounds for suspending the recognition of the HCP or information infrastructure concerned.

2. Under section 49 of Cap. 625, the functions and powers of the eHRC include regulating and supervising the data and information contained in eHealth.

The eHRC may do anything necessary for, or incidental or conducive to, the performance of a function of the eHRC. Furthermore, the proposed new section 49(2A) provides that the eHRC may take any action to safeguard the integrity and security of eHealth, including removing any data kept in the eHealth that may impair the security or compromise the integrity of the system.

3. The Government's legislative intent is that if the reason for suspending the recognition of a non-Hong Kong HCP or non-Hong Kong information infrastructure does not involve impairing the security or compromising the integrity of eHealth (e.g. the eHRC reasonably suspects the HCP concerned no longer complies with the requirements specified by the eHRC for connecting the HCP concerned to eHealth), the HCP or information infrastructure concerned may continue to provide new data and information of registered HCRs to eHealth during the suspension period. However, if the reason that the eHRC suspended the recognition of the HCP or information infrastructure concerned involves impairing the security or compromising of the integrity of eHealth (e.g. the non-Hong Kong HCP's system is infected by computer virus), the eHRC may immediately disconnect the system concerned from eHealth in accordance with section 49 of Cap. 625, and that the HCP or information infrastructure concerned will be prohibited from providing new data and information of registered HCRs to eHealth, so as to protect the data privacy and system security of eHealth.

4. We will consider moving a committee stage amendment ("CSA") in relation to the proposed new sections 26C(4) and 26G(4) of Cap. 625 to elucidate that when the recognition of a non-Hong Kong HCP or non-Hong Kong information infrastructure is suspended, the eHRC may take any action to safeguard the integrity and security of the eHealth, including prohibiting the HCP or information infrastructure concerned from providing new data or information of registered HCRs to eHealth.

Revocation of recognition of non-Hong Kong HCPs and non-Hong Kong information infrastructures

5. According to the proposed new sections 26D and 26H of Cap. 625, if the eHRC **is satisfied** that certain circumstances occurred, he/she may revoke the recognition of a non-Hong Kong HCP or a non-Hong Kong information infrastructure. The proposed new sections 26D(3), 26D(4), 26H(3) and 26(H)4 provide that the HCP or operator of the information infrastructure concerned may, within 14 days after the date the eHRC issues the notice in writing (or such longer period as the eHRC may allow), make representations to the eHRC. If the HCP or operator of the information infrastructure concerned has not made any representations, the eHRC may revoke the recognition. If the HCP or operator of the information infrastructure concerned has made representations, the eHRC may revoke the recognition after considering the representations and informing

the HCP or operator of the information infrastructure concerned of the decision of revocation. Such arrangement aims to give the HCP or operator of the information infrastructure concerned an opportunity to make representations before the eHRC revokes its recognition, thereby safeguarding procedural fairness.

6. Our legislative intent is that since the eHRC is already satisfied that certain circumstances have occurred and that it is necessary to activate the revocation process, the HCP or information infrastructure concerned will be prohibited from providing new data or information of a registered HCR to eHealth and obtaining eHRs of the registered HCR from eHealth during the aforesaid representation period, in order to more comprehensively safeguard the data privacy and system security of eHealth. Besides, the eHRC may also take any action to safeguard the integrity and security of eHealth during the representation period in accordance with the proposed new section 49(2A).

7. We will consider moving a CSA in relation to the proposed new sections 26D and 26H of Cap. 625 to elucidate that during the representation period, the eHRC may take any action to safeguard the integrity and security of eHealth, including prohibiting the provider or information infrastructure concerned from providing new data or information of a registered HCR to eHealth and obtaining eHRs of the registered HCR from eHealth.

(ii) Examine the drafting of the Chinese text of the proposed new section 26E(3)(b) of Cap. 625 (i.e. “認可該設施，便可能損害醫健通系統的保安，或危害其完整性。”) for the sake of clarity.

8. The proposed new section 26E provides for the recognition of non-Hong Kong information infrastructures. Subsection (3) of that section sets out the circumstances under which the eHRC must not recognise an information infrastructure. One of such circumstances is where the eHRC is satisfied that (*the lead-in of section 26E(3)*) recognising the information infrastructure may impair the security or compromise the integrity of the eHealth (i.e. 專員信納(第 26E(3)條的引子)認可有關資訊基建設施，便可能損害醫健通系統的保安，或危害其完整性。).

9. We consider that the bilingual texts of the proposed new section 26E(3)(b) accurately reflect the policy intent in a concise manner and thus no amendments are required.

Follow-up item (b): Regarding clause 29 of the Bill –

(i) Examine the drafting of the proposed new sections 26Q(1)(b) and 26Q(2) of Cap. 625 (Provision of specified health data to eHealth System by specified healthcare providers) to clearly express that the Commissioner will specify the “health data” for a certain category, rather than the “healthcare providers”.

(ii) Examine the English text of the proposed new section 26R(2)(b)(ii) of Cap. 625 to determine whether “health data” is a singular or plural noun, and whether it is necessary to amend the provision in light of the nature of the term.

10. In respect of the aforesaid suggestions raised in paragraphs (b)(i) and (b)(ii) in the list of follow-up actions, we will propose CSAs to refine the drafting of the relevant provisions.

(iii) As regards paragraph 13 of the Government’s reply dated 28 April 2025 (LC Paper No. CB(3)608/2025(03)) to the Assistant Legal Adviser’s letter, which stated that “in the event that an enforcement notice is amended by the Commissioner by another written notice pursuant to the proposed new section 26R(4) of Cap. 625, the original enforcement notice will be taken to have no effect. The 28-day time limit for appeal to the Administrative Appeals Board against the decision of the Commissioner under the proposed new section 56(2)(g) of Cap. 625 will begin from the day after the receipt of the amended enforcement notice by the relevant specified healthcare providers”, to consider amending the relevant provisions to clarify the arrangements and implications.

11. As stated in our reply dated 28 April 2025 to the Assistant Legal Advisor’s (LC Paper No. CB(3)608/2025(03)), we will consider moving a CSA to elucidate on the aforesaid arrangements and implications.