

**Electronic Health Record Sharing System (Amendment)
Bill 2025**

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A BILL

To

Amend the Electronic Health Record Sharing System Ordinance to rename the information infrastructure established and maintained under section 5 of that Ordinance to “Electronic Health System” (*eHealth System*); to expand the purposes for which the eHealth System is maintained; to revise the scopes of health data, sharable data, and the consents under the eHealth System; to provide for the recognition of non-Hong Kong healthcare providers and non-Hong Kong information infrastructures for the operation of the eHealth System; to facilitate the use of electronic medical documents and invalidate certain medical documents that are not issued through the eHealth System; to require certain healthcare providers to provide certain health data to the eHealth System; to provide for matters relating to the provision and obtainment of sharable data by registered healthcare recipients and persons related to the recipients under the eHealth System; to expand the purposes for which data and information contained in electronic health records may be used; and to provide for related matters and minor amendments.

Enacted by the Legislative Council.

Part 1

Preliminary

1. Short title and commencement

- (1) This Ordinance may be cited as the Electronic Health Record Sharing System (Amendment) Ordinance 2025.
- (2) This Ordinance comes into operation on a day to be appointed by the Secretary for Health by notice published in the Gazette.

2. Enactments amended

The enactments specified in Parts 2 and 3 are amended as set out in those Parts.

Part 2

Amendments to Electronic Health Record Sharing System Ordinance (Cap. 625)

3. Long title amended

(1) The long title—

Repeal

“the Electronic Health Record Sharing System”

Substitute

“an information infrastructure for keeping and sharing electronic health records and for providing support in connection with, or facilitating, the provision of healthcare or health management”.

(2) The long title—

Repeal

“the System” (wherever appearing)

Substitute

“the information infrastructure”.

4. Section 1 amended (short title and commencement)

Section 1(1)—

Repeal

“Record Sharing”.

5. Section 2 amended (interpretation)

(1) Section 2(1), definition of *data sharing*—

Repeal

“System”

Substitute

“eHealth System”.

- (2) Section 2(1), definition of *health data*—

Repeal

everything after “relating”

Substitute

“to—

- (a) the health condition of, or the healthcare provided or to be provided to, the recipient; or
- (b) (if applicable) any life-sustaining treatment that is not to be provided to the recipient as stated in an instruction in an advance medical directive of the recipient;”.

- (3) Section 2(1), definition of *healthcare professional*—

Repeal

everything after “人員)”

Substitute

“means—

- (a) a Hong Kong healthcare professional; or
- (b) a non-Hong Kong healthcare professional;”.

- (4) Section 2(1), definition of *healthcare provider*, after “provides healthcare”—

Add

“in Hong Kong or elsewhere”.

- (5) Section 2(1), definition of *healthcare recipient*, after “Hong Kong”—

Add

“or elsewhere”.

- (6) Section 2(1), definition of *index data*—

Repeal

“System”

Substitute

“eHealth System”.

- (7) Section 2(1), definition of *prescribed healthcare provider*, paragraph (b)—

Repeal

“; or”

Substitute a semicolon.

- (8) Section 2(1), definition of *prescribed healthcare provider*, after paragraph (b)—

Add

“(ba) the Primary Healthcare Commission;

(bb) a healthcare facility managed or controlled by—

(i) the Government;

(ii) the Hospital Authority; or

(iii) an HA subsidiary; or”.

- (9) Section 2(1), definition of *registered healthcare provider*, paragraphs (a) and (b)—

Repeal

“System”

Substitute

“eHealth System”.

- (10) Section 2(1), definition of *registration*, paragraphs (b) and (c)—

Repeal

“System”

Substitute

“eHealth System”.

- (11) Section 2(1), definition of *sharable data*—

Repeal

“both”

Substitute

“all”.

- (12) Section 2(1), definition of *sharable data*, after paragraph (b)—

Add

“(c) any other data or information of the healthcare recipient that is, in the Commissioner’s opinion, necessary for the proper functioning of the eHealth System;”.

- (13) Section 2(1), definition of *sharing consent*—

Repeal

everything after “同意)”

Substitute

“__

- (a) in relation to a relevant healthcare provider, means a consent given under section 12(1)(a); or
- (b) in relation to a recognized non-Hong Kong public health record system, means a consent given under section 12(1)(b);”.

- (14) Section 2(1), Chinese text, definition of **登記**, paragraph (c)—

Repeal

“政府”

Substitute

“特區政府的”.

- (15) Section 2(1), Chinese text, definition of **登記醫護提供者**, paragraph (b), before “政府”—

Add

“特區”.

- (16) Section 2(1)—

(a) definition of *electronic medical record system*;

(b) definition of *System*—

Repeal the definitions.

- (17) Section 2(1), before the definition of *Board*—

Add

“**2025 Amendment Ordinance** (《2025年修訂條例》) means the Electronic Health Record Sharing System (Amendment) Ordinance 2025 (of 2025);”.

- (18) Section 2(1)—

Add in alphabetical order

“*advance medical directive* (預設醫療指示) has the meaning given by section 2(1) of the Advance Decision on Life-sustaining Treatment Ordinance (Cap. 651);

eHealth System (醫健通系統) means the information infrastructure maintained under section 5 with the name “Electronic Health System”;

enforcement notice (執行通知) means a notice given under section 26R(1);

fixed penalty (定額罰款) means the fixed penalty under section 2(a) of Schedule 4;

HA subsidiary (醫管局附屬法團) means a body corporate established by the Hospital Authority under section 5(n) of the Hospital Authority Ordinance (Cap. 113);

Hong Kong healthcare professional (香港醫護專業人員) means—

- (a) a person specified in Part 2 of Schedule 1; or
- (b) a person specified in Part 3 of Schedule 1 who—
 - (i) provides healthcare in a healthcare facility that is managed or controlled by—
 - (A) the Government;
 - (B) the Hospital Authority; or
 - (C) an HA subsidiary; or
 - (ii) is engaged by a healthcare provider specified under section 53A;

non-Hong Kong healthcare professional (非香港醫護專業人員) means an individual who is licensed or otherwise permitted to provide healthcare in a place outside Hong Kong under the law of that place;

non-Hong Kong healthcare provider (非香港醫護提供者) means a healthcare provider that provides healthcare in a place outside Hong Kong;

non-Hong Kong information infrastructure (非香港資訊基礎設施) means an information infrastructure operated in a place outside Hong Kong;

penalty notice (罰款通知) means a notice given under section 47B(1);

recognition (認可)—

- (a) in relation to a non-Hong Kong healthcare provider, means the recognition of the healthcare provider as a healthcare provider for the eHealth System under section 26A(1); or
- (b) in relation to a non-Hong Kong information infrastructure, means the recognition of the information infrastructure for connection to the eHealth System under section 26E(1);

recognized non-Hong Kong healthcare provider (認可非香港醫護提供者) means a non-Hong Kong healthcare provider that is recognized as a healthcare provider for the eHealth System under section 26A(1);

recognized non-Hong Kong public health record system (認可非香港公共健康紀錄系統) means a non-Hong Kong information infrastructure that is recognized under section 26E(1);

relevant healthcare provider (相關醫護提供者) means—

- (a) a prescribed healthcare provider; or
- (b) a recognized non-Hong Kong healthcare provider;

specified health data (指明健康資料) means the health data specified in section 26Q(3);

specified healthcare provider (指明醫護提供者) means a healthcare provider described in section 26Q(1);”.

6. Section 3 amended (substitute decision maker)

- (1) Section 3(3)(d)—

Repeal

“, (e)”.

- (2) Section 3(5), definition of *relevant time*, paragraph (c)—

Repeal

“System”

Substitute

“eHealth System”.

- (3) Section 3(5), definition of *relevant time*—

Repeal paragraph (e).

7. Section 4 amended (Ordinance applies to Government)

- (1) Section 4, Chinese text, heading, before “政府”—

Add

“特區”.

- (2) Section 4, Chinese text, before “政府”—

Add

“特區”.

8. Part 2 heading amended (Electronic Health Record Sharing System)

Part 2, heading—

Repeal

“Record Sharing”.

9. Part 2, Division 1 heading amended (establishment)

Part 2, Division 1, heading—

Repeal

“Establishment”

Substitute
“eHealth System”.

10. Section 5 amended (establishment of System)

(1) Section 5, heading—

Repeal
“Establishment of”
Substitute
“eHealth”.

(2) Section 5—

Repeal subsection (1)
Substitute

- “(1) On and after the commencement date, the information infrastructure established and maintained under the former section 5(1) and known as “Electronic Health Record Sharing System” in English and “電子健康紀錄互通系統” in Chinese immediately before the commencement date is to be known as—
- (a) “Electronic Health System” in English; and
 - (b) “電子健康系統” in Chinese.
- (1A) The Commissioner must maintain the eHealth System for—
- (a) keeping the records required by subsection (2);
 - (b) sharing and using the data and information contained in those records; and
 - (c) providing support in connection with or facilitating—

- (i) the provision of healthcare to registered healthcare recipients; and
- (ii) health management by registered healthcare recipients.”.

(3) Section 5(2)—

Repeal

“System” (wherever appearing)

Substitute

“eHealth System”.

(4) After section 5(2)—

Add

“(3) In this section—

commencement date (生效日期) means the date on which section 10 of the 2025 Amendment Ordinance comes into operation;

former section 5(1) (原有第5(1)條) means section 5(1) as in force immediately before the commencement date.”.

11. Section 7 amended (giving of joining consent)

(1) Section 7—

Repeal subsection (3)

Substitute

“(3) The consent is to, after the registration of the healthcare recipient, allow—

(a) the Commissioner—

- (i) to obtain from a relevant healthcare provider any sharable data of the recipient;

- (ii) to obtain from a specified healthcare provider any specified health data of the recipient;
 - (iii) to provide to a relevant healthcare provider to which the recipient has given a sharing consent any sharable data of the recipient; and
 - (iv) if a prescribed healthcare provider has made a healthcare referral to another prescribed healthcare provider—to provide to that other prescribed healthcare provider any sharable data of the recipient relevant to the healthcare referral;
- (b) the Commissioner—
 - (i) to obtain from a recognized non-Hong Kong public health record system any sharable data of the recipient; and
 - (ii) to provide to a recognized non-Hong Kong public health record system in relation to which the recipient has given a sharing consent any sharable data of the recipient;
- (c) a relevant healthcare provider to provide to the eHealth System any sharable data of the recipient in the form and manner specified by the Commissioner; and
- (d) any sharable data of the recipient to be provided to the eHealth System from a recognized non-Hong Kong public health record system in the form and manner specified by the Commissioner.”.

(2) Section 7(5)(a)—

Repeal

“System”

Substitute

“eHealth System”.

12. Section 8 amended (registration of healthcare recipients by Commissioner)

Section 8(2)—

Repeal

“System”

Substitute

“eHealth System”.

13. Section 9 amended (withdrawal of healthcare recipient’s registration)

(1) Section 9, Chinese text, heading—

Repeal

“互通”

Substitute

“醫健通”.

(2) Section 9(1)—

Repeal

“System”

Substitute

“eHealth System”.

14. Section 10 amended (suspension of healthcare recipient's registration)

- (1) Section 10(1)(c)(i)—

Repeal

“; or”

Substitute a semicolon.

- (2) After section 10(1)(c)(i)—

Add

“(ia) a provision of a code of practice issued under section 52; or”.

- (3) Section 10(1)(d)—

Repeal

“System”

Substitute

“eHealth System”.

- (4) Section 10(4)(a)—

Repeal

“prescribed healthcare provider to the System”

Substitute

“relevant healthcare provider or a specified healthcare provider, or be provided from a recognized non-Hong Kong public health record system, to the eHealth System”.

- (5) Section 10(4)(b)—

Repeal

“prescribed healthcare provider through the System”

Substitute

“relevant healthcare provider through the eHealth System, and is not to be provided to a recognized non-Hong Kong public health record system through the eHealth System”.

15. Section 11 amended (cancellation of healthcare recipient’s registration)

(1) Section 11(1)(c)(i)—

Repeal

“; or”

Substitute a semicolon.

(2) After section 11(1)(c)(i)—

Add

“(ia) a provision of a code of practice issued under section 52; or”.

(3) Section 11(1)(d)—

Repeal

“System”

Substitute

“eHealth System”.

16. Section 12 amended (giving of sharing consent)

(1) Section 12(1)—

Repeal

everything after “give”

Substitute

“either or both of the following consents—

- (a) a consent specified in subsection (6) to a relevant healthcare provider that provides healthcare to the healthcare recipient;
- (b) a consent specified in subsection (6A) in relation to a recognized non-Hong Kong public health record system.”.

(2) Section 12—

Repeal subsection (6)

Substitute

- “(6) For the purposes of subsection (1)(a), the consent is to allow—
- (a) the relevant healthcare provider—
 - (i) to obtain from the eHealth System any sharable data of the healthcare recipient in the form and manner specified by the Commissioner; and
 - (ii) if the relevant healthcare provider is a prescribed healthcare provider—to provide to a referral healthcare provider any sharable data of the healthcare recipient relevant to the healthcare referral and in the form and manner specified by the Commissioner; and
 - (b) a referral healthcare provider to obtain from the eHealth System any sharable data of the healthcare recipient relevant to the healthcare referral and in the form and manner specified by the Commissioner.
- (6A) For the purposes of subsection (1)(b), the consent is to allow any sharable data of the healthcare recipient kept in the eHealth System to be provided to the

recognized non-Hong Kong public health record system in the form and manner specified by the Commissioner.”.

(3) Section 12—

Repeal subsection (8).

17. Section 13 substituted

Section 13—

Repeal the section

Substitute

“13. Term of sharing consent

A sharing consent is in effect until—

- (a) the healthcare recipient’s registration is withdrawn from the eHealth System by the operation of section 9;
- (b) the healthcare recipient’s registration is cancelled under section 11(1); or
- (c) the consent is revoked under section 15(1).”.

18. Section 14 repealed (one-year sharing consent)

Section 14—

Repeal the section.

19. Section 15 amended (revocation of sharing consent)

(1) Section 15(1)—

Repeal

“prescribed healthcare provider”

Substitute

“relevant healthcare provider or in relation to a recognized non-Hong Kong public health record system”.

(2) Section 15(7)—

Repeal

“System”

Substitute

“eHealth System”.

20. Section 16 amended (sharing consent taken to be given)

(1) Section 16(1) and (2)—

Repeal

“the Department of Health and to the Hospital Authority”

Substitute

“each specified entity”.

(2) Section 16(4)—

Repeal

“and (8), 13, 14”

Substitute

“, 13”.

(3) After section 16(4)—

Add

“(5) In this section—

specified entity (指明實體) means—

- (a) the Department of Health;
- (b) the Hospital Authority;
- (c) the Primary Healthcare Commission; or

- (d) a healthcare facility managed or controlled by—
 - (i) the Government;
 - (ii) the Hospital Authority; or
 - (iii) an HA subsidiary.”.

21. Part 2, Division 5 heading amended (registration as healthcare providers for System)

Part 2, Division 5, heading—

Repeal

“System”

Substitute

“eHealth System”.

22. Section 19 amended (application by healthcare providers for registration)

- (1) Section 19(1) and (2)—

Repeal

“System”

Substitute

“eHealth System”.

- (2) Section 19(5)(d), (e) and (f)—

Repeal

“healthcare professional”

Substitute

“Hong Kong healthcare professional”.

23. Section 20 amended (registration of healthcare providers by Commissioner)

Section 20(1)(a), (2)(a) and (3)(b)—

Repeal

“System”

Substitute

“eHealth System”.

24. Section 22 amended (registration of Government departments as healthcare providers)

(1) Section 22, Chinese text, heading, before “政府”—

Add

“特區”.

(2) Section 22(1)—

Repeal

“System”

Substitute

“eHealth System”.

(3) Section 22(1)—

Repeal

“healthcare professional”

Substitute

“Hong Kong healthcare professional”.

(4) Section 22(1), Chinese text—

Repeal

“政府”

Substitute

“特區政府的”.

25. Section 23 amended (withdrawal of healthcare provider’s registration)

- (1) Section 23, Chinese text, heading—

Repeal

“互通”

Substitute

“醫健通”.

- (2) Section 23(1)—

Repeal

“System”

Substitute

“eHealth System”.

26. Section 24 amended (suspension of healthcare provider’s registration)

- (1) Section 24(1)(c)(i) and (e)—

Repeal

“System”

Substitute

“eHealth System”.

- (2) Section 24(4)(a)—

Repeal

“System”

Substitute

“eHealth System”.

- (3) Section 24(4)(b)—

Repeal

“System”

Substitute

“eHealth System”.

(4) Section 24(4), Chinese text—

Repeal

“政府”

Substitute

“特區政府的”.

27. Section 25 amended (cancellation of healthcare provider’s registration)

Section 25(1)(c)(i) and (e)—

Repeal

“System”

Substitute

“eHealth System”.

28. Part 2, Divisions 6, 7 and 8 added

Part 2, after Division 5—

Add

**“Division 6—Recognition of Non-Hong Kong
Healthcare Providers**

26A. Recognition of non-Hong Kong healthcare providers

- (1) The Commissioner may, if satisfied that a non-Hong Kong healthcare provider complies with the requirements set out in subsection (2)—

- (a) recognize the healthcare provider as a healthcare provider for the eHealth System; and
 - (b) impose the conditions that the Commissioner considers appropriate for recognizing the healthcare provider.
- (2) The requirements are—
 - (a) the requirements specified by the Commissioner for connecting the healthcare provider to the eHealth System; and
 - (b) the system requirements on data sharing specified by the Commissioner.
- (3) However, the Commissioner must not recognize the healthcare provider if the Commissioner is satisfied that—
 - (a) (where the healthcare provider provides healthcare in a place outside Hong Kong) the healthcare provider is not licensed or otherwise permitted to provide healthcare in that place under the law of that place; or
 - (b) recognizing the healthcare provider may impair the security or compromise the integrity of the eHealth System.
- (4) After deciding to recognize a non-Hong Kong healthcare provider, the Commissioner must notify the healthcare provider in writing of—
 - (a) the decision;
 - (b) the date on which the recognition takes effect; and
 - (c) the conditions for the recognition.

26B. Withdrawal of non-Hong Kong healthcare provider's recognition

- (1) A recognized non-Hong Kong healthcare provider may request that the recognition of the healthcare provider be withdrawn.
- (2) A request must be made to the Commissioner in the form and manner specified by the Commissioner.
- (3) After granting a request, the Commissioner must notify the healthcare provider in writing of the date on which the request is granted and the withdrawal takes effect on that date.
- (4) A sharing consent (if any) given to the healthcare provider ceases to have effect once the withdrawal takes effect.

26C. Suspension of non-Hong Kong healthcare provider's recognition

- (1) The Commissioner may suspend the recognition of a non-Hong Kong healthcare provider for a period of not more than 28 days if the Commissioner reasonably suspects that—
 - (a) the healthcare provider contravenes a condition for the recognition;
 - (b) the healthcare provider no longer complies with—
 - (i) the requirements specified by the Commissioner for connecting the healthcare provider to the eHealth System; or
 - (ii) the system requirements on data sharing specified by the Commissioner;

- (c) the healthcare provider is no longer licensed or otherwise permitted to provide healthcare in the place outside Hong Kong to which the recognition relates under the law of that place; or
 - (d) the recognition may impair the security or compromise the integrity of the eHealth System.
 - (2) Despite subsection (1), if the Commissioner considers it appropriate, the Commissioner may extend the period of suspension under that subsection for a further period of not more than 28 days by notice in writing to the healthcare provider.
 - (3) After suspending the recognition of a non-Hong Kong healthcare provider, the Commissioner must notify the healthcare provider in writing of—
 - (a) the suspension;
 - (b) the date on which the suspension takes effect; and
 - (c) the reasons for the suspension.
 - (4) When the recognition of a non-Hong Kong healthcare provider is suspended—
 - (a) new data or information of a registered healthcare recipient may still be provided by the healthcare provider to the eHealth System; but
 - (b) the electronic health record of a registered healthcare recipient must not be made available to the healthcare provider through the eHealth System.

- (5) After the Commissioner is satisfied that there are no longer any grounds for suspending the recognition of the healthcare provider, the Commissioner must notify the healthcare provider in writing of—
 - (a) the Commissioner's decision; and
 - (b) the date on which the suspension ceases to take effect.

26D. Revocation of non-Hong Kong healthcare provider's recognition

- (1) The Commissioner may revoke the recognition of a non-Hong Kong healthcare provider if the Commissioner is satisfied that—
 - (a) the healthcare provider contravenes a condition for the recognition;
 - (b) the healthcare provider no longer complies with—
 - (i) the requirements specified by the Commissioner for connecting the healthcare provider to the eHealth System; or
 - (ii) the system requirements on data sharing specified by the Commissioner;
 - (c) the healthcare provider is no longer licensed or otherwise permitted to provide healthcare in the place outside Hong Kong to which the recognition relates under the law of that place; or
 - (d) the recognition may impair the security or compromise the integrity of the eHealth System.

- (2) The Commissioner must notify the healthcare provider in writing of—
 - (a) the date on which the revocation takes effect; and
 - (b) the reasons for the revocation.
- (3) The healthcare provider may, within 14 days after the date of the notice (or such longer period as the Commissioner may allow), make representations to the Commissioner to object to the revocation in the manner specified in the notice.
- (4) The Commissioner must not revoke the recognition unless—
 - (a) the healthcare provider has not made any representations under subsection (3); or
 - (b) the Commissioner has considered the representations and informed the healthcare provider of the decision of revocation.
- (5) A sharing consent (if any) given to the healthcare provider ceases to have effect once the revocation takes effect.

Division 7—Recognition of Non-Hong Kong Information Infrastructures

26E. Recognition of non-Hong Kong information infrastructures

- (1) The Commissioner may, if satisfied that a non-Hong Kong information infrastructure complies with the requirements set out in subsection (2)—
 - (a) recognize the information infrastructure for connection to the eHealth System; and

- (b) impose on the operator of the information infrastructure the conditions that the Commissioner considers appropriate for recognizing the information infrastructure.
- (2) The requirements are—
 - (a) the requirements specified by the Commissioner for connecting the information infrastructure to the eHealth System; and
 - (b) the system requirements on data sharing specified by the Commissioner.
- (3) However, the Commissioner must not recognize the information infrastructure if the Commissioner is satisfied that—
 - (a) the information infrastructure does not meet any of the following descriptions—
 - (i) the information infrastructure is operated by the government or an authority of a place outside Hong Kong or a person authorized by that government or authority for that purpose;
 - (ii) the information infrastructure is being used or to be used to keep—
 - (A) the personal particulars of healthcare recipients who receive healthcare in that place; and
 - (B) the health data of the healthcare recipients;
 - (iii) the information infrastructure enables the data and information kept in it to be used and shared for facilitating the provision of healthcare to the healthcare recipients; or

- (b) recognizing the information infrastructure may impair the security or compromise the integrity of the eHealth System.
- (4) After deciding to recognize the information infrastructure, the Commissioner must notify the operator of the information infrastructure in writing of—
 - (a) the decision;
 - (b) the date on which the recognition takes effect; and
 - (c) the conditions for the recognition.

26F. Withdrawal of recognition of non-Hong Kong information infrastructure

- (1) The operator of a non-Hong Kong information infrastructure recognized under section 26E(1) may request that the recognition of the information infrastructure be withdrawn.
- (2) A request must be made to the Commissioner in the form and manner specified by the Commissioner.
- (3) After granting a request, the Commissioner must notify the operator of the information infrastructure in writing of the date on which the request is granted and the withdrawal takes effect on that date.
- (4) A sharing consent (if any) given in relation to the information infrastructure ceases to have effect once the withdrawal takes effect.

26G. Suspension of recognition of non-Hong Kong information infrastructure

- (1) The Commissioner may suspend the recognition of a non-Hong Kong information infrastructure for a period of not more than 28 days if the Commissioner reasonably suspects that—
 - (a) the operator of the information infrastructure contravenes a condition for the recognition;
 - (b) the information infrastructure no longer complies with—
 - (i) the requirements specified by the Commissioner for connecting the information infrastructure to the eHealth System; or
 - (ii) the system requirements on data sharing specified by the Commissioner;
 - (c) the information infrastructure no longer meets one or more of the descriptions set out in section 26E(3)(a); or
 - (d) the recognition may impair the security or compromise the integrity of the eHealth System.
- (2) Despite subsection (1), if the Commissioner considers it appropriate, the Commissioner may extend the period of suspension under that subsection for a further period of not more than 28 days by notice in writing to the operator of the information infrastructure.
- (3) After suspending the recognition of a non-Hong Kong information infrastructure, the Commissioner must notify the operator of the information infrastructure in writing of—

- (a) the suspension;
 - (b) the date on which the suspension takes effect; and
 - (c) the reasons for the suspension.
- (4) When the recognition of a non-Hong Kong information infrastructure is suspended—
 - (a) new data or information of a registered healthcare recipient may still be provided from the information infrastructure to the eHealth System; but
 - (b) the electronic health record of a registered healthcare recipient must not be made available to the information infrastructure through the eHealth System.
- (5) After the Commissioner is satisfied that there are no longer any grounds for suspending the recognition of the information infrastructure, the Commissioner must notify the operator of that information infrastructure in writing of—
 - (a) the Commissioner's decision; and
 - (b) the date on which the suspension ceases to take effect.

26H. Revocation of recognition of non-Hong Kong information infrastructure

- (1) The Commissioner may revoke the recognition of a non-Hong Kong information infrastructure if the Commissioner is satisfied that—
 - (a) the operator of the information infrastructure contravenes a condition for the recognition;

- (b) the information infrastructure no longer complies with—
 - (i) the requirements specified by the Commissioner for connecting the information infrastructure to the eHealth System; or
 - (ii) the system requirements on data sharing specified by the Commissioner;
 - (c) the information infrastructure no longer meets one or more of the descriptions set out in section 26E(3)(a); or
 - (d) the recognition may impair the security or compromise the integrity of the eHealth System.
- (2) The Commissioner must notify the operator of the information infrastructure in writing of—
- (a) the date on which the revocation takes effect; and
 - (b) the reasons for the revocation.
- (3) The operator of the information infrastructure may, within 14 days after the date of the notice (or such longer period as the Commissioner may allow), make representations to the Commissioner to object to the revocation in the manner specified in the notice.
- (4) The Commissioner must not revoke the recognition unless—
- (a) the operator of the information infrastructure has not made any representations under subsection (3); or

- (b) the Commissioner has considered the representations and informed the operator of the information infrastructure of the decision of revocation.
- (5) A sharing consent (if any) given in relation to the information infrastructure ceases to have effect once the revocation takes effect.

Division 8—Medical Documents, and Signatures on Medical Documents, in Electronic Form, etc.

26I. Interpretation of Division 8 of Part 2

In this Division—

electronic record (電子紀錄) has the meaning given by section 2(1) of the Electronic Transactions Ordinance (Cap. 553);

issue (發出), in relation to a medical document, includes making or giving the document;

medical document (醫療文件) means—

- (a) a document issued by a healthcare professional or healthcare provider that relates to the health condition of, or to the healthcare provided or to be provided to, a healthcare recipient; or
- (b) an advance medical directive.

26J. Requirement for writing is satisfied through eHealth System

- (1) If an Ordinance requires, or is regarded to have required, a medical document to be in writing (***requirement for writing***), the requirement for writing is also satisfied if the medical document is in the

form of an electronic record that is issued or authenticated through the eHealth System.

- (2) However, if the effect of subsection (1) is such that any requirement (other than the requirement for writing) in that Ordinance, or a related Ordinance, cannot be complied with due to the operation of subsection (1), then subsection (1) does not apply to that Ordinance and that related Ordinance (if applicable) with respect to the requirement for writing.
- (3) For the purposes of subsection (1), an Ordinance is regarded to have required a medical document to be in writing if the Ordinance provides for the consequences for the medical document not being in writing.

26K. Requirement for signing is satisfied through eHealth System

- (1) If an Ordinance requires, or is regarded to have required, the signature of a person on a medical document (*requirement for signing*), the requirement for signing is also satisfied if the signature is an electronic signature of the person.
- (2) However, if the effect of subsection (1) is such that any requirement (other than the requirement for signing) in that Ordinance, or a related Ordinance, cannot be complied with due to the operation of subsection (1), then subsection (1) does not apply to that Ordinance and that related Ordinance (if applicable) with respect to the requirement for signing.

- (3) For the purposes of subsection (1), an Ordinance is regarded to have required the signature of a person on a medical document if the Ordinance provides for the consequences for not having such signature on the medical document.
- (4) In subsection (1)—
electronic signature (電子簽署) means a signature—
 - (a) that is an electronic signature as defined by section 2(1) of the Electronic Transactions Ordinance (Cap. 553); and
 - (b) that is authenticated or approved by the eHealth System.

26L. Requirement for original form is satisfied through eHealth System

- (1) If an Ordinance requires, or is regarded to have required, a medical document to be presented in its original form (*requirement for original form*), the requirement for original form is also satisfied by presenting the medical document in the form of an electronic record that is issued or authenticated through the eHealth System for viewing from an electronic device.
- (2) However, if the effect of subsection (1) is such that any requirement (other than the requirement for original form) in that Ordinance, or a related Ordinance, cannot be complied with due to the operation of subsection (1), then subsection (1) does not apply to that Ordinance and that related Ordinance (if applicable) with respect to the requirement for original form.

- (3) For the purposes of subsection (1), an Ordinance is regarded to have required a medical document to be presented in its original form if the Ordinance provides for the consequences for the medical document not being so presented.

26M. Requirement for retention is satisfied through eHealth System

- (1) If an Ordinance requires, or is regarded to have required, a medical document to be retained in a form that is stipulated in the Ordinance (*requirement for retention*), the requirement for retention is also satisfied by retaining, in the eHealth System, the medical document in the form of an electronic record that is issued or authenticated through the eHealth System.
- (2) However, if the effect of subsection (1) is such that any requirement (other than the requirement for retention) in that Ordinance, or a related Ordinance, cannot be complied with due to the operation of subsection (1), then subsection (1) does not apply to that Ordinance and that related Ordinance (if applicable) with respect to the requirement for retention.
- (3) For the purposes of subsection (1), an Ordinance is regarded to have required a medical document to be retained in a form that is stipulated in the Ordinance if the Ordinance provides for the consequences for the medical document not being so retained.

26N. Sections 26J, 26K, 26L and 26M prevail over Electronic Transactions Ordinance to the extent of conflict or inconsistency

If section 26J, 26K, 26L or 26M (*Cap. 625 provision*) is in conflict or is inconsistent with a provision of the Electronic Transactions Ordinance (Cap. 553) (*Cap. 553 provision*), the Cap. 625 provision prevails over the Cap. 553 provision to the extent of the conflict or inconsistency.

26O. Certain medical documents invalid if not issued through eHealth System

- (1) A medical document specified in Part 1 of Schedule 2 issued in the form of an electronic record is invalid unless it is issued through the eHealth System.
- (2) A medical document specified in Part 2 of Schedule 2 is invalid if it is—
 - (a) not in the form of an electronic record; or
 - (b) not issued through the eHealth System.”.

29. Parts 2A and 2B added

After Part 2—

Add

“Part 2A

Provision of Specified Health Data to eHealth System by Specified Healthcare Providers

26P. Interpretation of Part 2A

In this Part—

commencement date (生效日期) means the date on which sections 11 and 16 of the 2025 Amendment Ordinance come into operation;

former section 12 (原有第12條) means section 12 as in force immediately before the commencement date;

relevant joining consent (相關參與同意) means a joining consent given by a registered healthcare recipient under section 7 as amended by section 11 of the 2025 Amendment Ordinance on or after the commencement date;

relevant sharing consent (相關互通同意), in relation to a specified healthcare provider, means a sharing consent given to the healthcare provider by a registered healthcare recipient under the former section 12 before the commencement date.

26Q. Provision of specified health data to eHealth System by specified healthcare providers

- (1) This section applies if a healthcare provider described in column 4 of Schedule 3—
 - (a) provides healthcare in Hong Kong; and
 - (b) is in possession of the health data of a registered healthcare recipient (specified in subsection (3)) who—
 - (i) has given a relevant sharing consent to the healthcare provider; or
 - (ii) has given a relevant joining consent.

- (2) The specified healthcare provider must provide to the eHealth System, in the form and manner specified by the Commissioner and within the period specified in subsection (4), the health data of the healthcare recipient referred to in subsection (1)(b).
- (3) For the purposes of subsection (1)(b), the health data of the healthcare recipient are those described in column 2 of Schedule 3 opposite to the description of the healthcare provider.
- (4) For the purposes of subsection (2), the period is, for any data described in column 2 of Schedule 3, the period specified in column 3 of that Schedule opposite to the data.

26R. Enforcement notice

- (1) If the Commissioner is of the opinion that a specified healthcare provider has contravened section 26Q(2), the Commissioner may give the healthcare provider a notice in writing, directing the healthcare provider to provide the specified health data stated in the notice by the date, and in the form and manner, stated in the notice.
- (2) An enforcement notice under subsection (1) must—
 - (a) state that the Commissioner is of the opinion referred to in subsection (1) and the reason for that opinion;
 - (b) state—
 - (i) the specified health data to which the contravention of section 26Q(2) relates; and
 - (ii) the registered healthcare recipient to whom such health data relates;

- (c) state the date by which, and the form and manner in which, the specified health data must be provided; and
- (d) be accompanied by a copy of this section.
- (3) The date stated under subsection (2)(c) must be a date that is not earlier than the expiry of the period specified in section 56(3) within which an appeal against the notice may be made under section 56(1).
- (4) The Commissioner may cancel or amend an enforcement notice by another notice in writing given to the specified healthcare provider.

Part 2B

Provision and Obtainment of Sharable Data by Registered Healthcare Recipients and Related Persons

Division 1—Preliminary

26S. Interpretation of Part 2B

- (1) In this Part—

related person (關連人士), in relation to a registered healthcare recipient, means—

- (a) a relevant person of the healthcare recipient; or
- (b) a person who is authorized by the healthcare recipient under section 26W(1);

relevant person (有關人士) has the meaning given by section 2(1) of the Privacy Ordinance.

- (2) For the purposes of the definition of *relevant person* in subsection (1), a reference to a minor in the Privacy Ordinance is a reference to a person below 16 years of age.

Division 2—Provision and Obtainment of Sharable Data

26T. Registered healthcare recipients and related persons may provide sharable data

A registered healthcare recipient, or a related person of the healthcare recipient, may provide any sharable data of the healthcare recipient to the eHealth System in the form and manner specified by the Commissioner.

26U. Registered healthcare recipients and related persons may obtain sharable data

A registered healthcare recipient, or a related person of the healthcare recipient, may obtain from the eHealth System any sharable data of the healthcare recipient in the form and manner specified by the Commissioner.

Division 3—Authorization of Persons

26V. Application of Division 3

This Division applies to a registered healthcare recipient who is aged 16 or above and who is not—

- (a) mentally incapacitated as defined by section 2(1) of the Mental Health Ordinance (Cap. 136); or
- (b) incapable of managing his or her own affairs.

26W. Authorization of persons

- (1) A registered healthcare recipient may authorize a person for the purposes of this Part.
- (2) The authorization must be made in the form and manner specified by the Commissioner.
- (3) After the authorization is recorded in the eHealth System, the Commissioner must notify the registered healthcare recipient in writing of the date on which the record is made and the authorization takes effect on that date.
- (4) The authorization is in effect until—
 - (a) the registration of the registered healthcare recipient is withdrawn from the eHealth System by the operation of section 9;
 - (b) the registration of the registered healthcare recipient is cancelled under section 11(1); or
 - (c) the authorization is revoked by the registered healthcare recipient under section 26X.

26X. Revocation of authorization

- (1) A registered healthcare recipient may revoke an authorization made by the healthcare recipient under section 26W(1).
- (2) The revocation must be made in the form and manner specified by the Commissioner.
- (3) After the revocation is recorded in the eHealth System, the Commissioner must notify the registered healthcare recipient in writing of the date on which the record is made and the revocation takes effect on that date.”.

30. Section 27 amended (general rule)

Section 27—

Repeal

“29, 30”

Substitute

“28A, 29, 30, 30A, 30B, 30C”.

31. Section 28A added

After section 28—

Add

“28A. Use in connection with advance medical directives

(1) The data and information contained in the electronic health record of a registered healthcare recipient may be used—

- (a) for ascertaining whether the healthcare recipient has made an advance medical directive; or
- (b) if the healthcare recipient has made an advance medical directive—
 - (i) for assessing whether an instruction in the directive is valid and applicable; or
 - (ii) for following a valid and applicable instruction in the directive.

(2) In this section—

applicable (適用), in relation to an instruction in an advance medical directive, has the meaning given by section 17 of the Advance Decision on Life-sustaining Treatment Ordinance (Cap. 651);

valid (有效), in relation to an instruction in an advance medical directive, has the meaning given by section 16 of the Advance Decision on Life-sustaining Treatment Ordinance (Cap. 651).”.

32. Section 29 amended (use for research and statistics)

Section 29(1)—

Repeal

“or public safety.”

Substitute

“, public safety or the development of medicine, medical treatments or medical devices.”.

33. Sections 30A, 30B and 30C added

After section 30—

Add

“30A. Use for emergency situations etc.

The data and information contained in an electronic health record may be used by a prescribed healthcare provider for or in connection with the carrying out of emergency rescue operations or the provision of emergency relief services.

30B. Use of identifiable data for Government-authorized health care programmes

Identifiable data of a healthcare recipient contained in an electronic health record may be used by the Government, or a person authorized by the Commissioner under section 37A(a)—

- (a) for enrollment of the healthcare recipient in any health care programme authorized by the Government in which the healthcare recipient has consented to participate;
- (b) for administration of such a programme; or
- (c) for evaluation of such a programme.

30C. Use of non-identifiable data for formulation of public policies

Non-identifiable data of a healthcare recipient contained in an electronic health record may be used by the Government, or a person authorized by the Commissioner under section 37A(b), for the formulation of public policies.”.

34. Section 32 amended (application to Secretary for use for research or statistics purpose)

Section 32(1)—

Repeal

“or public safety.”

Substitute

“, public safety or the development of medicine, medical treatments or medical devices.”.

35. Section 35 amended (application to Commissioner for use for research or statistics purpose)

Section 35(1)—

Repeal

“or public safety.”

Substitute

“, public safety or the development of medicine, medical treatments or medical devices.”.

36. Section 37 amended (prescribed healthcare provider’s duties to restrict access to health data)

Section 37(2)(a) and (3)—

Repeal

“healthcare professional”

Substitute

“Hong Kong healthcare professional”.

37. Part 3, Division 5 added

Part 3, after Division 4—

Add

“Division 5—Miscellaneous

37A. Authorization of persons

The Commissioner may authorize a person for the purposes of—

- (a) section 30B; or
- (b) section 30C.”.

38. Section 39 amended (Privacy Commissioner’s performance of functions or exercise of powers in relation to data or information)

Section 39(1)—

Repeal

“System”

Substitute

“eHealth System”.

39. Section 40 amended (Commissioner’s further duty in certain circumstances)

Section 40(1)(a)—

Repeal

“System”

Substitute

“eHealth System”.

40. Sections 41A and 41B added

Part 5, before section 42—

Add

“41A. Offence relating to purporting to be or holding out as eHealth System

(1) A person commits an offence if the person, without the written consent of the Commissioner, establishes or maintains an information infrastructure that purports or holds itself out—

- (a) to be the eHealth System or any part of it; or
- (b) to be in any way associated with the eHealth System.

(2) A person who commits an offence under subsection (1) is liable on summary conviction to a fine at level 3.

41B. Offence relating to use of title of Electronic Health System etc. to mislead others

(1) A person commits an offence if the person—

- (a) establishes or maintains an information infrastructure that uses any of the titles specified in subsection (2); and
 - (b) does so with intent to mislead any person into believing, or being reckless as to whether any person would be misled into believing, that the information infrastructure is—
 - (i) the eHealth System or any part of it; or
 - (ii) in any way associated with the eHealth System.
- (2) The titles are—
 - (a) “Electronic Health System”;
 - (b) “eHealth System”;
 - (c) “eHealth”;
 - (d) “電子健康系統”;
 - (e) “醫健通系統”;
 - (f) “醫健通”; and
 - (g) a title in any language that closely resembles any of the titles set out in paragraph (a), (b), (c), (d), (e) or (f).
- (3) A person who commits an offence under subsection (1) is liable on summary conviction to a fine at level 3.”.

41. Section 43 amended (offences relating to impairment to System)

- (1) Section 43, heading—

Repeal

“System”

Substitute

“eHealth System”.

- (2) Section 43(1)—

Repeal

“System”

Substitute

“eHealth System”.

42. Section 47 amended (offences relating to direct marketing)

- (1) Section 47(8)(b)—

Repeal

**“by the Department of Health or the Hospital Authority;
or”**

Substitute

“by—

- (i) the Department of Health;**
- (ii) the Hospital Authority;**
- (iii) the Primary Healthcare Commission; or**
- (iv) a healthcare facility managed or controlled by—**
 - (A) the Government;**
 - (B) the Hospital Authority; or**
 - (C) an HA subsidiary;”.**

- (2) After section 47(8)(b)—

Add

**“(ba) health care services provided under any health care
programme authorized by the Government; or”.**

43. Sections 47A, 47B and 47C added

Part 5, after section 47—

Add

“47A. Offence relating to enforcement notice

- (1) A person commits an offence if the person does not comply with an enforcement notice given to the person.
- (2) A person who commits an offence under subsection (1) is, subject to section 47B, liable on summary conviction—
 - (a) to a fine at level 5; and
 - (b) if the offence continues after the conviction, to a further fine of \$1,000 for every day during which the offence continues after the conviction.
- (3) It is a defence for a person charged with an offence under subsection (1) to establish that—
 - (a) if the person failed to provide any health data of a registered healthcare recipient to the eHealth System as directed under the enforcement notice—the person had, before the date of the enforcement notice, been given by the healthcare recipient a notice in the form specified by the Commissioner stating that the healthcare recipient did not consent to the person’s provision of the data to the eHealth System; or
 - (b) the person had otherwise exercised all due diligence to prevent the commission of the offence.

- (4) A person is taken to have established a matter that needs to be established for a defence under subsection (3) if—
 - (a) there is sufficient evidence to raise an issue with respect to that matter; and
 - (b) the contrary is not proved by the prosecution beyond reasonable doubt.
- (5) A prosecution for an offence under subsection (1) may not be started after 2 years after the date on which the offence was committed.

Note—

This replaces the time limit under section 26 of the Magistrates Ordinance (Cap. 227).

47B. Penalty notice to be given before proceedings taken for offence under section 47A(1)

- (1) Before any proceedings are taken against a person for an offence under section 47A(1), the Commissioner must give the person a penalty notice for payment of a fixed penalty described in section 2 of Schedule 4, offering the person an opportunity to discharge the liability for the offence by complying with subsection (2)(a) and (b).
- (2) If the person—
 - (a) has paid the fixed penalty in accordance with Schedule 4; and
 - (b) complies with the enforcement notice to which the offence relates,the person is not liable to be prosecuted or convicted for the offence.
- (3) Schedule 4 has effect in relation to a penalty notice.

- (4) However, if the person wishes to dispute the liability for the offence, the person must give the Commissioner a notification in the form specified by the Commissioner within 21 days after the date of the penalty notice to indicate the wish.
- (5) Accordingly, Part 3 of Schedule 4 has no effect in relation to the person giving the notification as mentioned in subsection (4).

47C. Failure to comply with enforcement notice continues

- (1) This section applies if—
 - (a) a penalty notice has been given to a person for payment of the fixed penalty;
 - (b) the person has not given the Commissioner a notification mentioned in section 47B(4); and
 - (c) the person’s failure to comply with the enforcement notice to which the penalty notice relates continues (whether or not the person has paid the fixed penalty (or any part of it) under the penalty notice).
- (2) Proceedings may be taken against the person for an offence under section 47A(1) on the expiry of 21 days after the date of the penalty notice.
- (3) Once proceedings have been taken under subsection (2), the penalty notice is taken to have been withdrawn.”.

44. Section 49 amended (functions and powers of Commissioner)

- (1) Section 49(1)(a), (b), (d), (f) and (h)—

Repeal

“System”

Substitute

“eHealth System”.

(2) After section 49(2)—

Add

“(2A) Without limiting subsection (2), the Commissioner may do any of the following—

- (a) request from a body of persons specified in Schedule 5 or a Government department information in respect of any healthcare provider that provides healthcare in Hong Kong or any Hong Kong healthcare professional for the operation of the eHealth System;
- (b) request from a prescribed healthcare provider information in respect of any Hong Kong healthcare professional engaged by the healthcare provider for the operation of the eHealth System;
- (c) take any action to safeguard the integrity and security of the eHealth System, including removing any data kept in the eHealth System that may impair the security or compromise the integrity of the eHealth System.”.

45. Section 50 amended (Commissioner to keep register of prescribed healthcare providers)

(1) Section 50, heading—

Repeal

“register of prescribed healthcare providers”

Substitute

“registers”.

(2) Section 50—

Repeal subsection (1)

Substitute

“(1) The Commissioner must, for the purposes of this Ordinance, establish and maintain—

- (a) a register of prescribed healthcare providers;
- (b) a register of recognized non-Hong Kong healthcare providers; and
- (c) a register of recognized non-Hong Kong public health record systems.”.

(3) Section 50(2)—

Repeal

“The register”

Substitute

“A register referred to in subsection (1)”.

(4) Section 50(3), after “The register”—

Add

“referred to in subsection (1)(a)”.

(5) Section 50(3)(a)—

Repeal

“System”

Substitute

“eHealth System”.

(6) Section 50(4)—

Repeal

“The register”

Substitute

“A register referred to in subsection (1)”.

(7) Section 50(4)(b), Chinese text, before “政府”—

Add

“特區”.

46. Section 51 amended (Commissioner to require production of records or documents in certain circumstances)

Section 51(2)(c)(i) and (e)—

Repeal

“System”

Substitute

“eHealth System”.

47. Section 53A added

Part 6, Division 1, after section 53—

Add

“53A. Commissioner to specify healthcare providers

The Commissioner may, for the purposes of paragraph (b)(ii) of the definition of ***Hong Kong healthcare professional*** in section 2(1), specify a healthcare provider that participates in any health care programme authorized by the Government.”.

48. Section 56 amended (right of appeal—against decisions of Commissioner)

(1) Section 56(2)(d)—

Repeal

“System”

Substitute

“eHealth System”.

- (2) Section 56(2)(e)—

Repeal

“; and”

Substitute a semicolon.

- (3) Section 56(2)(f)—

Repeal the full stop

Substitute

“; and”.

- (4) After section 56(2)(f)—

Add

“(g) to give an enforcement notice.”.

49. Section 57 amended (access to card face data of healthcare recipient)

- (1) Section 57(1)—

Repeal

“prescribed”

Substitute

“relevant”.

- (2) Section 57(1), Chinese text, before “政府” (wherever appearing)—

Add

“特區”.

- (3) Section 57(2)—

Repeal

“prescribed”

Substitute

“relevant”.

- (4) Section 57(3), definition of *card face data*—

Repeal

everything after “(證面”

Substitute

“數據), in relation to the identity card of a healthcare recipient, means the following data that are stored in the chip embodied in the identity card—

- (a) the data of the healthcare recipient specified in paragraph 1(a), (c), (d), (e) and (f) of Schedule 1 to the Registration of Persons Regulations (Cap. 177 sub. leg. A); and
- (b) the sex of the healthcare recipient.”.

50. Section 58 amended (limitation of public liability)

- (1) Section 58(b)—

Repeal

“System”

Substitute

“eHealth System”.

- (2) Section 58, Chinese text, before “政府”—

Add

“特區”.

51. Section 59 amended (protection of public officers etc.)

- (1) Section 59(2), Chinese text, before “政府”—

Add

“特區”.

- (2) Section 59(3)(b)—

Repeal

“a body corporate established by the Hospital Authority under section 5(n) of the Hospital Authority Ordinance (Cap. 113)”

Substitute

“an HA subsidiary”.

52. Section 60 amended (service of notice etc.)

- (1) Section 60(a)(ii), after “known address”—

Add

“in Hong Kong or elsewhere”.

- (2) Section 60(b)(ii)—

Repeal

“; or”

Substitute

“in Hong Kong or elsewhere;”.

- (3) Section 60(b)(iii)—

Repeal

“address;”

Substitute

“address in Hong Kong or elsewhere; or”.

- (4) After section 60(b)(iii)—

Add

“(iv) it is sent to the company by an electronic mail transmission addressed to the company at the company’s last known electronic mail address;”.

- (5) Section 60(c)(i), after “Hong Kong”—

Add

“or elsewhere”.

- (6) Section 60(c)(i)—

Repeal

“; or”

Substitute a semicolon.

- (7) Section 60(c)(ii), after “known address”—

Add

“in Hong Kong or elsewhere”.

- (8) After section 60(c)(ii)—

Add

“(iii) it is sent to the partnership by an electronic mail transmission addressed to the partnership at the partnership’s last known electronic mail address; or”.

- (9) Section 60(d)(i), after “Hong Kong”—

Add

“or elsewhere”.

- (10) Section 60(d)(i)—

Repeal

“; or”

Substitute a semicolon.

- (11) Section 60(d)(ii)—

Repeal

“address.”

Substitute

“address in Hong Kong or elsewhere; or”.

(12) After section 60(d)(ii)—

Add

“(iii) it is sent to the body by an electronic mail transmission addressed to the body at the body’s last known electronic mail address.”.

53. Section 60A added

After section 60—

Add

“60A. Transitional provisions for 2025 Amendment Ordinance

The transitional provisions specified in Schedule 6 have effect.”.

54. Section 61 substituted

Section 61—

Repeal the section

Substitute

“61. Amendment of Schedules

- (1) The Secretary may by notice published in the Gazette amend Schedule 1, 2, 3 or 4.
- (2) The Commissioner may by notice published in the Gazette amend Schedule 5.”.

55. Schedule amended (healthcare professionals)

- (1) The Schedule—

Renumber the Schedule as Schedule 1.

- (2) Schedule 1, heading, before “**Healthcare**”—

Add

“**Hong Kong**”.

- (3) Schedule 1, after the heading—

Add

“Part 1

Interpretation

1. In this Schedule—

accredited register (認可名冊) means a register maintained—

- (a) under The Accredited Registers Scheme for Healthcare Professions (*Scheme*) established by the Government; and
- (b) by a healthcare professional body that is accredited under the Scheme.

Part 2

**Persons Specified for Purposes of Paragraph (a)
of Definition of *Hong Kong healthcare
professional* in Section 2(1)”.**

- (4) Schedule 1, Part 2, item 9—

Repeal

“whose name has been entered in Part I of the register as defined by section 2 of that Regulation”.

- (5) Schedule 1, Part 2, after item 13—

Add

“14. A person whose name is listed on an accredited register.”.

- (6) Schedule 1, after Part 2—

Add

“Part 3

Persons Specified for Purposes of Paragraph (b) of Definition of *Hong Kong healthcare professional* in Section 2(1)

1. An audiology technician.
2. A chiropodist or podiatrist.
3. A dental surgery assistant.
4. A dental technician or dental technologist.
5. A dental therapist.
6. A dispenser.
7. A mould laboratory technician.
8. An orthotist or prosthetist.
9. An orthoptist.

10. A scientific officer (medical) employed by the Government or the Hospital Authority.
11. A bioinformatician.
12. A genetic counsellor.
13. A Chinese medicine pharmacy practitioner.
14. A Chinese medicine pharmacy dispenser or technician.
15. A medical social worker.
16. A speech therapist.
17. An audiologist.
18. A dietitian.
19. An educational psychologist.
20. A clinical psychologist.”.

56. Schedules 2 to 6 added

After Schedule 1—

Add

“Schedule 2

[ss. 26O & 61]

Medical Documents Specified for Purposes of
Section 26O

Part 1

Medical Documents Specified for Purposes of
Section 26O(1)

Part 2

Medical Documents Specified for Purposes of
Section 26O(2)

Schedule 3

[ss. 26Q & 61]

Provision of Specified Health Data to eHealth
System

Column 1	Column 2	Column 3	Column 4
Item	Health Data	Period for Provision of Health Data	Healthcare Provider

Schedule 4

[ss. 2, 47B & 61]

Penalty Notice

Part 1

Interpretation

1. Interpretation

In this Schedule—

fixed penalty (定額罰款) means the fixed penalty under section 2(a) of this Schedule;

recovery order (追討令) means an order made under section 4(2) of this Schedule.

Part 2

Penalty Notice

2. Penalty notice

A penalty notice must be in writing and must state—

- (a) that the person who has been given the penalty notice is required to pay a fixed penalty of \$1,500 within 21 days after the date of the penalty notice;
- (b) if the person wishes to dispute liability for the offence under section 47A(1)—that the person must give the Commissioner a notification in the form specified by the Commissioner within

21 days after the date of the penalty notice to indicate the wish;

- (c) that the person is required to comply with the enforcement notice given to the person, and if the person has not given any notification mentioned in paragraph (b), and the person's failure to comply with the enforcement notice continues (whether or not the person has paid the fixed penalty (or any part of it) under the penalty notice mentioned in paragraph (a)), proceedings for the offence under section 47A(1) may be taken against the person, and the person would be liable to the fines mentioned in section 47A(2); and
- (d) any other related matters, including payment instructions for payment of the fixed penalty.

3. Withdrawal of penalty notice

- (1) The Commissioner may withdraw a penalty notice given for an offence under section 47A(1)—
 - (a) at any time before a recovery order is made; or
 - (b) (if applicable) at any time before any proceedings for the offence commence.
- (2) If a penalty notice is withdrawn—
 - (a) the Commissioner must give notice of the withdrawal on the person on whom the penalty notice has been given; and
 - (b) on the person's application, the Commissioner must refund, through the Director of Accounting Services, any amount paid by the person for the fixed penalty.

Part 3

Recovery of Fixed Penalty

4. Recovery of fixed penalty

- (1) This section applies if a person on whom a penalty notice has been given—
 - (a) fails to pay the fixed penalty in accordance with the penalty notice; and
 - (b) (if applicable) fails to notify the Commissioner in accordance with the penalty notice that the person wishes to dispute liability for the offence.
- (2) On application made in the name of the Secretary for Justice and on production of a certificate under section 5 of this Schedule, a magistrate must order the person to pay, within 14 days after the date of service of notice of the order—
 - (a) the fixed penalty;
 - (b) an additional penalty equal to the amount of the fixed penalty; and
 - (c) \$300 by way of cost.
- (3) A magistrate must cause notice of a recovery order to be served on the person against whom it is made and it may be served by sending it by post to the person's address.
- (4) An application may be made in the absence of the person and the Secretary for Justice may appoint another person to make an application.

5. Evidentiary certificate

- (1) A certificate in the form specified by the Commissioner stating the matters in subsection (2) and purporting to be signed by or for the Commissioner is admissible in evidence in any proceedings under this Schedule.
- (2) The matters are—
 - (a) that the person specified in the certificate had not, before the date of the certificate, paid the fixed penalty; and
 - (b) that the person specified in the certificate had not, before the date of the certificate, notified the Commissioner that the person wished to dispute liability for the offence.
- (3) Unless there is evidence to the contrary—
 - (a) it is presumed that the certificate was signed by or for the Commissioner; and
 - (b) the certificate is evidence of the facts stated in it.

6. Consequences of compliance with recovery order or failure to do so

- (1) This section applies to a person against whom a recovery order is made.
- (2) The person is not liable to be prosecuted or convicted for the offence to which the order relates if the person has complied with the recovery order and the enforcement notice concerned.
- (3) If the person fails to comply with the recovery order, the person—

- (a) is to be regarded, for the purposes of section 68 of the Magistrates Ordinance (Cap. 227), as having failed to pay the sum adjudged to be paid by a conviction; and
- (b) is liable to be imprisoned under that section.

7. Application for review of recovery order

- (1) A person against whom a recovery order is made may apply to a magistrate for review of the order.
- (2) An application must be made within 14 days after the date on which the recovery order first came to the notice of the applicant.
- (3) The applicant must give reasonable notice of the application to the Commissioner.
- (4) An application may be made in person or by counsel or solicitor.
- (5) For securing the attendance of witnesses and generally for conducting the proceedings, the magistrate has all the powers of a magistrate hearing a complaint under the Magistrates Ordinance (Cap. 227).

8. Outcome of review

- (1) On application under section 7 of this Schedule, a magistrate may rescind a recovery order if satisfied that the penalty notice did not come to the notice of the applicant without any fault of the applicant.
- (2) If the magistrate rescinds a recovery order, and the applicant wishes to dispute liability for the offence to which the order relates, the magistrate must give leave to that effect.

- (3) If the magistrate rescinds a recovery order, and the applicant does not wish to dispute liability for the offence to which the order relates, the magistrate must order that—
 - (a) the applicant must pay the fixed penalty within 10 days after the date of an order made under this paragraph; and
 - (b) (if the applicant fails to pay the fixed penalty within that period) the applicant must immediately pay—
 - (i) the fixed penalty;
 - (ii) an additional penalty equal to the amount of the fixed penalty; and
 - (iii) \$300 by way of costs.
- (4) Despite section 26 of the Magistrates Ordinance (Cap. 227), if a magistrate gives leave under subsection (2), proceedings may be commenced within 2 years after the date on which the magistrate gives the leave.
- (5) If the applicant fails to comply with the order under subsection (3)(b), the applicant—
 - (a) is to be regarded, for the purposes of section 68 of the Magistrates Ordinance (Cap. 227), as having failed to pay the sum adjudged to be paid by a conviction; and
 - (b) is liable to be imprisoned under that section.

Part 4

Proceedings if Liability is Disputed

9. Dispute of liability for offence

- (1) This section applies if—
 - (a) a person has given the Commissioner a notification mentioned in section 2(b) of this Schedule; or
 - (b) a person has been given leave under section 8(2) of this Schedule to dispute the liability for an offence under section 47A(1).
- (2) A summons in any proceedings against the person for the offence may be served on the person in accordance with section 8 of the Magistrates Ordinance (Cap. 227).
- (3) If—
 - (a) the person appears in any proceedings in answer to a summons served under subsection (2); and
 - (b) the person is convicted of the offence after having offered no defence or a defence that is frivolous or vexatious,the magistrate before whom the proceedings are heard must, in addition to the fixed penalty under the penalty notice and any other penalty and costs, impose an additional penalty equal to the amount of the fixed penalty.
- (4) Any proceedings commenced against a person falling within subsection (1)(a) must terminate if the person—
 - (a) pays in accordance with subsection (5)—

- (i) the fixed penalty;
 - (ii) an additional penalty equal to the amount of the fixed penalty; and
 - (iii) \$500 by way of costs; and
- (b) complies with the enforcement notice to which the offence relates before the day specified in the summons for the person's appearance.
- (5) Payment under subsection (4)(a) must be made at any magistrates' court not less than 2 days before the day specified in the summons for the person's appearance, and the summons must be produced at the time of the payment.
- (6) Neither a Saturday nor a public holiday may be included in the computation of the 2 days' period mentioned in subsection (5).

Part 5

General Provisions for Proceedings

10. Power to rescind order on application by Commissioner

At any time, a magistrate may for good cause, on application by the Commissioner, rescind—

- (a) an order for the payment of the fixed penalty; and
 - (b) any other order made under this Schedule in the same proceedings.
-

Schedule 5

[ss. 49 & 61]

Bodies of Persons Specified for Purposes of Section 49(2A)(a)

1. Medical Council of Hong Kong
2. Dental Council of Hong Kong
3. Nursing Council of Hong Kong
4. Midwives Council of Hong Kong
5. Supplementary Medical Professions Council
6. Chiropractors Council
7. Pharmacy and Poisons Board
8. The Chinese Medicine Council of Hong Kong
9. A healthcare professional body that is accredited under The Accredited Registers Scheme for Healthcare Professions established by the Government

Schedule 6

[s. 60A]

Transitional Provisions for 2025 Amendment Ordinance

1. Transitional arrangement relating to joining consent

(1) If a joining consent is given before the commencement date, the former section 7(3) continues to apply to the consent on or after the commencement date as if the former section 7(3) had not been amended by the 2025 Amendment Ordinance.

(2) In this section—

commencement date (生效日期) means the date on which section 11(1) of the 2025 Amendment Ordinance comes into operation;

former section 7(3) (原有第7(3)條) means section 7(3) as in force immediately before the commencement date.

2. Transitional arrangement relating to sharing consent

(1) If a sharing consent is given before the commencement date, the former relevant provisions continue to apply in relation to the consent on or after the commencement date as if the former relevant provisions had not been amended by the 2025 Amendment Ordinance.

(2) In this section—

commencement date (生效日期) means the date on which sections 6, 16, 17, 18, 19 and 20 of the 2025 Amendment Ordinance come into operation;

former relevant provisions (原有相關條文) means section 3 and Division 3 of Part 2 as in force immediately before the commencement date.”.

Part 3

Consequential Amendments

Division 1—Administrative Appeals Board Ordinance (Cap. 442)

57. Schedule amended

- (1) The Schedule, item 74, column 2—

Repeal

“Record Sharing”.

- (2) The Schedule, item 74, column 3, paragraph (d)—

Repeal

“Record Sharing”.

- (3) The Schedule, item 74, column 3, paragraph (f)—

Repeal the full stop

Substitute

“; or”.

- (4) The Schedule, item 74, column 3, after paragraph (f)—

Add

“(g) to give an enforcement notice under section 26R(1).”.

Division 2—Private Healthcare Facilities Ordinance (Cap. 633)

58. Part 13, Division 32 heading amended (amendments to Electronic Health Record Sharing System Ordinance (Cap. 625))

Part 13, Division 32, heading—

Repeal

“Record Sharing”.

**Division 3—Dentists Registration (Amendment) Ordinance
2024 (22 of 2024)**

- 59. Part 5, Division 14 heading amended (amendments to Electronic Health Record Sharing System Ordinance (Cap. 625))**

Part 5, Division 14, heading—

Repeal

“Record Sharing”.

- 60. Section 135 amended (Schedule amended (healthcare professionals))**

(1) Section 135, heading—

Repeal

“Schedule amended (healthcare professionals)”

Substitute

“Schedule 1 amended (Hong Kong healthcare professionals)”.

(2) Section 135—

Repeal

“The Schedule”

Substitute

“Schedule 1, Part 2”.

Explanatory Memorandum

The main object of this Bill is to amend the Electronic Health Record Sharing System Ordinance (Cap. 625) (***Cap. 625***) to support the Government's eHealth+ initiative, which seeks to transform the information infrastructure established and maintained under section 5 of Cap. 625 (***eHealth System***) from a health record sharing system into a comprehensive healthcare information infrastructure.

2. Clause 1 sets out the short title and provides for commencement.
3. Clause 2 is the standard enactments amended clause included in amending legislation.
4. Clause 3 amends the long title of Cap. 625 to reflect the expansion of the functions of the eHealth System.
5. Clause 4 amends the current short title of Cap. 625 to change it to the Electronic Health System Ordinance.
6. Clause 5 amends section 2 of Cap. 625 to amend or repeal existing definitions or to add new definitions. Some of the key new or amended definitions are ***eHealth System***, ***enforcement notice***, ***healthcare professional***, ***healthcare provider***, ***healthcare recipient***, ***Hong Kong healthcare professional***, ***non-Hong Kong healthcare professional***, ***prescribed healthcare provider***, ***recognized non-Hong Kong healthcare provider***, ***recognized non-Hong Kong public health record system***, ***relevant healthcare provider***, ***specified health data*** and ***specified healthcare provider***.

7. Clause 10 amends section 5 of Cap. 625 to change the name of the eHealth System from “Electronic Health Record Sharing System” to “Electronic Health System” and to provide that the Commissioner for the Electronic Health Record (*Commissioner*) must also maintain the eHealth System for providing support in connection with or facilitating the provision of healthcare to registered healthcare recipients and health management by registered healthcare recipients.
8. Clause 11 amends section 7 of Cap. 625 to revise the scope of a joining consent so that the consent is to, after the registration of a healthcare recipient, allow—
 - (a) the Commissioner to obtain certain data of the healthcare recipient from certain healthcare providers (including healthcare providers that provide healthcare in a place outside Hong Kong and that are recognized under the new section 26A(1) of Cap. 625 (*recognized non-Hong Kong healthcare providers*)) and certain information infrastructures that are operated in a place outside Hong Kong and that are recognized under the new section 26E(1) of Cap. 625 (*recognized non-Hong Kong public health record systems*), regardless of whether sharing consent has been given to those healthcare providers or in relation to such systems;
 - (b) the Commissioner to provide any sharable data of the healthcare recipient to healthcare providers (including recognized non-Hong Kong healthcare providers) to which, and recognized non-Hong Kong public health record systems in relation to which, the healthcare recipient has given a sharing consent;

- (c) certain healthcare providers (including recognized non-Hong Kong healthcare providers) to provide to the eHealth System any sharable data of the healthcare recipient; and
 - (d) any sharable data of the healthcare recipient to be provided to the eHealth System from recognized non-Hong Kong public health record systems.
- 9. Clauses 14 and 15 amend sections 10 and 11 of Cap. 625 respectively to mainly provide that the contravention by a registered healthcare recipient of a provision of a code of practice issued under section 52 of Cap. 625 is a ground for suspension or cancellation of the healthcare recipient's registration.
- 10. Clause 16 amends section 12 of Cap. 625 to—
 - (a) revise the scope of a sharing consent that may be given to a healthcare provider and expand the types of healthcare provider to which such a consent may be given;
 - (b) provide that a sharing consent may be given in relation to a recognized non-Hong Kong public health record system to allow any sharable data of the healthcare recipient kept in the eHealth System to be provided to the non-Hong Kong public health record system; and
 - (c) remove the option of giving sharing consent for a one-year-term.
- 11. In view of the amendments described in paragraph 10, clauses 17 and 19 make consequential amendments to sections 13 and 15 of Cap. 625 respectively and clause 18 consequentially repeals section 14 of Cap. 625.

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12. Clause 20 amends section 16 of Cap. 625 to extend a sharing consent that is taken to be given under that section 16 to the Primary Healthcare Commission and a healthcare facility managed or controlled by the Government or by the Hospital Authority or by certain subsidiaries of the Hospital Authority.
 13. Clause 28 adds new Divisions 6, 7 and 8 to Part 2 of Cap. 625.
 14. The new Division 6 of Part 2 of Cap. 625 deals with—
 - (a) the recognition by the Commissioner of certain healthcare providers that provide healthcare in a place outside Hong Kong (see the new section 26A) for the eHealth System; and
 - (b) the withdrawal, suspension and revocation of such recognition (see the new sections 26B, 26C and 26D).
 15. The new Division 7 of Part 2 of Cap. 625 deals with—
 - (a) the recognition by the Commissioner of certain information infrastructures that are operated in a place outside Hong Kong for connection to the eHealth System (see the new section 26E); and
 - (b) the withdrawal, suspension and revocation of such recognition (see the new sections 26F, 26G and 26H).
 16. The new Division 8 of Part 2 of Cap. 625 seeks to facilitate the use of electronic medical documents and to provide that certain medical documents are invalid if they are not issued through the eHealth System.
 17. Clause 29 adds new Parts 2A and 2B to Cap. 625.

18. The new Part 2A of Cap. 625 requires certain healthcare providers that provide healthcare in Hong Kong to provide, within a specified period, to the eHealth System specified health data that are in the healthcare provider's possession. If the Commissioner is of the opinion that a healthcare provider concerned fails to comply with the requirement, the Commissioner may give an enforcement notice on the healthcare provider (see the new section 26R).
19. The new Part 2B of Cap. 625 concerns the provision of sharable data to the eHealth System, and the obtainment of such data from that system, by registered healthcare recipients and certain persons related to them (including persons authorized by them).
20. Clause 31 adds a new section 28A to Cap. 625 to provide for the use of the data and information contained in the electronic health record of a registered healthcare recipient in connection with advance medical directives.
21. Clause 32 amends section 29 of Cap. 625 to provide that the data and information contained in an electronic health record may be used for the development of medicine, medical treatment or medical devices. Clauses 34 and 35 make consequential amendments to sections 32 and 35 of Cap. 625 respectively.
22. Clause 33 adds new sections 30A, 30B and 30C to Cap. 625 to provide that—
 - (a) the data and information contained in an electronic health record may be used for emergency situations;

- (b) identifiable data contained in an electronic health record may be used by the Government, or a person authorized by the Commissioner, for Government-authorized health care programmes; and
 - (c) non-identifiable data contained in an electronic health record may be used by the Government, or a person authorized by the Commissioner, for the formulation of public policies.
- 23. Clause 37 adds a new Division 5 to Part 3 of Cap. 625 to provide for the authorization of persons by the Commissioner for the purposes of the new sections 30B and 30C.
- 24. Clause 40 adds new sections 41A and 41B to Cap. 625 to create offences relating to purporting to be or holding out as the eHealth System and using the title of the eHealth System etc. to mislead others.
- 25. Section 47(7) of Cap. 625 provides that section 47 does not apply in relation to the use, etc. of data or information contained in an electronic health record that is not for gain and is for certain purposes. Clause 42 amends section 47 so that the offering, or the advertising of the availability of, certain health care services is also such a purpose.
- 26. Clause 43 adds new sections 47A, 47B and 47C to Cap. 625. A failure to comply with an enforcement notice mentioned in the new section 26R is an offence (see the new section 47A). Before any proceedings for such an offence are taken against a person, the Commissioner must give the person a penalty notice. The person may discharge liability for the offence by paying a fixed penalty and complying with the enforcement notice (see the new section 47B). The new section 47C deals with circumstances where a person continues to fail to comply with

an enforcement notice after being given a penalty notice. The new Schedule 4 has effect in relation to a penalty notice (see clause 56).

27. Clause 44 amends section 49 of Cap. 625 to make clear that the Commissioner may request certain information from bodies of persons specified in the new Schedule 5 to Cap. 625, Government departments and prescribed healthcare providers for the operation of the eHealth System and to take any action to safeguard the integrity and security of the eHealth System.
28. Clause 45 amends section 50 of Cap. 625 to provide that the Commissioner must keep registers of recognized non-Hong Kong healthcare providers and recognized non-Hong Kong public health record systems.
29. Clause 47 adds a new section 53A to Cap. 625 to provide that the Commissioner may specify certain registered healthcare providers for the purposes of a definition in section 2(1) of Cap. 625.
30. Clause 48 amends section 56 of Cap. 625 to provide that a decision to give an enforcement notice under the new section 26R is subject to appeal to the Administrative Appeals Board.
31. Clause 49 amends section 57 of Cap. 625 to allow more types of healthcare providers to access card face data of the identity card of a healthcare recipient and to expand the coverage of such data.
32. Clause 53 adds a new section 60A to Cap. 625. The new section 60A deals with transitional provisions relating to joining consent and sharing consent. The transitional provisions are set out in the new Schedule 6 to Cap. 625 (see clause 56).

33. Clause 54 amends section 61 of Cap. 625 to empower the Secretary for Health and the Commissioner to amend certain Schedules to Cap. 625.
34. Clause 55 renumbers the current Schedule to Cap. 625 as Schedule 1 and adds healthcare professionals to that Schedule for the purposes of a definition in section 2(1) of Cap. 625.
35. Clause 56 adds new Schedules 2, 3, 4, 5 and 6 to Cap. 625.
36. The Bill also contains the following related amendments—
 - (a) clause 52 amends section 60 of Cap. 625 to allow service of notices to addresses outside Hong Kong or by electronic mail transmission; and
 - (b) clauses 57 to 60 amend the Administrative Appeals Board Ordinance (Cap. 442), the Private Healthcare Facilities Ordinance (Cap. 633) and the Dentists Registration (Amendment) Ordinance 2024 (22 of 2024) consequentially.