

LEGISLATIVE COUNCIL BRIEF

Electronic Health Record Sharing System Ordinance
(Chapter 625)

ELECTRONIC HEALTH RECORD SHARING SYSTEM (AMENDMENT) BILL 2025

INTRODUCTION

At the meeting of the Executive Council on 17 March 2025, the Council **ADVISED** and the Chief Executive **ORDERED** that the Electronic Health Record Sharing System (Amendment) Bill 2025 (“the Bill”), at **Annex A**, should be introduced into the Legislative Council (“LegCo”) to –

- (a) empower the Secretary for Health (“SH”) to require specified healthcare providers (“HCPs”) to provide specified health data of registered healthcare recipients (“HCRs”) into the HCRs’ personal Electronic Health Record Sharing System (“eHealth”) accounts;
- (b) streamline the current consent mechanism for HCRs such that once an HCR joins eHealth, any HCP who provides services to the HCR may provide sharable data of the HCR into the HCR’s eHealth account;
- (c) expand the scope of healthcare professionals (“HCProfs”) who can access health data on eHealth for performing healthcare for the HCR subject to the HCR’s consent;
- (d) provide the legal framework for the use of electronic medical documentations, such as medical certificates, prescriptions, referrals, etc., on eHealth;
- (e) empower the Commissioner for the Electronic Health Record (“eHRC”) to recognise non-Hong Kong HCPs and public health record systems subject to meeting specific requirements and conditions to enable them to provide and access health data in eHealth with the HCR’s consent;
- (f) provide that the Government and authorised parties may use identifiable data on eHealth for enrolment of HCRs in, the administration of and evaluation of Government healthcare

programmes, and use non-identifiable data on eHealth for public policy purposes;

- (g) provide that an HCR and specific categories of persons related to the HCR may provide to and obtain from eHealth data of the HCR to empower HCRs to manage their own data on eHealth; and
- (h) make other technical amendments, including changing the official name of eHealth to “Electronic Health System” and enabling an advance medical directive (“AMD”) made by an HCR and governed by the Advance Decision on Life-sustaining Treatment Ordinance (Cap. 651) to be stored and accessed on eHealth.

JUSTIFICATIONS

eHealth+ Development

2. Building on the strengths of the existing infrastructure of eHealth, which was launched in 2016, the Chief Executive announced in the 2023 Policy Address the initiative to roll out a five-year eHealth+ development plan to transform eHealth from a health record sharing system into a comprehensive healthcare information infrastructure that integrates multiple functions of data sharing, service delivery and care journey management. eHealth+ aims to establish a comprehensive and holistic smart health ecosystem that runs through the entire healthcare process and links to different sectors and tiers of the healthcare system. eHealth+ will facilitate care coordination, cross-sector collaboration, as well as active health management and surveillance, thereby better serving our citizens in obtaining optimal healthcare services and supporting various healthcare policies more effectively, such as primary healthcare and cross-boundary healthcare. The Government will take forward the eHealth+ development in accordance with the patient-centric principle and expanding and integrating eHealth functions in four strategic directions, namely, “One Health Record”, “One Care Journey”, “One Digital Front Door to Empowering Tool” and “One Health Data Repository”. Specifically, we will launch nine core functions¹ to support every key stage or touchpoint of the care journey, with a view to bringing about a seamless and personalised care journey for each individual. In July 2024, the Finance Committee of the LegCo approved a capital funding of \$1,395.8 million to support the eHealth+ development.

¹ The nine core functions include: eBooking/eReferral, eIdentification/eAuthentication, eImaging/eLaboratory Report, eMedication, eMedical Certificate, Portable eHealth Record, eHealth Manager, eHealth Tracker, and e+ Life.

3. The Electronic Health Record Sharing System Ordinance (Cap. 625) (“eHRSSO”) came into operation on 2 December 2015² to support the establishment of eHealth and provide the legal basis for governing the data collection, sharing, use and safekeeping of data shared through eHealth³. A summary of the existing legal framework is at **Annex B**. The development of eHealth+ entails a paradigm shift in the roles and functions of eHealth, capturing a much wider scope of data type and involving higher complexity of functions, as well as more proactive participation of HCRs, HCPs, and the Government. The comprehensiveness, completeness, accessibility and portability of electronic health records (“eHRs”) are of paramount importance. It is necessary to amend the eHRSSO to provide the legal basis to support the future development of eHealth and complement the healthcare reform, including primary healthcare and cross-boundary healthcare development.

Build a Comprehensive and Complete eHR Profile for HCRs

Requirement to Provide Specified Health Data by Specified HCPs

4. Under the strategic goal of “One Health Record”, we seek to consolidate the longitudinal eHRs of an HCR spread across a multitude of healthcare processes into his/her personal eHealth account. A comprehensive and complete eHR profile enables HCRs and authorised HCPs to make informed decisions and respond to the health needs of HCRs more effectively, thus improving clinical outcomes and saving costs of care. Nevertheless, while private HCPs have been actively using eHealth in supporting clinical processes as evidenced by the fact that nearly 60% of eHR access by HCPs as of end-February 2025 were by private HCPs, more than 99% of some 4.5 billion eHRs shared on eHealth are from public HCPs (e.g. the Department of Health (“DH”) and the Hospital Authority (“HA”)). Notwithstanding the request or wish of the HCR to make them available, HCPs may choose if they would deposit eHRs of HCRs into an HCR’s eHealth account. The limited eHR contribution of the private sector to eHealth has become a major obstacle to facilitating the continuity of multi-disciplinary care for HCRs, especially in primary healthcare and bi-directional referrals between primary and secondary care.

² Except for Section 3(3)(e), Section 3(5)(g), Section 3(5)(h), Division 4 of Part 2, Section 29, Divisions 2 and 3 of Part 3, Section 46, Section 49(1)(g), Division 2 of Part 6, and Section 58(c).

³ eHRs as personal data are also subject to the Personal Data (Privacy) Ordinance (Cap. 486) (“PDPO”) that provides fundamental safeguards for personal data privacy. A set of Code of Practice (“CoP”) was issued by the eHRC to guide the participants on the operation and use of eHealth.

5. The Government has been making every effort to facilitate and incentivise the provision of HCRs' eHRs into eHealth by the private sector, thereby assisting HCRs to access, manage and transfer their own health records more conveniently. The measures taken include enhancing the technical connectivity between eHealth and common electronic medical record ("eMR") system solutions used by private HCPs in the market⁴ and requiring HCPs to provide relevant medical records of participating HCRs into eHealth under public-private partnership programmes. With the Government's endeavours, the number of eHRs provided by private HCPs in a year increased by 68% from 2.19 million to 3.67 million between 2023 and 2024; and the number of private healthcare service locations that are capable of providing eHRs to eHealth increased by 83% from 359 to 656 between 2023 and 2024. While the Government would continue to strengthen our efforts in boosting connectivity with the private sector, it is necessary to introduce a stronger measure and take a more targeted approach to cater for the scenario that the eHRs provided by the private sector still fall short of HCRs' expectations.

6. In recent years, governments around the world are introducing legislation to require HCPs to provide important health records into their respective nationwide or regional eHR systems, with a view to enabling better continuity of care for HCRs⁵. In light of the local needs and the global trend, we propose to empower the SH to require specified HCPs to provide, subject to the relevant consent of HCRs, specified health data of those HCRs that are in their possession into eHealth within a specified period, in order to facilitate HCRs' easy access and control of their key health information. The requirement will not apply in the case where an HCR is not registered with eHealth.

7. In drawing up the types of specified health data⁶, we will make reference to the practices in other jurisdictions, the clinical needs of HCPs and

⁴ In 2023/2024, the Government rolled out the eHealth Adoption Sponsorship Pilot Scheme by partnering with eMR solutions vendors/medical groups to co-fund system enhancements to achieve seamless eHR sharing by private HCPs. Since 2024/2025, we have progressively expanded the scheme to cover more eMR solutions, medical groups, and other sectors such as Chinese medicine.

⁵ For example, the Australian parliament recently passed the Health Legislation Amendment (Modernising My Health Record – Sharing by Default) Bill 2024 in February 2025 to establish a legislative framework to require prescribed providers to share key information (e.g. pathology and diagnostic imaging) with Australia's My Health Record system. The Singaporean government also announced its plan to introduce the Health Information Bill in 2025 to require licensed providers to contribute selected health information to Singapore's National Electronic Health Record.

⁶ eHealth currently allows the sharing of 11 data types of eHRs, including (1) personal identification and demographic data; (2) allergies and adverse drug reactions; (3) encounters/appointments; (4) diagnosis, procedures and medication; (5) clinical note/summary; (6) birth and immunisation records; (7) laboratory and radiology reports; (8) other investigation reports; (9) healthcare referrals; (10) observation and lifestyle records; and (11) medical certificates.

the healthcare needs of HCRs, in consultation with the relevant stakeholders. In principle, we will accord priority to health data that are essential in supporting diagnosis, preventing medical errors, or avoiding contradictory or duplicated medical treatments, such as allergies and adverse drug reactions, medication, diagnosis, laboratory records, radiology reports and images, and immunisation records. The scope of specified HCPs will be determined based on the type of specified health data (e.g. laboratory records to be provided by laboratories and HCPs that provide laboratory services) and will include HCPs that are not registered on eHealth. We will ensure the technical and operational feasibility of data provision by the HCPs concerned, including the necessary system set-up, to implement the requirement.

8. On enforcement arrangements, we propose to empower the eHRC to give an enforcement notice to direct the HCP to provide the specified health data if the eHRC is of the opinion that an HCP fails to provide the relevant data. Should an HCP fail to comply with an enforcement notice, the eHRC may give the HCP a penalty notice for a fixed penalty of \$1,500. However, if the HCP continues to contravene the enforcement notice, regardless of whether the fixed penalty has been paid, court proceedings may be taken against the HCP. An offender is liable on conviction to a maximum fine at level 5 (\$50,000), and 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. Nevertheless, we propose to provide that it is a defence for an HCP charged with the offence to establish that the HCR had explicitly requested the HCP not to provide the specified health data to eHealth, or the HCP had otherwise exercised all due diligence to prevent the commission of the offence. It is also worthwhile to note that as each HCR would be the only party that is in full control of his/her own eHealth account and the eHRs provided thereto, the requirement would only be enforceable upon complaints made by HCRs to the eHRC, and the eHRC has conducted an investigation into the complaint.

Streamline HCRs' Consent Mechanism

9. A core principle of eHealth is that HCRs can freely choose to participate in eHealth by giving express and informed consent. Under the current consent mechanism prescribed under the eHRSSO, an HCR needs to first give a "joining consent" to register with eHealth and then provide a "sharing consent" to individual HCP before that particular HCP can provide and obtain the eHRs in the HCR's eHealth account. In the case of the HA and the DH, the "sharing consent" is taken to be given under the eHRSSO, hence the HA and the DH can provide to, and obtain from, eHealth the HCR's eHRs once the HCR gives a "joining consent" to participate in eHealth.

10. Of more than 6.1 million registered HCRs under eHealth, around 64% have not given any “sharing consent” to any private HCP, implying that a majority of the HCRs have yet to enable the provision of eHRs by private HCPs, and fully utilise eHealth. This is partly due to the complicated two-step consent model that some HCRs may not fully understand. In light of this, we propose to streamline the consent mechanism to the effect that any HCPs may provide eHRs into an HCR’s eHealth account once the “joining consent” is given by the HCR. Meanwhile, the obtainment of eHRs on eHealth by any HCP will continue to be subject to the “sharing consent” provided by an HCR to the specific HCP. As a result, an HCR will have a fuller set of eHRs in his/her personal eHealth account, and maintain full control of his/her personal data to facilitate HCRs’ own will for allowing access of their eHRs by authorised HCPs.

11. In terms of transitional arrangements, in accordance with the data protection principles (“DPPs”) under the PDPO⁷, the existing “joining consent” given by an HCR prior to the commencement of the amended Ordinance will remain unchanged. In other words, any HCP could only provide eHRs into an HCR’s eHealth account only if the HCR has provided “sharing consent” to the HCP, unless the HCR has expressly provided a new “joining consent” afresh after the commencement of the amended Ordinance. To encourage the adoption of the streamlined consent mechanism, we will facilitate existing registered HCRs to opt for the new “joining consent” through various means, such as through push notifications on the eHealth mobile application (“eHealth App”).

12. As mentioned in paragraph 9, the eHRSSO provides that the “sharing consent” is taken to be given to the HA and the DH when an HCR gives his/her “joining consent”. This is because the HA and the DH, being the HCPs of the public sector that serve the largest number of patients, act as a safety net for Hong Kong’s healthcare system. HCRs’ consent to the HA and the DH are considered part and parcel of their enrolment to eHealth, which would be conducive to their continuity of care. Over the years, the Government has established new public healthcare facilities that are neither directly managed by the HA and the DH, such as the District Health Centres, the Chinese Medicine Clinics cum Training and Research Centres, and the Chinese Medicine Hospital of Hong Kong, which will commence services in end 2025. As these facilities play a similarly vital role as the HA and the DH in the provision of public healthcare services, we propose to extend the “sharing consent” taken to be given

⁷ DPP1 provides that a data subject should be informed, on or before the collection of personal data, whether it is obligatory or voluntary to supply the data, the consequences of failing to supply such data if it is obligatory to do so, the purpose of using the data and the classes of person to whom the data may be transferred. DPP3 prohibits the use of personal data for any new purpose which is not the original purpose of collecting the data or any directly related purpose, unless with the data subject’s prescribed consent (i.e. express consent of the person given voluntarily, which has not been withdrawn by notice in writing).

arrangement to the Primary Healthcare Commission and healthcare facilities controlled or managed by the Government, the HA or a body corporate established by the HA under the Hospital Authority Ordinance (Cap. 113) (“HA subsidiary”).

13. At present, other than the DH and the HA for whom the sharing consent is taken to be valid as long as the HCR is participating in eHealth, a sharing consent may be given to an HCP for an indefinite term or one-year renewable period. We observe that most HCRs (over 97%) have opted for an indefinite term. Since eHealth should serve as a longitudinal collection of eHRs of an HCR, we propose to remove the one-year “sharing consent” option. Of note, “sharing consent” given to an HCP can be conveniently revoked at any time via the eHealth App.

14. Furthermore, consequential to the mandatory provision requirement as outlined in paragraphs 4 to 8 above, the scope of “joining consent” will be expanded to cover a consent for the eHRC to obtain from specified HCPs the specified health data. The scope of “joining consent” and “sharing consent” will also cover non-Hong Kong HCPs and public health record systems consequential to the proposal to recognise non-Hong Kong HCPs and public health record systems as outlined in paragraphs 20 to 23 below.

Support Primary Healthcare and HCR’s Health Management

Expand eHealth Access to Specified HCProfs

15. Currently, 13 types of statutorily registered HCProfs listed under the Schedule of the eHRSSO are granted access to health data of HCRs in eHealth to perform healthcare for the HCR. With the growing importance of multi-disciplinary medical teams in the community for primary healthcare service provision, there is a need to open up eHealth access for a wider range of allied HCProfs to ensure that HCRs are able to receive continuous and personalised care when utilising primary healthcare services. As health data on eHealth is considered sensitive personal data, we have to ensure that HCProfs with access to eHealth data should be subject to a sufficient level of regulatory control to ensure the appropriate use of eHRs.

16. Therefore, we propose to include the HCProfs registered with an accredited professional body under the DH’s Accredited Registers Scheme for Healthcare Professions, namely speech therapists, audiologists, dietitians, educational psychologists, and clinical psychologists, in the scope of specified

HCPs. Besides, specified HCPs⁸ that provide healthcare in healthcare facilities managed or controlled by the Government, the HA, an HA subsidiary or engaged by an HCP specified by the eHRC will also be granted access to health data on eHealth. As per established mechanism, HCPs may only access the eHRs with the consent of the HCR concerned, and to the extent on a “need-to-know” basis for the purpose of providing healthcare for the HCR.

Facilitate HCRs’ Use of Electronic Medical Documents

17. Under the development of eHealth+, we will launch nine core functions to support HCRs’ care journey, including the “eMedical Certificate” function to facilitate HCRs’ use of electronic medical documents. Medical documentation in electronic form reduces the risk of losing such documentation as compared to paper form while giving patients a better service experience and support for online services. For example, electronic medical certificates offer patients greater convenience, streamline clinical and administrative workflows and facilitate access control. ePrescription improves prescription accuracy, reduces costs and enables secure, real-time, bi-directional connectivity among clinicians, pharmacies and related stakeholders. Similarly, eReferral will ensure valid, complete and effective referrals and facilities for the effective discharge of case management and gate-keeping role of primary care service providers, as well as coordinate community health services to promote medical-social collaboration. Among other things, we will incorporate an authentication function in eHealth for users to verify the medical documents by scanning QR codes, which could prevent forgery and alteration of the documents, and confirm the authenticity and validity of the documents at any time and any place.

18. We propose to provide in the eHRSSO a clear legal framework to offer legal backing for these electronic medical documents in eHealth, govern the related matters, and facilitate the use of electronic medical documents. With reference to the Electronic Transactions Ordinance (Cap. 553), we propose to provide that: (a) if an Ordinance⁹ requires a medical document to be in writing, the requirement is also met if the medical document is in the form of an electronic record issued or authenticated via eHealth; (b) if an Ordinance requires the signature of a person on a medical document, an electronic signature

⁸ The specified allied HCPs include audiology technicians, chiropodists or podiatrists, dental surgery assistants, dental technicians or dental technologists, dental therapists, dispensers, mould laboratory technicians, orthotists or prosthetists, orthoptists, scientific officers (medical), bioinformaticians, genetic counsellors, Chinese medicine pharmacy practitioners, Chinese medicine pharmacy dispensers or technicians, medical social workers, speech therapists, audiologists, dietitians, educational psychologists, and clinical psychologists.

⁹ References to “Ordinance” in this paragraph includes any subsidiary legislation made under the Ordinance and any provision of the Ordinance or such subsidiary legislation.

authenticated or approved by eHealth will also satisfy the requirement; (c) if an Ordinance requires a specified medical document to be presented in its original form, that requirement is also satisfied by presenting the document in the form of an electronic record that is issued or authenticated through eHealth; and (d) if an Ordinance requires certain information to be retained in the Ordinance, that requirement is also satisfied by retaining, in eHealth, the document in the form of an electronic record that is issued or authenticated through eHealth.

19. Besides, we envision that there may be a need to designate eHealth as the only platform for issuance of certain medical documents to facilitate management and control of medical documents, ensure compliance of relevant requirements by HCProfs, and support relevant regulatory works of the authorities through a centralised platform with pre-defined protocols/requirements. Therefore, we propose to provide that certain medical documents, as specified in a Schedule, may (a) only be issued in electronic form through eHealth, or (b) only be issued through eHealth.

Support HCRs' Cross-boundary Healthcare Needs

Recognition of non-Hong Kong HCPs and Public Health Record Systems

20. With the ever-tighter economic and social integration between Hong Kong and the Mainland, Hong Kong citizens making use of medical services in the Mainland, especially in the Guangdong-Hong Kong-Macao Greater Bay Area ("GBA"), is becoming more common. Under the principle of complementarity and mutual benefits, the Government has been actively promoting healthcare collaborations in the GBA to leverage the composite advantages of Hong Kong and the Mainland and improve the overall standards and development of different aspects of healthcare within the region. To support HCRs' cross-boundary healthcare needs and dovetail with cross-boundary health collaborations, the Government has been working to enable HCRs to carry their eHRs for cross-boundary uses via eHealth, to enhance continuity of care across the boundary, such as the launch of the "Cross-boundary Health Record" ("CBHR")¹⁰ and "Personal Folder"¹¹ functions on the eHealth App in July 2024. However, requiring HCRs to carry their own eHRs for cross-boundary uses each time is not the most effective and reliable

¹⁰ The "CBHR" function enables eligible Hong Kong elderly persons using Elderly Health Care Vouchers at the specified healthcare institutions in GBA to apply for a copy of their eHRs in eHealth over the past three years through the eHealth App in advance. Upon verification of an elderly person's authorisation, a "File QR Code" and "Password QR Code" will be sent to the elderly person via the eHealth App. HCProfs can then access and browse the relevant eHRs by scanning the two QR codes presented by the elderly person at the time of consultation to assist in diagnoses and treatment.

¹¹ The "Personal Folder" function enables eHealth users to provide eHRs obtained during consultations within and outside Hong Kong to their personal eHealth accounts to facilitate storage and use of eHRs.

way for both HCRs and HCPs. For example, it is difficult for HCRs to self-upload high resolution radiology images via eHealth App, given the more stringent technical requirements. There is hence a need to provide a more convenient means for HCRs to use their eHRs across the boundary.

21. Currently, under the eHRSSO, non-Hong Kong HCPs are unable to register with eHealth since HCPs are required to provide healthcare at a service location in Hong Kong. Therefore, we propose to empower the eHRC to, if he/she is satisfied that a non-Hong Kong HCP complies with the requirements specified by the eHRC, recognise the non-Hong Kong HCP and impose conditions for such recognition. The eHRC must not recognise the non-Hong Kong HCP if he/she is satisfied that the non-Hong Kong HCP is not licensed or otherwise permitted to provide healthcare in the HCP's relevant jurisdiction, or that recognising the HCP may impair the security or compromise the integrity of eHealth.

22. With the burgeoning nationwide or regional health records systems around the world, we envision that there could be scenarios where there is a need to connect eHealth to a non-Hong Kong HCP through these systems to enhance the continuity of care of HCRs across the boundary. Therefore, we propose to empower the eHRC to, if he/she is satisfied that a non-Hong Kong public health record system complies with the requirements specified by the eHRC, recognise that system to connect to eHealth and impose conditions for such recognition. The eHRC must not recognise the system concerned if he/she is satisfied that the system is not operated by the government or authority in a jurisdiction outside Hong Kong or a person authorised by such a government or authority, the system does not serve a similar purpose to eHealth in relation to the keeping, use and sharing of data for facilitation of provision of healthcare, or recognising the system may impair the security or compromise the integrity of eHealth.

23. To ensure that there are sufficient leverages in place to enforce the imposed conditions on non-Hong Kong HCPs and public health record systems and their regulatory compliance in the relevant jurisdictions, and to provide adequate safeguards to eHealth, we envisage that the cross-boundary sharing and use of eHRs would have to be backed by Government-to-Government arrangements or agreements to be entered into. The eHRC would also be empowered to suspend or revoke the recognition of the recognised non-Hong Kong HCPs and public health record systems, in case the eHRC reasonably suspects or is satisfied (as the case may be) that, for example, the imposed conditions are contravened or the recognition may impair the security or compromise the integrity of eHealth. In line with the core principle of eHealth, any non-Hong Kong HCPs shall only access health data of any HCR he/she

needs to know in the course of providing healthcare to the HCR, with the HCR's consent.

Refine the Legal Framework for the Access and Use of eHealth Data

Use of eHealth Data by the Government

24. Under the strategic goal of “One Care Journey”, eHealth will serve as a one-stop operating platform to support all Government-authorised healthcare programmes and related provision of private and public health services, thereby more effectively coordinating the care journey, facilitating HCRs to participate in various programmes and enabling them to control their eHRs under these programmes. To complement this new service provision of eHealth and related operations, we propose to provide that the Government and any person authorised by the eHRC could use identifiable data in eHealth for the purposes of enrolment of HCRs in, administration of, and evaluation of Government-authorised healthcare programmes.

25. In accordance with the strategic goal of “One Health Data Repository”, we will establish a centralised, dynamic and secure databank with a population-wide health dataset supported by data analytic tools. The eHRSSO has provided for the use of eHRs for research and statistics purposes. We propose to explicitly provide that the Government and any persons authorised by the eHRC could use non-identifiable data in eHealth for the formulation of public policies, with a view to achieving better policy outcomes and delivering higher quality healthcare services for HCRs.

Participation of HCRs and Related Persons

26. At present, HCRs may self-input health data, such as blood pressure and blood sugar, via the eHealth App to support the health monitoring or management. In light of the growing importance of patient empowerment, especially the patients' role in managing their own eHRs, we propose to explicitly specify in the eHRSSO that the HCR, the HCR's relevant persons (as defined in section 2 of the PDPO¹²), or persons authorised by the HCR, are able to provide to and obtain from eHealth data in the eHRs of the HCR. We will also empower the eHRC to take action to safeguard system integrity and security, including the removal of data. Besides, we will lay out in clear terms an HCR's

¹² A relevant person, in relation to an individual includes: for a minor, a person who has parental responsibility; for an individual incapable of managing his/her own affairs, a person who has been appointed by a court to manage his/her affairs; or for an individual who is mentally incapacitated, a person appointed to be the guardian of the individual or the Director of Social Welfare.

roles and responsibilities and the handling of such data under eHealth in the CoP issued by the eHRC.

Other Technical Amendments

Official Name and Purpose of eHealth

27. To reflect the transformation of eHealth's functions and roles, we propose to revise the official name of eHealth from "Electronic Health Record Sharing System" to "Electronic Health System". The short title of the eHRSSO would consequently be modified to "Electronic Health System Ordinance". In addition, we propose to provide in the eHRSSO that one of the purposes of eHealth is to provide support in connection with or facilitate the provision of healthcare to registered HCRs and health management by registered HCRs. Besides, we will prohibit the unauthorised use of the title of "Electronic Health System", etc.

Using AMDs in eHealth

28. The Advance Decision on Life-sustaining Treatment Ordinance (Cap. 651) provides that an AMD could be made or stored in a designated electronic system. The Government intends to designate eHealth as the designated electronic system. The eHRSSO currently does not allow AMDs to be stored and used in eHealth given that an AMD falls outside of the scope of "health data" in section 2 and the specified uses of data and information in eHRs do not cover AMDs. To support the implementation of electronic AMDs, we propose to expand the scope of "health data" and provide that data and information in eHRs could be used in connection with AMDs, and that AMDs could be accessed on eHealth as any other health data including in emergency situations.

Miscellaneous Amendments

29. We propose to make other miscellaneous amendments to support the development of eHealth+, including expanding the scope of "sharable data" to include system-generated data, empowering the eHRC to request information regarding HCPs and HCProfs for the operation of eHealth, expanding the definition of "card face data" to include sex and digital photograph to facilitate the eHealth registration process and other healthcare processes, and explicitly providing that eHealth data may be used by HCPs for emergency situations with reference to section 63C of the PDPO.

OTHER OPTIONS

30. The eHRSSO is a specific legislation enacted to govern the operation of eHealth. It is imperative to refine the legal framework to synchronise with the latest development of eHealth in order to provide clarity for the system operation (e.g. new service provision, functions and data users) and ensure sufficient protection to personal data privacy and security. There is also no alternative option other than the legislative route to complement the development of eHealth+, particularly the proposed enhancement areas outlined above.

THE BILL

31. An overview of the main provisions of the Bill is as follows –

- (a) Clause 5 amends section 2 of the eHRSSO to amend or repeal existing definitions or to add new definitions.
- (b) Clause 10 amends section 5 of the eHRSSO to change the official name of eHealth to “Electronic Health System” and to expand the purposes for which eHealth is maintained.
- (c) Clause 11 amends section 7 of the eHRSSO to revise the scope of a joining consent under eHealth.
- (d) Clause 16 amends section 12 of the eHRSSO to revise the scope and term of a sharing consent under eHealth.
- (e) Clause 20 amends section 16 of the eHRSSO to extend a sharing consent that is taken to be given to the Primary Healthcare Commission and a healthcare facility managed or controlled by the Government, the HA or an HA subsidiary.
- (f) Clause 28 adds new Divisions 6, 7 and 8 to Part 2 of the eHRSSO –
 - (i) The new Division 6 of Part 2 of the eHRSSO deals with the recognition by the eHRC of certain non-Hong Kong HCPs for eHealth and the withdrawal, suspension and revocation of such recognition;
 - (ii) The new Division 7 of Part 2 of the eHRSSO deals with the recognition by the eHRC of certain non-Hong Kong public health

record systems for connection to eHealth and the withdrawal, suspension and revocation of such recognition; and

- (iii) The new Division 8 of Part 2 of the eHRSSO seeks to facilitate the use of certain electronic medical documents on eHealth and provide that medical documents specified in the new Schedule 2 are invalid if they are not issued through eHealth.
- (g) Clause 29 adds new Parts 2A and 2B to the eHRSSO –
 - (i) The new Part 2A of the eHRSSO requires certain HCPs that provide healthcare in Hong Kong to provide, within a specified period, to eHealth health data specified in the new Schedule 3 to the eHRSSO and that are in their possession. If the eHRC is of the opinion that an HCP fails to comply with the requirement, the eHRC may give an enforcement notice on the HCP; and
 - (ii) The new Part 2B of the eHRSSO concerns the provision and obtainment of sharable data by registered HCRs and certain persons related to them (including persons authorised by them) under eHealth.
- (h) Clause 31 adds a new section 28A to the eHRSSO to provide for the use of the data and information contained in the eHR of a registered HCR in connection with AMDs.
- (i) Clause 33 adds new sections 30A, 30B and 30C to the eHRSSO to provide that—
 - (i) the data and information contained in an eHR may be used for emergency situations;
 - (ii) identifiable data contained in an eHR may be used by the Government, or a person authorized by the eHRC, for Government-authorized healthcare programmes; and
 - (iii) non-identifiable data contained in an eHR may be used by the Government, or a person authorized by the eHRC, for the formulation of public policies.
- (j) Clause 40 adds new sections 41A and 41B to the eHRSSO to create offences relating to purporting to be or holding out as eHealth and relating to the use of the title of eHealth etc. to mislead others.

- (k) Clause 43 adds new sections 47A, 47B and 47C to the eHRSSO. A failure to comply with an enforcement notice issued by the eHRC mentioned in the new section 26R is an offence. Before any proceedings for such an offence are taken against a person, the eHRC 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. 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.
- (l) Clause 44 amends section 49 of the eHRSSO to make clear that the eHRC may request certain information from bodies of persons specified in the new Schedule 5 to the eHRSSO, Government departments and prescribed healthcare providers for the operation of eHealth.
- (m) Clause 53 adds a new section 60A to the eHRSSO. The new section 60A deals with transitional provisions relating joining consent and sharing consent. The transitional provisions are set out in the new Schedule 6 to the eHRSSO.
- (n) Clause 55 adds specified HCProfs to the Schedule to the eHRSSO (which is to be renumbered as Schedule 1) for the purposes of the definition of “healthcare professional” in section 2 of the eHRSSO.

32. The existing provisions being amended are at **Annex C**.

LEGISLATIVE TIMETABLE

33. The legislative timetable will be as follows –

Publication in the Gazette	21 March 2025
First Reading and commencement of Second Reading debate	26 March 2025
Resumption of Second Reading debate, committee stage and Third Reading	To be notified

IMPLICATIONS OF THE BILL

34. The Bill is in conformity with the Basic Law, including the provisions concerning human rights. It will not affect the binding effect of the existing provisions of the eHRSSO. The economic, financial, sustainability, family and environmental implications of the Bill are set out at **Annex D**. It has no civil service or gender implications.

PUBLIC CONSULTATION

35. We consulted the LegCo Panel on Health Services on 20 February 2024 and members of the Panel expressed their support for the development of eHealth+, including the proposed legislative amendments to the eHRSSO. Between June to August 2024, an external consultant was engaged to facilitate the engagement with industry stakeholders. Eight engagement sessions were organised, covering more than 45 organisations, including HCPs, HCProfs associations, patient groups, academia, solution partners, etc. From late 2023 to early 2025, we have engaged the Steering Committee on eHealth and its working groups, which comprise a variety of HCProfs, health informatics experts, information technology industry representatives, data scientists, patient group representatives and the Office of the Privacy Commissioner for Personal Data (“PCPD”), on multiple occasions. We have also separately consulted the PCPD of the legislative proposals. Furthermore, we also conducted focused engagement sessions with LegCo Members, healthcare-related statutory Boards and Councils, and accredited healthcare professional bodies under the DH’s Accredited Registers Scheme for Healthcare Professions. The stakeholders generally supported the proposed legislative amendments to support the development of eHealth+.

PUBLICITY

36. We have issued a press release on the gazettal of the Bill and arranged a spokesperson to answer media and public enquiries.

BACKGROUND

37. Launched by the Government in March 2016, eHealth is a territory-wide and patient-centric electronic record sharing platform that enables HCPs in the public and private sectors to view and share HCRs’ eHRs with authorisation. eHealth aims to encourage public-private collaboration, facilitate continuity of care from various healthcare service units at different stages, and enhance the efficiency and quality of healthcare services. The development and operation of eHealth is led by the Government with the HA as the technical agency.

38. As of end-February 2025, eHealth had over 6.1 million registered users, accounting for more than 80% of Hong Kong's population. All public hospitals and clinics, 13 private hospitals and around 3 700 private HCPs have registered with eHealth. There were over 4.5 billion eHRs shared on eHealth, which were accessed around 260 000 times by HCPs per month. Meanwhile, the eHealth App recorded more than 3.7 million downloads and around 800 000 logons per month.

ENQUIRIES

39. Enquiries related to the brief can be directed to Ms Erica Lam, Principal Assistant Secretary for Health, at 3509 7950.

Health Bureau
March 2025

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—
- the person appears in any proceedings in answer to a summons served under subsection (2); and
 - 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—
- pays in accordance with subsection (5)—
 - the fixed penalty;
 - an additional penalty equal to the amount of the fixed penalty; and
 - \$500 by way of costs; and
 - 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—

- an order for the payment of the fixed penalty; and
- 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)

- Medical Council of Hong Kong
- 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.
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 rennumbers 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.

SUMMARY OF eHRSSO

The eHRSSO came into operation on 2 December 2015. It aims to provide for the establishment of eHealth, sharing and using of data and information contained in eHealth, the protection of eHealth, and other incidental and connected matters. The general provisions are summarised below.

Definitions

2. The eHRSSO defines all the key terms including “healthcare”, “healthcare provider”, “healthcare recipient”, “prescribed healthcare provider”, and “electronic health record”. Since both patients and healthy individuals may participate in eHealth, they will be referred to as “registered healthcare recipients” rather than “patients”. HCPs participating in eHealth are referred to as “prescribed HCPs”.

3. An HCR’s eHR would comprise: (i) the Healthcare Recipient Index (“HRI”) (i.e. the personal particulars of the HCR that identify the HCR, such as name, identity document number and address), (ii) the health data or information of the HCR, and (iii) other data related to the functioning of eHealth.

4. “Data sharing” refers to the provision or obtaining of the HRI and the health data of a registered HCR through eHealth.

Establishment of eHealth

5. The then Secretary for Food and Health (now SH) could appoint a public officer as the eHRC, who would be responsible for the management, operation and further development of eHealth.

6. The eHRC will also be authorised to publish a CoP and specify forms. The eHRC may require HCPs to produce records or documents under specified circumstances (e.g. contravention of the eHRSSO or the CoP) for investigation purpose.

Registration of HCR

“Joining Consent” and “Sharing Consent”

7. Any individual for whom healthcare has been performed, is performed or is likely to be performed, who holds an identity card as

defined in the Registration Persons Ordinance (Cap. 177) or any valid identification document as specified by the eHRC, may apply to be registered under eHealth.

8. Application for registration is based on express and informed consent. This is called the “joining consent”. After giving the “joining consent” to participate in eHealth, an HCR may give “sharing consent” to any individual prescribed HCP. The requirement for a prescribed HCP to obtain specific “sharing consent” from an HCR will not be applicable to the HA or the DH. Consent for the HA and the DH to provide and obtain the eHRs of any registered HCR is made part and parcel of the HCR’s “joining consent”.

Substitute Decision Maker (“SDM”)

9. Some people may not have the capacity to understand eHR sharing or provide an express consent (e.g. a minor or a person who is mentally incapacitated). The SDM arrangement has therefore been introduced to facilitate their registration.

Withdrawal / Suspension / Cancellation

10. Since participation in eHR sharing is on a voluntary basis, a registered HCR or his/her SDM may withdraw his/her joining or sharing consent at any time. Under the circumstances specified in the eHRSSO (e.g. where the registration of an HCR may impair the security or compromise the integrity of eHealth), the eHRC may suspend or cancel the concerned registration.

Registration of HCP

11. Participation of private HCPs in eHR sharing is also on a voluntary basis. An HCP that provides healthcare at one or more than one service locations may apply to the eHRC to be registered as an HCP with eHealth for all or just a single service location(s).

12. HCPs providing healthcare may include entities operating hospitals, medical clinics, dental companies, residential care homes, or specified entities that engage members of the 13 statutorily registered HCProfs to deliver healthcare. The list of the statutorily registered HCProfs is set out in the Schedule to the eHRSSO. SH may amend the Schedule by notice in the Gazette.

13. A registered HCP may withdraw from eHealth at any time. On the other hand, the eHRC would also be empowered to suspend or cancel the registration of an HCP under specified circumstances (e.g. contravention of provision of the CoP or the HCP no longer provides healthcare at the service location).

14. Some Government departments may be involved in healthcare and the eHRC may register these departments as HCPs for eHealth. They would also need to comply with the CoP for HCPs in using eHealth.

Data Uses

15. The authorised uses of eHR data or information include (a) the use for improving the efficiency, quality, continuity or integration of healthcare provided, or to be provided, to the registered HCRs; (b) the use for (i) carrying out research and preparing statistics related to public health or public safety and (ii) preventing or controlling of diseases and enhancing disease surveillance; and (c) other uses currently permitted under any other law.

16. In respect of applications for use of HCR non-identifiable data or information, eHRC can consider and approve such requests. As for the more sensitive HCR identifiable data or information, SH will be empowered to approve or refuse relevant applications. A Research Board will be set up to assess the applications and make recommendations to SH¹.

Interaction with PDPO

17. eHR data would include “personal data” within the meaning of the PDPO. The key features of interaction of the eHRSSO with the PDPO include that the performance of functions or exercising of power of the Privacy Commissioner for Personal Data in relation to the personal data and information in eHealth will not be affected, except that specified under the eHRSSO.

Offences

18. To ensure security and integrity of eHealth, a number of criminal offences specific to operation of eHR sharing are introduced, e.g. knowingly damaging an eHR; knowingly impairing the operation of eHealth; causing access to, modification of or impairment to an eHR, with

¹ The provisions related to the use of eHRs for researches and statistics related to public health or public safety are not yet put into operation.

the intent to commit an offence, deceive, make dishonest gain or cause loss to another, etc.

Cap. 625 Electronic Health Record Sharing
System Ordinance 16/06/2024

An Ordinance to provide for the establishment of the Electronic Health Record Sharing System, the sharing and using of data and information contained in the System, and the protection of the System, data and information; and to provide for incidental and related matters.

[2 December 2015]

(Enacting provision omitted—E.R. 3 of 2015)

1. Short title and commencement

- (1) This Ordinance may be cited as the Electronic Health Record Sharing System Ordinance.
- (2) This Ordinance comes into operation on a day to be appointed by the Secretary for Health by notice published in the Gazette.
(Amended L.N. 144 of 2022)

2. Interpretation

- (1) In this Ordinance—

Board (研委會) means the board established under section 54 with the name “Electronic Health Record Research Board”;

Commissioner (專員) means the public officer appointed under section 48 to be the Commissioner for the Electronic Health Record;

company (公司) means a company as defined by section 2(1) of the Companies Ordinance (Cap. 622);

consent (同意), in relation to an individual, means an express consent of the individual;

data access request (查閱資料要求) has the meaning given by section 2(1) of the Privacy Ordinance;

data correction request (改正資料要求) has the meaning given by section 2(1) of the Privacy Ordinance;

data sharing (資料互通) means the act of providing or obtaining any sharable data of a registered healthcare recipient through the System;

electronic health record (電子健康紀錄)—

- (a) in relation to a registered healthcare recipient, means the record for the recipient that is kept under section 5(2); and
- (b) in relation to a healthcare recipient who was once registered, but is no longer registered, means the record for the recipient that was kept under section 5(2);

electronic medical record system (電子醫療紀錄系統), in relation to a healthcare provider, means an information system used by the healthcare provider to keep the medical record of a healthcare recipient electronically for the recipient’s healthcare purpose;

family member (家人), in relation to a healthcare recipient, means an individual who is related to the recipient by blood, marriage, adoption or affinity;

health data (健康資料), in relation to a healthcare recipient, means the data or information relating to the health condition of, or to the healthcare provided or to be provided to, the recipient;

healthcare (醫護服務), in relation to an individual, means an activity performed by a healthcare professional for the individual for—

- (a) assessing, recording, maintaining or improving the individual’s health;
- (b) diagnosing the individual’s illness or disability; or
- (c) treating the individual’s illness or disability, or suspected illness or disability;

healthcare professional (醫護專業人員) means a person specified in the Schedule;

healthcare provider (醫護提供者) means a person that provides healthcare;

healthcare recipient (醫護接受者) means an individual for whom healthcare has been performed, is performed, or is likely to be performed in Hong Kong;

healthcare referral (醫護服務轉介), in relation to a registered healthcare recipient, means a recommendation made by a prescribed healthcare provider for the provision of healthcare to the recipient by another prescribed healthcare provider;

identifiable data (可識辨身分資料)—see subsection (2)(a);

identity card (身分證) has the meaning given by section 1A(1) of the Registration of Persons Ordinance (Cap. 177);

index data (索引資料), in relation to a healthcare recipient, means the personal particulars of the recipient that identify the recipient for the operation of the System;

joining consent (參與同意) means a consent given under section 7(1) or (2);

minor (幼年人) means a person below 16 years of age;

non-identifiable data (非可識辨身分資料)—see subsection (2)(b);

parent (家長), in relation to a child, means—

- (a) the natural father or natural mother of the child (whether or not the natural father and natural mother are married to each other);
- (b) a parent of the child by adoption under, or recognized as valid by, law; or
- (c) a stepfather or stepmother of the child;

prescribed healthcare provider (訂明醫護提供者) means—

- (a) the Department of Health;
- (b) the Hospital Authority; or
- (c) a registered healthcare provider;

Privacy Commissioner (私隱專員) means the Privacy Commissioner for Personal Data established under section 5(1) of the Privacy Ordinance;

Privacy Ordinance (《私隱條例》) means the Personal Data (Privacy) Ordinance (Cap. 486);

registered healthcare provider (登記醫護提供者) means—

- (a) a healthcare provider that is registered as a healthcare provider for the System under section 20(1) for a service location; or
- (b) a Government department that is registered as a healthcare provider for the System under section 22(1);

registered healthcare recipient (登記醫護接受者) means a healthcare recipient who is registered under section 8(1);

registration (登記)—

- (a) in relation to a healthcare recipient, means the registration of the healthcare recipient as a registered healthcare recipient under section 8(1);
- (b) in relation to a healthcare provider, means the registration of the healthcare provider as a healthcare provider for the System under section 20(1) for a service location;
- (c) in relation to a Government department, means the registration of the department as a healthcare provider for the System under section 22(1),

and **registered** (登記) is to be construed accordingly;

Secretary (局長) means the Secretary for Health; (*Amended L.N. 144 of 2022*)

sharable data (可互通資料), in relation to a registered healthcare recipient, means both of the following—

- (a) the index data of the healthcare recipient;
- (b) the health data of the healthcare recipient;

sharing consent (互通同意) means a consent given under section 12(1);

sharing restriction request (互通限制要求) means a request made under section 17(1)(a);

substitute decision maker (代決人)—see section 3;

System (互通系統) means the information infrastructure established under section 5(1) with the name “Electronic Health Record Sharing System”;

use (使用、用), in relation to data or information contained in an electronic health record, includes disclose or transfer the data or information.

(2) In this Ordinance—

- (a) any data or information of a healthcare recipient is **identifiable data** if the identity of the healthcare recipient is ascertainable from the data or information; and
- (b) any data or information of a healthcare recipient is **non-identifiable data** if the identity of the healthcare recipient is unascertainable from the data or information.

(3) In this Ordinance, a reference to a form specified by the Commissioner is a reference to a form so specified under section 53.

3. Substitute decision maker

(1) For the purposes of this Ordinance, a person is a substitute decision maker of a healthcare recipient if the person is an eligible person under subsection (2) or (3).

(2) For a healthcare recipient who is a minor, the following are eligible persons for the purposes of subsection (1)—

- (a) a parent of the healthcare recipient who accompanies the healthcare recipient at the relevant time;
- (b) a guardian of the healthcare recipient appointed under or acting by virtue of the Guardianship of Minors Ordinance (Cap. 13), or otherwise appointed by the court, who accompanies the healthcare recipient at the relevant time;

- (c) a person appointed by the court to manage the affairs of the healthcare recipient who accompanies the healthcare recipient at the relevant time;
 - (d) in the absence of the persons mentioned in paragraphs (a), (b) and (c), a family member of the healthcare recipient, or a person residing with the healthcare recipient, who accompanies the healthcare recipient at the relevant time;
 - (e) in the absence of the persons mentioned in paragraphs (a), (b), (c) and (d), the prescribed healthcare provider that provides, or is about to provide, healthcare to the healthcare recipient at the relevant time.
- (3) For a healthcare recipient who is aged 16 or above and who is of any of the following descriptions, the persons specified in subsection (4) are eligible persons for the purposes of subsection (1)—
- (a) being mentally incapacitated as defined by section 2(1) of the Mental Health Ordinance (Cap. 136);
 - (b) being incapable of managing his or her own affairs;
 - (c) being incapable of giving a joining consent at the time referred to in paragraph (a), (b) or (c) of the definition of **relevant time** in subsection (5);
 - (d) being incapable of giving a sharing consent at the time referred to in paragraph (d), (e) or (f) of the definition of **relevant time** in subsection (5);
- [#](e) *being incapable of making a sharing restriction request at the time referred to in paragraph (g) or (h) of the definition of **relevant time** in subsection (5).*
- (4) The following are persons specified for the purposes of subsection (3)—
- (a) a person appointed under the Mental Health Ordinance (Cap. 136) to be the guardian of the healthcare recipient who accompanies the healthcare recipient at the relevant time;
 - (b) if the healthcare recipient is placed under the guardianship of the Director of Social Welfare or any other person under section 44A(1)(i) of that Ordinance, the Director of Social Welfare or that other person;
 - (c) if the guardianship of the healthcare recipient is vested in the Director of Social Welfare under section 44B(2A) or 59T(1) of that Ordinance, the Director of Social Welfare;

- (d) if the functions of guardian of the healthcare recipient are to be performed by the Director of Social Welfare or any other person under section 44B(2B) or 59T(2) of that Ordinance, the Director of Social Welfare or that other person;
- (e) a person appointed by the court to manage the affairs of the healthcare recipient who accompanies the healthcare recipient at the relevant time;
- (f) in the absence of the persons mentioned in paragraphs (a), (b), (c), (d) and (e), a family member of the healthcare recipient, or a person residing with the healthcare recipient, who accompanies the healthcare recipient at the relevant time;
- (g) in the absence of the persons mentioned in paragraphs (a), (b), (c), (d), (e) and (f), the prescribed healthcare provider that provides, or is about to provide, healthcare to the healthcare recipient at the relevant time.

(5) In this section—

relevant time (有關時間) means—

- (a) in relation to an application that is made under section 6(1) for the healthcare recipient to be registered as a registered healthcare recipient, the time at which the application is made;
 - (b) in relation to a joining consent that is required under section 7(1) or (2) for such an application, the time at which the joining consent is required;
 - (c) in relation to a healthcare recipient's registration that is withdrawn from the System by the operation of section 9, the time at which the request for withdrawal is made;
 - (d) in relation to a sharing consent that is given under section 12(1), the time at which the sharing consent is given;
 - (e) in relation to a sharing consent that is renewed under section 14(2), the time at which the sharing consent is renewed;
 - (f) in relation to a sharing consent that is revoked under section 15(1), the time at which the revocation of the sharing consent is made;
- [#](g) *in relation to a sharing restriction request that is made under section 17(1)(a), the time at which the request is made;*

- [#](h) *in relation to a request to remove a restriction that is made under section 17(1)(b), the time at which the request is made.*

Editorial Note:

[#] Not yet in operation

4. Ordinance applies to Government

This Ordinance applies to the Government.

Part 2

Electronic Health Record Sharing System

Division 1—Establishment

5. Establishment of System

- (1) The Commissioner must establish and maintain an information infrastructure with the name “Electronic Health Record Sharing System” in English and “電子健康紀錄互通系統” in Chinese for—
 - (a) keeping the records required by subsection (2); and
 - (b) sharing and using data and information contained in those records.
- (2) The System must keep a record of every registered healthcare recipient containing the following—
 - (a) the index data of the recipient;
 - (b) the health data of the recipient provided to the Commissioner in the form and manner specified by the Commissioner;
 - (c) any other data or information of the recipient that is, in the Commissioner’s opinion, necessary for the proper functioning of the System.

7. Giving of joining consent

- (1) For an application made by a healthcare recipient under section 6(1), the recipient must give a consent specified in subsection (3).

- (2) For an application made by a substitute decision maker of a healthcare recipient under section 6(1), the substitute decision maker must give a consent specified in subsection (3) on behalf of and in the name of the recipient.
- (3) The consent is for the Commissioner—
 - (a) to obtain from, and to provide to, a prescribed healthcare provider to which the healthcare recipient has given a sharing consent any sharable data of the recipient; and
 - (b) if the prescribed healthcare provider has made a healthcare referral to another prescribed healthcare provider, to obtain from, and to provide to, that other prescribed healthcare provider any sharable data of the recipient relevant to the healthcare referral,for the operation of the System after the registration of the recipient.
- (4) A joining consent must be given in the form and manner specified by the Commissioner.
- (5) A joining consent is revoked if—
 - (a) the healthcare recipient’s registration is withdrawn from the System by the operation of section 9; or
 - (b) the healthcare recipient’s registration is cancelled under section 11(1).

8. Registration of healthcare recipients by Commissioner

- (1) On receiving an application made under section 6(1), the Commissioner, if satisfied that, on the face of it, the application complies with section 6(6), may—
 - (a) register the healthcare recipient as a registered healthcare recipient; and
 - (b) impose the conditions that the Commissioner considers appropriate for registering the healthcare recipient.
- (2) However, the Commissioner must not register the healthcare recipient if the Commissioner is satisfied that doing so may impair the security or compromise the integrity of the System.
- (3) After approving or refusing an application, the Commissioner must notify the healthcare recipient in writing of the decision and—
 - (a) if the application is approved—the date on which the registration takes effect and the conditions for the registration; or
 - (b) if the application is refused—the reasons for the refusal.

9. **Withdrawal of healthcare recipient's registration**

- (1) Subject to subsections (2) and (3), a registered healthcare recipient, or a substitute decision maker of a registered healthcare recipient, may request that the registration of the recipient be withdrawn from the System.
- (2) If the healthcare recipient is a minor, the request must be made by a substitute decision maker of the healthcare recipient unless the Commissioner is satisfied that the recipient is capable of making the request.
- (3) If the healthcare recipient is aged 16 or above and is incapable of giving a joining consent, the request must be made by a substitute decision maker of the healthcare recipient.
- (4) A request made by a substitute decision maker of a registered healthcare recipient is made on behalf of and in the name of the recipient.
- (5) In making a request, a substitute decision maker of a registered healthcare recipient must have regard to the best interests of the recipient in the circumstances.
- (6) A request must be made to the Commissioner in the form and manner specified by the Commissioner.
- (7) After granting a request, the Commissioner must notify the requestor in writing of the date on which the request is granted. The withdrawal takes effect on that date.

10. **Suspension of healthcare recipient's registration**

- (1) The Commissioner may suspend the registration of a healthcare recipient for a period of not more than 28 days if the Commissioner reasonably suspects that—
 - (a) the application for registration did not comply with section 6(6);
 - (b) the healthcare recipient holds none of the documents specified in section 6(7);
 - (c) the healthcare recipient contravenes—
 - (i) a provision of this Ordinance; or
 - (ii) a condition for the registration; or
 - (d) the registration may impair the security or compromise the integrity of the 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 specified person.

- (3) After suspending the registration, the Commissioner must notify the specified person 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 registration of a healthcare recipient is suspended—
 - (a) new data or information of the recipient may still be provided by a prescribed healthcare provider to the System; but
 - (b) the electronic health record of the recipient is not to be made available to a prescribed healthcare provider through the System.
- (5) After the Commissioner is satisfied that there are no longer any grounds for suspending the healthcare recipient's registration, the Commissioner must notify the specified person in writing of—
 - (a) the Commissioner's decision; and
 - (b) the date on which the suspension ceases to take effect.
- (6) In this section—

specified person (指明人士) means—

- (a) if the healthcare recipient is a minor and the application for the healthcare recipient's registration was made by a substitute decision maker, that substitute decision maker;
- (b) if the healthcare recipient is aged 16 or above and is, in the Commissioner's opinion, incapable of giving a joining consent and the application for the healthcare recipient's registration was made by a substitute decision maker, that substitute decision maker; or
- (c) in any other case—
 - (i) the healthcare recipient; or
 - (ii) the substitute decision maker of the healthcare recipient who made the application for the healthcare recipient's registration.

11. **Cancellation of healthcare recipient's registration**

- (1) The Commissioner may cancel the registration of a healthcare recipient if the Commissioner is satisfied that—
 - (a) the application for registration did not comply with section 6(6);
 - (b) the healthcare recipient holds none of the documents specified in section 6(7);

- (c) the healthcare recipient contravenes—
 - (i) a provision of this Ordinance; or
 - (ii) a condition for the registration;
 - (d) the registration may impair the security or compromise the integrity of the System; or
 - (e) the healthcare recipient has died.
- (2) Except for a cancellation under subsection (1)(e), the Commissioner must notify the specified person in writing of—
- (a) the date on which the cancellation is to take effect; and
 - (b) the reasons for the cancellation.
- (3) The specified person 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 cancellation in the manner specified in the notice.
- (4) The Commissioner must not cancel the registration unless—
- (a) the specified person has not made any representations under subsection (3); or
 - (b) the Commissioner has considered the representations and informed the specified person of the decision of cancellation.
- (5) A cancellation under subsection (1)(e) takes effect on the date on which the Commissioner is satisfied that the healthcare recipient has died.
- (6) In this section—
- specified person*** (指明人士) means—
- (a) if the healthcare recipient is a minor and the application for the healthcare recipient's registration was made by a substitute decision maker, that substitute decision maker;
 - (b) if the healthcare recipient is aged 16 or above and is, in the Commissioner's opinion, incapable of giving a joining consent and the application for the healthcare recipient's registration was made by a substitute decision maker, that substitute decision maker; or
 - (c) in any other case—
 - (i) the healthcare recipient; or
 - (ii) the substitute decision maker of the healthcare recipient who made the application for the healthcare recipient's registration.

12. Giving of sharing consent

- (1) Subject to subsections (2) and (3), a registered healthcare recipient, or a substitute decision maker of a registered healthcare recipient, may give a consent specified in subsection (6) to a prescribed healthcare provider that provides healthcare to the healthcare recipient.
- (2) If the healthcare recipient is a minor, the sharing consent must be given by a substitute decision maker of the healthcare recipient unless the Commissioner is satisfied that the recipient is capable of giving the sharing consent.
- (3) If the healthcare recipient is aged 16 or above and is incapable of giving a sharing consent, the sharing consent must be given by a substitute decision maker of the healthcare recipient.
- (4) A sharing consent given by a substitute decision maker of a registered healthcare recipient is given on behalf of and in the name of the recipient.
- (5) In giving a sharing consent, a substitute decision maker of a registered healthcare recipient must have regard to the best interests of the recipient in the circumstances.
- (6) The consent is for—
 - (a) the prescribed healthcare provider—
 - (i) to provide to the System any sharable data of the healthcare recipient in the form and manner specified by the Commissioner;
 - (ii) to obtain from the System any sharable data of the healthcare recipient in the form and manner specified by the Commissioner; and
 - (iii) 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—
 - (i) to provide to the System any sharable data of the healthcare recipient relevant to the healthcare referral and in the form and manner specified by the Commissioner; and
 - (ii) to obtain from the System any sharable data of the healthcare recipient relevant to the healthcare referral and in the form and manner specified by the Commissioner.
- (7) A sharing consent must be given in the form and manner specified by the Commissioner.

- (8) A sharing consent may be given for an indefinite term or a one-year term.
- (9) In this section—
referral healthcare provider (獲轉介醫護提供者) means a prescribed healthcare provider to which a healthcare referral of the healthcare recipient is made by the prescribed healthcare provider to which the consent is given.

13. Indefinite sharing consent

- (1) This section applies to a sharing consent given for an indefinite term.
- (2) The sharing consent is in effect until—
 - (a) the healthcare recipient's registration is withdrawn from the 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).

14. One-year sharing consent

- (1) This section applies to a sharing consent given for a one-year term.
- (2) Subject to subsections (3) and (4), as long as the sharing consent is in effect, the registered healthcare recipient, or a substitute decision maker of the healthcare recipient, may renew the sharing consent for another one-year term.
- (3) If the healthcare recipient is a minor, the sharing consent must be renewed by a substitute decision maker of the healthcare recipient unless the Commissioner is satisfied that the recipient is capable of renewing the sharing consent.
- (4) If the healthcare recipient is aged 16 or above and is incapable of giving a sharing consent, the sharing consent must be renewed by a substitute decision maker of the healthcare recipient.
- (5) A sharing consent renewed by a substitute decision maker of a registered healthcare recipient is renewed on behalf of and in the name of the recipient.
- (6) In renewing a sharing consent, a substitute decision maker of a registered healthcare recipient must have regard to the best interests of the recipient in the circumstances.
- (7) If a sharing consent is renewed for a one-year term under subsection (2), that term is to commence on the date of the renewal.

- (8) The sharing consent is in effect during its term until—
 - (a) the healthcare recipient's registration is withdrawn from the 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).

15. Revocation of sharing consent

- (1) Subject to subsections (2) and (3), a registered healthcare recipient, or a substitute decision maker of a registered healthcare recipient, may revoke a sharing consent given to a prescribed healthcare provider.
- (2) If the healthcare recipient is a minor, the revocation must be made by a substitute decision maker of the healthcare recipient unless the Commissioner is satisfied that the recipient is capable of making the revocation.
- (3) If the healthcare recipient is aged 16 or above and is incapable of giving a sharing consent, the revocation must be made by a substitute decision maker of the healthcare recipient.
- (4) A revocation made by a substitute decision maker of a registered healthcare recipient is made on behalf of and in the name of the recipient.
- (5) In making a revocation, a substitute decision maker of a registered healthcare recipient must have regard to the best interests of the recipient in the circumstances.
- (6) A revocation must be made in the form and manner specified by the Commissioner.
- (7) After the revocation is recorded in the System, the Commissioner must notify the person making the revocation in writing of the date on which the record is made. The revocation takes effect on that date.

16. Sharing consent taken to be given

- (1) A healthcare recipient is taken to have given a sharing consent to the Department of Health and to the Hospital Authority when the healthcare recipient gives a joining consent.
- (2) A substitute decision maker of a healthcare recipient is taken to have given a sharing consent on behalf of and in the name of the recipient to the Department of Health and to the Hospital Authority when the substitute decision maker gives a joining consent.

- (3) A sharing consent taken to be given because of a joining consent is in effect as long as the joining consent is in effect.
- (4) Sections 12(7) and (8), 13, 14 and 15 do not apply to a sharing consent taken to be given under this section.

Division 5—Registration as Healthcare Providers for System

19. Application by healthcare providers for registration

- (1) A healthcare provider that provides healthcare at one service location in Hong Kong may apply to the Commissioner to be registered as a healthcare provider for the System for that location.
- (2) A healthcare provider that provides healthcare at more than one service location in Hong Kong may apply to the Commissioner to be registered as a healthcare provider for the System for those locations as provided in subsection (3).
- (3) For the purposes of subsection (2), a healthcare provider may apply for—
 - (a) a single registration for all of the locations; or
 - (b) a separate registration for each location that the healthcare provider chooses to register.
- (4) An application—
 - (a) must be made in the form and manner specified by the Commissioner; and
 - (b) must be accompanied by the information specified by the Commissioner.
- (5) For the purposes of this section, a healthcare provider provides healthcare at one service location if the healthcare provider—
 - (a) is licensed under the Private Healthcare Facilities Ordinance (Cap. 633) in respect of one private healthcare facility; (*Replaced 34 of 2018 s. 196 and E.R. 5 of 2018*)
 - (b) is registered under section 5(2) of the Medical Clinics Ordinance (Cap. 343) in respect of one clinic;
 - (c) carries on the business of dentistry under section 12 of the Dentists Registration Ordinance (Cap. 156) at one premises;
 - (d) holds a licence issued under section 8(2)(a) of the Residential Care Homes (Elderly Persons) Ordinance (Cap. 459) in respect of one residential care home, and engages a healthcare professional to perform healthcare at that home; (*Amended 12 of 2023 s. 117*)

- (e) holds a licence issued under section 7(2)(a), or a certificate of exemption issued under section 11(2)(a), of the Residential Care Homes (Persons with Disabilities) Ordinance (Cap. 613) in respect of one residential care home for persons with disabilities, and engages a healthcare professional to perform healthcare at that home; or
- (f) is a specified entity that engages a healthcare professional to perform healthcare at one premises.

(6) In subsection (5)—

specified entity (指明實體) means—

- (a) an individual;
- (b) a company;
- (c) a partnership;
- (d) a statutory body;
- (e) a body corporate other than a company; or
- (f) a society, or a branch of a society, registered under section 5A(1), or exempted from registration under section 5A(2), of the Societies Ordinance (Cap. 151).

20. Registration of healthcare providers by Commissioner

- (1) On receiving an application made under section 19(1) or (2), the Commissioner, if satisfied that the healthcare provider complies with the requirements set out in subsection (2), may —
 - (a) register the healthcare provider as a healthcare provider for the System for the service location for which the application is made; and
 - (b) impose the conditions that the Commissioner considers appropriate for registering the healthcare provider.
- (2) The requirements are—
 - (a) the requirements specified by the Commissioner for connecting the healthcare provider to the System; and
 - (b) the system requirements on data sharing specified by the Commissioner.
- (3) However, the Commissioner must not register the healthcare provider if the Commissioner is satisfied that—
 - (a) the service or business nature of the healthcare provider is not consistent with the purpose of the use of data and information specified in section 28; or

- (b) registering the healthcare provider may impair the security or compromise the integrity of the System.
- (4) After approving or refusing an application, the Commissioner must notify the healthcare provider in writing of the decision and—
 - (a) if the application is approved—the date on which the registration takes effect and the conditions for the registration; or
 - (b) if the application is refused—the reasons for the refusal.

22. Registration of Government departments as healthcare providers

- (1) The Commissioner may register a Government department as a healthcare provider for the System if the Commissioner is satisfied that the department provides a healthcare professional to perform healthcare for any healthcare recipient.
- (2) The reference of a department in subsection (1) does not include the Department of Health.

23. Withdrawal of healthcare provider's registration

- (1) A registered healthcare provider may request that a registration of the healthcare provider be withdrawn from the System.
- (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. The withdrawal takes effect on that date.
- (4) If a sharing consent is given to the healthcare provider, the sharing consent ceases to have effect once the withdrawal takes effect.

24. Suspension of healthcare provider's registration

- (1) The Commissioner may suspend a registration of a registered healthcare provider for a period of not more than 28 days if the Commissioner reasonably suspects that—
 - (a) the healthcare provider contravenes—
 - (i) a provision of this Ordinance;
 - (ii) a provision of a code of practice issued under section 52; or
 - (iii) a condition for the registration;
 - (b) the healthcare provider no longer provides healthcare at the service location to which the registration relates;

- (c) the healthcare provider no longer complies with—
 - (i) the requirements specified by the Commissioner for connecting the healthcare provider to the System; or
 - (ii) the system requirements on data sharing specified by the Commissioner;
- (d) the service or business nature of the healthcare provider is no longer consistent with the purpose of the use of data and information specified in section 28; or
- (e) the registration may impair the security or compromise the integrity of the 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 a registration, 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 registration of a healthcare provider (including a Government department) is suspended—
 - (a) new data or information of a registered healthcare recipient may still be provided by the healthcare provider to the System; but
 - (b) the electronic health record of a registered healthcare recipient must not be made available to the healthcare provider through the System.
- (5) After the Commissioner is satisfied that there are no longer any grounds for suspending the healthcare provider's registration, 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.

25. Cancellation of healthcare provider's registration

- (1) The Commissioner may cancel a registration of a registered healthcare provider if the Commissioner is satisfied that—
 - (a) the healthcare provider contravenes—
 - (i) a provision of this Ordinance;

- (ii) a provision of a code of practice issued under section 52; or
 - (iii) a condition for the registration;
 - (b) the healthcare provider no longer provides healthcare at the service location to which the registration relates;
 - (c) the healthcare provider no longer complies with—
 - (i) the requirements specified by the Commissioner for connecting the healthcare provider to the System; or
 - (ii) the system requirements on data sharing specified by the Commissioner;
 - (d) the service or business nature of the healthcare provider is no longer consistent with the purpose of the use of data and information specified in section 28; or
 - (e) the registration may impair the security or compromise the integrity of the System.
- (2) The Commissioner must notify the healthcare provider in writing of—
- (a) the date on which the cancellation is to take effect; and
 - (b) the reasons for the cancellation.
- (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 cancellation in the manner specified in the notice.
- (4) The Commissioner must not cancel the registration 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 cancellation.
- (5) If a sharing consent is given to the healthcare provider, the sharing consent ceases to have effect once the cancellation takes effect.

27. General rule

The data and information contained in an electronic health record may not be used except as provided in section 28, 29, 30 or 31.

29. Use for research and statistics

(Not yet in operation)

- (1) The data and information contained in an electronic health record may be used for carrying out research, or preparing statistics, that are relevant to public health or public safety.
- (2) However, the results of the research or the resulting statistics must not be made available in a form that would enable a healthcare recipient to be identified.

32. Application to Secretary for use for research or statistics purpose

(Not yet in operation)

- (1) A person may apply to the Secretary for using identifiable data of a healthcare recipient contained in an electronic health record for carrying out research, or preparing statistics, that are relevant to public health or public safety.
- (2) An application—
 - (a) must be made in the form and manner specified by the Commissioner; and
 - (b) must be accompanied by a proposal specified in subsection (3).
- (3) The proposal is a written proposal setting out—
 - (a) the nature and objectives in respect of the research or statistics;
 - (b) the public or scientific benefit of the research or statistics that the applicant anticipates; and
 - (c) any other information relating to the research or statistics as specified by the Commissioner.

35. Application to Commissioner for use for research or statistics purpose

(Not yet in operation)

- (1) A person may apply to the Commissioner for using non-identifiable data of a healthcare recipient contained in an electronic health record for carrying out research, or preparing statistics, that are relevant to public health or public safety.
- (2) An application—
 - (a) must be made in the form and manner specified by the Commissioner; and
 - (b) must be accompanied by a proposal specified in subsection (3).
- (3) The proposal is a written proposal setting out—

- (a) the nature and objectives in respect of the research or statistics;
- (b) the public or scientific benefit of the research or statistics that the applicant anticipates; and
- (c) any other information relating to the research or statistics as specified by the Commissioner.

37. Prescribed healthcare provider's duties to restrict access to health data

- (1) This section applies if a prescribed healthcare provider is given a sharing consent by a registered healthcare recipient or a substitute decision maker of a registered healthcare recipient.
- (2) The healthcare provider must take reasonable steps to ensure that—
 - (a) access to any health data of the healthcare recipient is restricted to a healthcare professional of the healthcare provider who may perform healthcare for the recipient; and
 - (b) the access is restricted to the health data that may be relevant for performing healthcare for the recipient.
- (3) However, for complying with a data access request or data correction request under Part 5 of the Privacy Ordinance, the healthcare provider is not to be treated as contravening the requirements under subsection (2) even if access to the health data is granted to a person other than the healthcare professional.

39. Privacy Commissioner's performance of functions or exercise of powers in relation to data or information

- (1) If the Privacy Commissioner performs a function or exercises a power under the Privacy Ordinance in relation to data or information contained in the System, the Privacy Commissioner must do so subject to the conditions specified in subsection (2).
- (2) The conditions are—
 - (a) a word or an expression used in this Part, and defined or otherwise explained in section 2 of the Privacy Ordinance, has the same meaning as in that section; and
 - (b) despite paragraph (a), a reference to a minor in the Privacy Ordinance is a reference to a person below 16 years of age.
- (3) Subsection (2)(a) does not apply to the word "Commissioner".

40. Commissioner's further duty in certain circumstances

- (1) This section applies if—
 - (a) a person is required to comply with section 23(1) of the Privacy Ordinance in relation to the data or information of a registered healthcare recipient that was provided to the System by the person as a prescribed healthcare provider; and
 - (b) the person—
 - (i) is no longer a prescribed healthcare provider;
 - (ii) no longer has the sharing consent of the healthcare recipient; or
 - (iii) fails to respond to a data correction request in compliance with the Privacy Ordinance.
- (2) The Commissioner must make a note, whether annexed to the data correction requested or elsewhere, of the matters in respect of which the data is considered by the requestor to be inaccurate.
- (3) The note must be made in such a way that the data cannot be used by a person without the note being drawn to the attention of, and being made available for inspection by, the person.

43. Offences relating to impairment to System

- (1) A person commits an offence if the person knowingly impairs the operation of the System.
- (2) A person who commits the offence is liable on conviction on indictment to imprisonment for 10 years.

47. Offences relating to direct marketing

- (1) A person commits an offence if the person uses another person's data or information contained in an electronic health record, or a copy (in whatever format) of the data or information, for direct marketing.
- (2) A person who commits an offence under subsection (1) is liable on conviction on indictment to a fine of \$500,000 and to imprisonment for 3 years.
- (3) A person commits an offence if, for gain, the person provides to others another person's data or information contained in an electronic health record, or a copy (in whatever format) of the data or information, for direct marketing.

- (4) A person who commits an offence under subsection (3) is liable on conviction on indictment to a fine of \$1,000,000 and to imprisonment for 5 years.
- (5) A person commits an offence if, not for gain, the person provides to others another person's data or information contained in an electronic health record, or a copy (in whatever format) of the data or information, for direct marketing.
- (6) A person who commits an offence under subsection (5) is liable on conviction on indictment to a fine of \$500,000 and to imprisonment for 3 years.
- (7) This section does not apply in relation to the use or provision of data or information contained in an electronic health record, or a copy (in whatever format) of the data or information, by a person if, not for gain, the person uses or provides the data or information, or the copy, for a purpose specified in subsection (8).
- (8) The purpose is the offering, or the advertising of the availability, of—
 - (a) social services run, subvented or subsidized by the Social Welfare Department;
 - (b) health care services provided or administered by the Department of Health or the Hospital Authority; or
 - (c) any other social or health care services that, if not provided, would be likely to cause serious harm to the physical or mental health of—
 - (i) the individual to whom the services are intended to be provided; or
 - (ii) any other individual.
- (9) In this section—
direct marketing (直接促銷) has the meaning given by section 35A(1) of the Privacy Ordinance;
health care services (醫護服務) has the same meaning as in sections 35B and 35I of the Privacy Ordinance.

49. Functions and powers of Commissioner

- (1) The Commissioner has the following functions—
 - (a) to establish, operate, maintain and develop the System;
 - (b) to regulate and supervise the sharing and using of data and information contained in the System;
 - (c) to supervise the compliance with this Ordinance;

- (d) to promote the System to healthcare recipients, healthcare providers and the public;
- (e) to devise and promote, and encourage among healthcare providers, proper standards of conduct, and sound and prudent practices, in data sharing;
- (f) to advise the Secretary on matters relating to the System;
- [#](g) to deal with applications for use of data and information contained in an electronic health record under section 29; and
- (h) to devise a mechanism for handling complaints relating to the operation of the System.
- (2) The Commissioner may do anything necessary for, or incidental or conducive to, the performance of a function of the Commissioner.
- (3) The Commissioner may appoint in writing a person to assist the Commissioner in performing a function and exercising a power.

Editorial Note:

[#] Not yet in operation

50. Commissioner to keep register of prescribed healthcare providers

- (1) The Commissioner must establish and maintain a register of prescribed healthcare providers for the purposes of this Ordinance.
- (2) The register may be kept in a form, and may contain information, that the Commissioner considers appropriate.
- (3) The register must be made available for a member of the public to ascertain—
 - (a) whether a healthcare provider is registered as a healthcare provider for the System under section 20(1); and
 - (b) the service location for which the healthcare provider is registered.
- (4) The register must be made available for public inspection free of charge—
 - (a) through the Internet; and
 - (b) at the office of the Commissioner, or any other Government offices as the Commissioner may direct, during normal office hours.

51. Commissioner to require production of records or documents in certain circumstances

- (1) If it appears to the Commissioner that there are circumstances suggesting the happening of an event specified in subsection (2), the Commissioner may in writing require a prescribed healthcare provider to produce the record or document—
 - (a) that is or may be relevant to the event; and
 - (b) that is in the possession or under the control of the healthcare provider.
- (2) The event is that—
 - (a) the healthcare provider contravenes—
 - (i) a provision of this Ordinance;
 - (ii) a provision of a code of practice issued under section 52; or
 - (iii) a condition for the registration;
 - (b) the healthcare provider no longer provides healthcare at the service location to which the registration relates;
 - (c) the healthcare provider no longer complies with—
 - (i) the requirements specified by the Commissioner for connecting the healthcare provider to the System; or
 - (ii) the system requirements on data sharing specified by the Commissioner;
 - (d) the service or business nature of the healthcare provider is no longer consistent with the purpose of the use of data and information specified in section 28; or
 - (e) the registration may impair the security or compromise the integrity of the System.
- (3) The requirement must specify the manner in which the record or document must be produced.

56. Right of appeal—against decisions of Commissioner

- (1) A person who is aggrieved by any of the Commissioner's decisions set out in subsection (2) may appeal to the Administrative Appeals Board.
- (2) The decisions are—
 - (a) to refuse to register a healthcare recipient under section 8(1);

- (b) to suspend the registration of a healthcare recipient under section 10(1);
 - (c) to cancel the registration of a healthcare recipient under section 11(1);
 - (d) to refuse to register a healthcare provider as a healthcare provider for the System under section 20(1);
 - (e) to suspend a registration of a registered healthcare provider under section 24(1); and
 - (f) to cancel a registration of a registered healthcare provider under section 25(1).
- (3) An appeal may only be made within 28 days after the aggrieved person receiving notice of the decision.
 - (4) An appeal does not suspend the decision unless the Commissioner decides otherwise.

57. Access to card face data of healthcare recipient

- (1) This section applies if the Commissioner or a prescribed healthcare provider gains access to the card face data of the identity card of a healthcare recipient by using facilities provided by or with the approval of the Government.
- (2) The Commissioner or the prescribed healthcare provider is to be regarded as having lawful authority to gain access to the card face data of the identity card of the healthcare recipient for the purposes of regulation 12(1A) of the Registration of Persons Regulations (Cap. 177 sub. leg. A).
- (3) In this section—
card face data (證面數據) means the data specified in paragraph 1(a), (c), (d) and (e) of Schedule 1 to the Registration of Persons Regulations (Cap. 177 sub. leg. A) that are stored in the chip embodied in an identity card.

58. Limitation of public liability

The Government or a public officer does not incur any civil liability only because—

- (a) data or information contained in an electronic health record is used in accordance with this Ordinance;
- (b) the participation of a healthcare recipient or healthcare provider in the System is subject to the approval by a public officer; or

- [#](c) *the use of data and information contained in an electronic health record referred to in section 29 is subject to the approval of the Secretary or the Commissioner.*

Editorial Note:

[#] Not yet in operation

59. Protection of public officers etc.

- (1) A person to whom this section applies is not civilly liable for an act done or omitted to be done by the person in good faith —
- (a) in performing a function or purportedly performing a function under this Ordinance; or
- (b) in exercising a power or purportedly exercising a power under this Ordinance.
- (2) Subsection (1) does not affect the liability of the Government for the act or omission.
- (3) This section applies to—
- (a) a public officer; and
- (b) an employee of the Hospital Authority, or an employee of a body corporate established by the Hospital Authority under section 5(n) of the Hospital Authority Ordinance (Cap. 113), appointed by the Commissioner under section 49(3).

60. Service of notice etc.

A notice or document required to be given or sent under this Ordinance is, in the absence of evidence to the contrary, given or sent if—

- (a) for an individual—
- (i) it is addressed to and delivered personally to the individual;
- (ii) it is sent to the individual by post addressed to the individual at the individual's last known address;
- (iii) it is sent to the individual by an electronic mail transmission addressed to the individual at the individual's last known electronic mail address; or
- (iv) it is sent to the individual by a text message addressed to the individual at the individual's last known telephone number;
- (b) for a company—

- (i) it is addressed to the company and delivered to an officer of the company by hand;
- (ii) it is addressed to the company and left at or sent by post to the registered office of the company; or
- (iii) it is sent to the company by post addressed to the company at the company's last known address;
- (c) for a partnership—
- (i) it is addressed to the partnership and delivered to a place in Hong Kong at which the partnership carries on business, and given to a person apparently concerned in the management of, or apparently employed by, the partnership by hand; or
- (ii) it is sent to the partnership by post addressed to the partnership at the partnership's last known address; or
- (d) for a statutory body, a body corporate other than a company, or an unincorporated body of persons other than a partnership—
- (i) it is addressed to the body and delivered to a place in Hong Kong at which the body carries on business, and given to a person apparently concerned in the management of, or apparently employed by, the body by hand; or
- (ii) it is sent to the body by post addressed to the body at the body's last known address.

61. Amendment of Schedule

The Secretary may by notice published in the Gazette amend the Schedule.

Schedule

[ss. 2 & 61]

Healthcare Professionals

1. A registered pharmacist within the meaning of the Pharmacy and Poisons Ordinance (Cap. 138).

2. A registered dentist within the meaning of the Dentists Registration Ordinance (Cap. 156).
3. An enrolled dental hygienist within the meaning of the Ancillary Dental Workers (Dental Hygienists) Regulations (Cap. 156 sub. leg. B).
4. A registered medical practitioner within the meaning of the Medical Registration Ordinance (Cap. 161).
5. A registered midwife within the meaning of the Midwives Registration Ordinance (Cap. 162).
6. A registered nurse or enrolled nurse within the meaning of the Nurses Registration Ordinance (Cap. 164).
7. A registered medical laboratory technologist within the meaning of the Medical Laboratory Technologists (Registration and Disciplinary Procedure) Regulations (Cap. 359 sub. leg. A).
8. A registered occupational therapist within the meaning of the Occupational Therapists (Registration and Disciplinary Procedure) Regulations (Cap. 359 sub. leg. B).
9. A registered optometrist within the meaning of the Optometrists (Registration and Disciplinary Procedure) Regulation (Cap. 359 sub. leg. F) whose name has been entered in Part I of the register as defined by section 2 of that Regulation.
10. A registered radiographer within the meaning of the Radiographers (Registration and Disciplinary Procedure) Regulation (Cap. 359 sub. leg. H).
11. A registered physiotherapist within the meaning of the Physiotherapists (Registration and Disciplinary Procedure) Regulation (Cap. 359 sub. leg. J).
12. A registered chiropractor within the meaning of the Chiropractors Registration Ordinance (Cap. 428).
13. A listed or registered Chinese medicine practitioner within the meaning of the Chinese Medicine Ordinance (Cap. 549).

Cap. 442

Administrative Appeals Board
Ordinance

27/12/2024

Schedule

[ss. 3, 4 & 22]

Item	Ordinance	Decision
1.	Apprenticeship Ordinance (Cap. 47)	A decision of the Director of Apprenticeship or any public officer in the performance or exercise of any function, duty or power under the Ordinance.
2.	Boilers and Pressure Vessels Ordinance (Cap. 56)	<p>(a) The revocation or suspension of an appointment as a boiler inspector, air receiver inspector or pressurized fuel container inspector under section 5A. <i>(Amended 15 of 2002 s. 8)</i></p> <p>(b) A decision of the Boilers and Pressure Vessels Authority on the issue or endorsement of a certificate of competency under section 6(1)(a) or (3A)(a). <i>(Added 15 of 2002 s. 8)</i></p> <p>(c) A decision of the Boilers and Pressure Vessels Authority to revoke or amend a certificate of competency under section 6(4)(a) or (b), as the case may be. <i>(Added 15 of 2002 s. 8)</i></p>
3.	Employment Ordinance (Cap. 57)	A decision of the Commissioner for Labour under section 53(1) to refuse to issue or renew or to revoke a licence to operate an employment agency.
4.	Factories and Industrial Undertakings Ordinance (Cap. 59)	<p>(a) An exemption by the Commissioner for Labour under section 7(4) of an industrial undertaking from any regulation.</p> <p>(b) An order by the Commissioner for Labour under section 7(4), for an industrial undertaking to adopt special precautions in addition to any precautions required by any regulation.</p> <p>(c) Under section 9A—</p>

Item	Ordinance	Decision
		<ul style="list-style-type: none"> (i) the issue by the Commissioner for Labour of a prohibition notice in respect of a notifiable workplace; (ii) a refusal by the Commissioner for Labour to cancel a prohibition notice; (iii) the giving by the Commissioner for Labour of any direction upon the cancellation of a prohibition notice.
		(d) <i>(Repealed 39 of 1997 s. 49)</i>
5.	Quarries (Safety) Regulations (Cap. 59 sub. leg. F)	<ul style="list-style-type: none"> (a) A refusal by the Commissioner for Labour to approve any person as a supervisor or deputy supervisor under regulation 4(1) or 6(1). (b) A withdrawal by the Commissioner for Labour of his approval of a supervisor or deputy supervisor under regulation 10(1).
6.	Factories and Industrial Undertakings (Safety Officers and Safety Supervisors) Regulations (Cap. 59 sub. leg. Z)	<ul style="list-style-type: none"> (a) A refusal by the Commissioner for Labour to register a person as a safety officer under regulation 7. (b) The cancellation by the Commissioner for Labour of a person's registration as a safety officer under regulation 9. (c) The suspension by the Commissioner for Labour of a person's registration as a safety officer under regulation 10. (d) A refusal by the Commissioner for Labour to renew or revalidate a person's registration as a safety officer under regulation 7B. <i>(Added L.N. 100 of 2002)</i>
7.	Weights and Measures Ordinance (Cap. 68)	A decision of the Commissioner, as defined in section 2, or of an authorized officer which is taken in the exercise or performance of any function under the Ordinance.
8.	Miscellaneous Licences Ordinance (Cap. 114)	The decision under section 5 of any officer authorized to issue a licence under the Ordinance as to the grant of a licence, the renewal of a licence or the revocation of a licence.

Item	Ordinance	Decision
9.	Control of Chemicals Ordinance (Cap. 145) <i>(Amended 23 of 2002 s. 14)</i>	<p>A decision of the Commissioner, as defined in section 2(1), under the Ordinance, relating to—</p> <ul style="list-style-type: none"> (a) the issue of a licence or permit; (b) the refusal to issue a licence or permit; (c) the cancellation or suspension of a licence or permit; (d) the cancellation or variation of any condition or the specification of a new condition in a licence or permit.
10.	Gambling Ordinance (Cap. 148)	The decision under section 22 of the public officer appointed by the Secretary for Home and Youth Affairs as to the grant of a licence, the renewal of a licence, the imposition of conditions of a licence or the cancellation of a licence. <i>(Amended 17 of 2011 s. 28; L.N. 144 of 2022)</i>
11.	Chinese Temples Ordinance (Cap. 153)	<ul style="list-style-type: none"> (a) The refusal by the Chinese Temples Committee under section 4 to grant an exemption from section 4(1). (b) The withdrawal by the Chinese Temples Committee under section 4 of an exemption granted under section 4(1).
12.	Weapons Ordinance (Cap. 217)	A decision of the Commissioner of Police under section 9(1) to order the delivery up to him or seizure of any martial arts weapon.
13.	<i>(Repealed 37 of 2018 s. 171)</i>	
14.	Firearms and Ammunition Ordinance (Cap. 238)	<ul style="list-style-type: none"> (a) A decision of the Commissioner of Police refusing to grant a licence under section 30 or to renew a licence under section 32. (b) A decision of the Commissioner of Police, under section 33, cancelling a licence or varying or revoking any condition attached thereto or adding any further condition or deleting any premises from a dealer's licence at which business may be carried on. (c) The imposition of a condition of licence which is considered to be unreasonable.

Item	Ordinance	Decision
		(d) A decision of the Commissioner referred to in section 34(1AA). (<i>Added 14 of 2000 s. 33</i>)
		(e) The imposition of a term or condition under section 4(3), 12(4), 12A(3), 27A(1), 29 or 46C(3), which is considered to be unreasonable. (<i>Added 14 of 2000 s. 33</i>)
15.	Massage Establishments Ordinance (Cap. 266)	A decision of the licensing authority under section 6, 7, 8 or 9.
16.	Grant Schools Provident Fund Rules (Cap. 279 sub. leg. C)	A question of interpretation or application of the Rules.
17.	Subsidized Schools Provident Fund Rules (Cap. 279 sub. leg. D)	A decision of the Board under the Rules.
18.	Mining Ordinance (Cap. 285)	The cancellation of an Authorized Buyer's Licence under section 41.
19.	Mining (General) Regulations (Cap. 285 sub. leg. A)	A decision of the Commissioner of Mines under regulation 30(4A)(a) specifying the rate per tonne at which royalty shall be payable in respect of minerals and the period for which it shall be payable.
20.	Dangerous Goods Ordinance (Cap. 295)	A decision under section 9 of an officer authorized under the Ordinance to issue a licence— (a) to refuse to grant a licence; (b) to refuse to renew a licence; or (c) to revoke a licence.
21.	Dangerous Goods (Control) Regulation (Cap. 295 sub. leg. G)	(a) Prohibiting or imposing conditions on, under section 103(1), the use of a licensed tank for the storage of certain dangerous goods. (b) Prohibiting or imposing conditions on, under section 125(1), the use of a tank on a licensed tank vehicle for containing certain dangerous goods. (<i>Replaced 29 of 2021 s. 44</i>)

Item	Ordinance	Decision
22.	Business Registration Ordinance (Cap. 310)	(a) The service of a notice under section 3(4) by the Commissioner of Inland Revenue that a person is to be deemed to be a person carrying on business. (b) The service of a notice under section 3(4AA) by the Commissioner of Inland Revenue that a person is to be deemed to be a person carrying on business at a branch of a business. (c) The service of a notice under section 6(4D) by the Commissioner of Inland Revenue requesting a person to notify a change to a different name. (<i>Replaced 13 of 2010 s. 28</i>) (d) The service of a notice under section 9(5) by the Commissioner of Inland Revenue that an exemption is not granted. (<i>Added 23 of 2002 s. 14</i>)
23.	Motor Vehicles (First Registration Tax) Ordinance (Cap. 330)	A decision of the Commissioner for Transport under the Ordinance.
24.	Animals (Control of Experiments) Ordinance (Cap. 340)	A refusal to issue a licence, endorsement or permit under section 7, 8, 9, 10 or 14.
25.	Chinese Permanent Cemeteries Rules (Cap. 1112 sub. leg. A)	A decision of the Board of Management of the Chinese Permanent Cemeteries not to withdraw a notice in rule 12(2) regarding reversion of a subscriber lot to the Board. Note: The Board of Management of the Chinese Permanent Cemeteries is specified for the purposes of section 22(5) of this Ordinance.
26.	Sewage Services Ordinance (Cap. 463)	A decision of the Drainage Authority under the Ordinance. (<i>Added 105 of 1994 s. 15</i>)
27.	Timber Stores Ordinance (Cap. 464)	A decision of the Director relating to— (a) an application for a licence under section 4; (b) an application for transfer of a licence under section 5;

Item	Ordinance	Decision
		(c) the revocation, suspension, refusal to renew or transfer; amendment or variation of conditions of a licence under section 8. <i>(Added 11 of 1995 s. 23)</i>
28.	Marine Parks Ordinance (Cap. 476)	A decision of the Country and Marine Parks Authority under section 11 or 22 of the Ordinance. <i>(Added 37 of 1995 s. 36)</i>
29.	Personal Data (Privacy) Ordinance (Cap. 486)	A decision of the Privacy Commissioner for Personal Data— <ul style="list-style-type: none"> (a) to impose conditions on his consent to the carrying out of a matching procedure under section 32(1)(b)(i); (b) to refuse to consent to the carrying out of a matching procedure under section 32(1)(b)(ii); (c) to refuse under section 39(3) to carry out an investigation initiated by a complaint; <i>(Amended 18 of 2012 s. 44)</i> (ca) to terminate under section 39(3A) an investigation initiated by a complaint; <i>(Added 18 of 2012 s. 44)</i> (d) not to delete under section 46(5) a matter from a report under the Ordinance; (e) not to serve an enforcement notice under section 47; (f) to serve an enforcement notice under section 50; <i>(Added 81 of 1995 s. 73. Amended 32 of 2021 s. 14)</i> (g) to serve a cessation notice under section 66M. <i>(Added 32 of 2021 s. 14)</i>
30.	Dutiable Commodities Ordinance (Cap. 109)	A decision of the Commissioner of Customs and Excise under section 7, 26, 26A or 29. <i>(Added 46 of 1996 s. 43)</i>
31.	Dogs and Cats Ordinance (Cap. 167)	(a) A decision by a police officer or an authorized officer under section 6(1)(c) (i) or (ii) to destroy a dog.

Item	Ordinance	Decision
		(b) A decision by an authorized officer under section 9 in specifying the place or period of detention of a dog or cat or any other thing under this Ordinance.
		(c) A decision by an authorized officer under section 10 to vary the period of detention of a dog or cat or any other thing under this Ordinance.
		(d) A decision by an authorized officer under section 11(1) to refuse an application for the removal from detention under this Ordinance of a dog or cat or any other thing.
		(e) A decision by the Director under section 11(2) to order the forfeiture of a dog or cat or any other thing.
		(f) A decision by the Director under section 17(2) to impose any condition in granting an exemption under section 17. <i>(Added 97 of 1997 s. 11)</i>
32.	Road Traffic (Registration and Licensing of Vehicles) Regulations (Cap. 374 sub. leg. E)	A decision of the Commissioner for Transport under regulation 12L(1). <i>(Added 25 of 2005 s. 40)</i>
33.	Child Care Services Ordinance (Cap. 243)	A decision of the Director of Social Welfare — <ul style="list-style-type: none"> (a) under section 7(2), refusing an application for registration; (b) under section 9, cancelling a registration; (c) under section 11B(3), refusing an application for exemption from registration; (d) under section 11D, revoking an exemption from registration; (e) under section 15B(2), determining a person to be unsuited to act as a childminder; (f) under section 15C(4), refusing a request for the issue of a certificate;

Item	Ordinance	Decision
		(g) under section 15D(4), refusing to make a declaration that a person should no longer be deemed unsuited to act as a childminder. <i>(Added 38 of 1997 s. 19)</i>
34.	Wild Animals Protection Ordinance (Cap. 170)	A decision of the Director in relation to— (a) the granting of or the refusal to grant a permit or a special permit pursuant to section 13 or 15; or (b) the cancellation of a permit or a special permit under section 15A. <i>(Added 77 of 1996 s. 22)</i>
35.	Occupational Safety and Health Ordinance (Cap. 509)	A decision of the Commissioner for Labour under Part III. <i>(Added 39 of 1997 s. 49)</i>
36.	Ozone Layer Protection Ordinance (Cap. 403)	A decision of the Director of Environmental Protection under section 5, 6 or 7 or under provisions of the regulations that may be specified to be subject to an appeal under section 8. <i>(Added 6 of 1997 s. 10)</i>
37.	Human Reproductive Technology Ordinance (Cap. 561)	(a) A determination of the Council on Human Reproductive Technology referred to in section 28(5) to which section 28(6) applies. (b) The suspension of a licence under section 29. <i>(Added 47 of 2000 s. 48)</i>
38.	Freight Containers (Safety) Ordinance (Cap. 506)	A decision of the Director— (a) <i>(Repealed 14 of 2006 s. 20)</i> (b) under section 9, that an approval shall no longer be valid; (c) under section 12 or 13, in an application for approval of an examination procedure; (d) under sections 14 to 16, in relation to control of the use of a container; (e) under section 23, in relation to an application for the review of a decision of an authorized person; (f) under section 25, in relation to any request for exemption under that section. <i>(Added 32 of 1997 s. 29)</i>

Item	Ordinance	Decision
39.	Volunteer and Naval Volunteer Pensions Ordinance (Cap. 202)	A decision in a review under section 22. <i>(Added 56 of 1997 s. 7)</i>
40.	Child Care Services Regulations (Cap. 243 sub. leg. A)	A decision of the Director of Social Welfare under regulation 4 refusing an application for inclusion in a register or removing the name of a person from a register. <i>(Added L.N. 272 of 1997. Amended 32 of 2000 s. 37)</i>
41.	Prevention of Copyright Piracy Ordinance (Cap. 544)	A decision of the Commissioner of Customs and Excise under section 11 or 12 of the Ordinance. <i>(Added 22 of 1998 s. 43)</i>
42.	Education Ordinance (Cap. 279)	(a) An attendance order made under section 74(1). (b) A variation of an attendance order made under section 74(2). <i>(Added 8 of 2001 s. 31)</i>
43.	Merchant Shipping (Local Vessels) Ordinance (Cap. 548)	A decision of the Director of Marine— (a) to refuse to authorize under section 7 a person as a surveyor; (b) to attach conditions to an authorization under section 7; (c) to revoke an authorization under section 7; (d) to serve a detention order; (e) to give a direction under section 53(1)(a); (f) to refuse to comply with a request under section 54(2); (g) to refuse to grant permission under section 66; (h) to attach conditions to a permission under section 66; (i) to revoke a permission under section 66; (j) to give a direction specified in an improvement notice under section 73(1). <i>(Added 43 of 1999 s. 91)</i>
44.	Dangerous Dogs Regulation (Cap. 167 sub. leg. D)	A direction by an authorized officer under section 14 of the Regulation. <i>(Added L.N. 185 of 2000)</i>

Item	Ordinance	Decision
45.	Factories and Industrial Undertakings (Safety Management) Regulation (Cap. 59 sub. leg. AF)	<p>(a) A decision of the Commissioner for Labour to refuse to register a person under section 6 or to register a person under that section subject to conditions.</p> <p>(b) A decision of the Commissioner for Labour under section 24(1) to require the appointment of a new safety review officer.</p> <p>(c) A decision of the disciplinary board under section 29(2) to reprimand a registered person, cancel the registration of a registered person or suspend the registration of a registered person. <i>(Added L.N. 298 of 1999)</i></p>
46.	Port Control (Cargo Working Areas) Regulations (Cap. 81 sub. leg. A)	A decision of the Director or the supervisor under regulation 4A(4), 5B, 6AA, 7, 7A, 7B, 7C, 7D, 7E, 13 or 21. <i>(Added L.N. 280 of 1999)</i>
47.	Karaoke Establishments Ordinance (Cap. 573)	A decision of the Secretary for Home and Youth Affairs or the Director of Food and Environmental Hygiene (as the case may be) under section 5, 6, 8, 9 or 10. <i>(Added 22 of 2002 s. 22. Amended L.N. 144 of 2022)</i>
48.	Drug Dependent Persons Treatment and Rehabilitation Centres (Licensing) Ordinance (Cap. 566)	A determination or decision of the Director of Social Welfare under section 6(2)(b), 8(3)(b), 9(3)(b) or 14. <i>(Added 10 of 2001 s. 33)</i>
49.	Road Traffic Ordinance (Cap. 374)	A decision of the Commissioner of Police under section 55(3). <i>(Added 3 of 2002 s. 17)</i>
50.	Dutiable Commodities Regulations (Cap. 109 sub. leg A)	A forfeiture of security under regulation 27(2). <i>(Added 23 of 2002 s. 14)</i>
51.	Security and Guarding Services Ordinance (Cap. 460)	A decision under section 14(5), 15(3), 16(4), 18(4), 21(2), 23(4), 24(4), 24A(13) or 25(4). <i>(Added 23 of 2002 s. 14)</i>

Item	Ordinance	Decision
52.	Merchant Shipping (Seafarers) Ordinance (Cap. 478)	<p>A decision of the Superintendent of the Mercantile Marine Office—</p> <p>(a) to refuse to grant a permit;</p> <p>(b) to impose any condition under section 52(3); or <i>(Amended 16 of 2013 s. 84)</i></p> <p>(c) <i>(Repealed 16 of 2013 s. 84)</i></p> <p>(d) to cancel a permit under section 56(1). <i>(Added 23 of 2002 s. 14. Amended 16 of 2013 s. 84)</i></p>
53.	Merchant Shipping (Seafarers) (Certification of Officers) Regulation (Cap. 478 sub. leg. J)	<p>A decision of the Seafarers' Authority— <i>(Amended L.N. 143 of 2016)</i></p> <p>(a) to refuse to issue or renew a certificate of competency under section 7B; or</p> <p>(b) to refuse to issue a licence under section 10(2). <i>(Added 23 of 2002 s. 14. Amended L.N. 143 of 2016)</i></p>
54.	<i>(Repealed L.N. 143 of 2016)</i>	
55.	Merchant Shipping (Seafarers) (Engine Room Watch Ratings and Electro-technical Ratings) Regulation (Cap. 478 sub. leg. V)	A decision of the Seafarers' Authority to refuse to issue a certificate of proficiency under section 4A. <i>(Added 23 of 2002 s. 14. Amended L.N. 143 of 2016)</i>
56.-58.	<i>(Repealed L.N. 143 of 2016)</i>	
58A.	Merchant Shipping (Seafarers) (Working and Living Conditions) Regulation (Cap. 478 sub. leg. AF) <i>(Amended E.R. 4 of 2017)</i>	<p>A decision of the Seafarers' Authority—</p> <p>(a) to require a deficiency to be rectified under section 100(2); or</p> <p>(b) to direct that a ship must not proceed to sea under section 100(3). <i>(Added L.N. 143 of 2016)</i></p>

Item	Ordinance	Decision
58B.	Merchant Shipping (Seafarers) (Safety, Security and Designated Duties Training) Regulation (Cap. 478 sub. leg. AJ) <i>(Amended E.R. 4 of 2017)</i>	A decision of the Seafarers' Authority to refuse to issue or renew a certificate of proficiency under section 9. <i>(Added L.N. 143 of 2016)</i>
58C.	Merchant Shipping (Seafarers) (Certificates of Proficiency for Able Seafarers) Regulation (Cap. 478 sub. leg. AI) <i>(Amended E.R. 4 of 2017)</i>	A decision of the Seafarers' Authority to refuse to issue a certificate of proficiency under section 8. <i>(Added L.N. 143 of 2016)</i>
58D.	Merchant Shipping (Seafarers) (Navigational Watch) Regulation (Cap. 478 sub. leg. AH) <i>(Amended E.R. 4 of 2017)</i>	A decision of the Seafarers' Authority to refuse to issue a certificate of proficiency under section 6. <i>(Added L.N. 143 of 2016)</i>
58E.	Merchant Shipping (Seafarers) (Tankers) Regulation (Cap. 478 sub. leg. AG) <i>(Amended E.R. 4 of 2017)</i>	A decision of the Seafarers' Authority to refuse to issue a certificate of proficiency or an endorsement, or to refuse to renew an endorsement, under section 6. <i>(Added L.N. 143 of 2016)</i>
58F.	Merchant Shipping (Seafarers) (Ships Using Low-flashpoint Fuels) Regulation (Cap. 478 sub. leg. AK) <i>(Amended E.R. 2 of 2019)</i>	A decision of the Seafarers' Authority to refuse to issue or renew a certificate of proficiency under section 6. <i>(Added L.N. 18 of 2019)</i>

Item	Ordinance	Decision
58G.	Merchant Shipping (Seafarers) (Ships Operating in Polar Waters) Regulation (Cap. 478 sub. leg. AL) <i>(Amended E.R. 2 of 2019)</i>	A decision of the Seafarers' Authority to refuse to issue or renew a certificate of proficiency under section 6. <i>(Added L.N. 18 of 2019)</i>
59.	Marine Fish Culture Ordinance (Cap. 353)	A decision of the Director of Agriculture, Fisheries and Conservation— (a) to refuse to grant or renew a licence under section 8(6); (b) to refuse to approve the transfer of a licence under section 8A(3)(b); (c) to cancel a licence under section 9(1); (d) to refuse to grant a permit under section 14(1); (e) to cancel or refuse to renew a permit under section 14(2). <i>(Added 10 of 2005 s. 230)</i>
60.	Land (Miscellaneous Provisions) Ordinance (Cap. 28)	A decision of the Director of Highways under section 10M(13) relating to an assessment made under section 10M(1)(d), (g), (h) or (i). <i>(Added 17 of 2003 s. 15)</i>
61.	Adoption Ordinance (Cap. 290)	A decision of the Director of Social Welfare — (a) on the assessment of a person's suitability to be an adoptive parent; (b) to terminate a placement; (c) on a person's application to become or continue to be an accredited body; or (d) to suspend or revoke a person's status as an accredited body, as referred to in section 30. <i>(Added 28 of 2004 s. 35)</i>
62.	Medical Clinics Ordinance (Cap. 343)	(a) A refusal by the Registrar of Clinics under section 8 to grant or renew an exemption in respect of a clinic. (b) A cancellation by the Registrar of Clinics under section 8 of an exemption granted in respect of a clinic.

Item	Ordinance	Decision
		(c) An order by the Registrar of Clinics under section 11 to refuse an application for the registration of a clinic or to cancel the registration of a clinic. <i>(Added 10 of 2005 s. 7)</i>
63.	Protection of Endangered Species of Animals and Plants Ordinance (Cap. 586)	A decision of the Director of Agriculture, Fisheries and Conservation, the Deputy Director of Agriculture, Fisheries and Conservation or an Assistant Director of Agriculture, Fisheries and Conservation relating to— <ul style="list-style-type: none"> (a) the refusal to issue a licence under section 23; (b) an application to extend or renew a licence under section 24; (c) an application to vary a licence under section 24; (d) any condition specified in a licence issued under section 23 or extended, renewed or varied under section 24; or (e) the cancellation of a licence under section 26. <i>(Added 3 of 2006 s. 58)</i>
64.	Merchant Shipping (Security of Ships and Port Facilities) Ordinance (Cap. 582)	A decision of the Director of Marine under section 7(1)(a) or (c) or 8(2). <i>(Added 13 of 2004 s. 18)</i>
65.	Merchant Shipping (Security of Ships and Port Facilities) Rules (Cap. 582 sub. leg. A)	A decision of the Director of Marine under rule 27(1). <i>(Added L.N. 130 of 2004)</i>
66.	Accreditation of Academic and Vocational Qualifications Ordinance (Cap. 592)	A decision of the Secretary for Education — <i>(Amended L.N. 130 of 2007)</i> <ul style="list-style-type: none"> (a) not to re-appoint an assessment agency under section 8(1); (b) on the length of a term of re-appointment specified under section 8(1)(b); (c) to impose any conditions or restrictions under section 8(1)(c) in re-appointing an assessment agency; and

Item	Ordinance	Decision
		(d) to cancel an appointment or re-appointment under section 8(5). <i>(Added 6 of 2007 s. 51)</i>
67.	Genetically Modified Organisms (Control of Release) Ordinance (Cap. 607)	(a) A decision of the Director of Agriculture, Fisheries and Conservation, the Deputy Director of Agriculture, Fisheries and Conservation or an Assistant Director of Agriculture, Fisheries and Conservation— <ul style="list-style-type: none"> (i) under section 10(1)(a) on an application for approval of a genetically modified organism; (ii) under section 11(5)(a) on a request to vary a prior decision on an application for approval of a genetically modified organism; (iii) under section 12(1) to vary a prior decision on an application for approval of a genetically modified organism or on a request to vary such a prior decision. (b) A direction of the Director of Agriculture, Fisheries and Conservation, the Deputy Director of Agriculture, Fisheries and Conservation or an Assistant Director of Agriculture, Fisheries and Conservation— <ul style="list-style-type: none"> (i) under section 12(7) on the safekeeping or disposal of a genetically modified organism or a container containing the organism; (ii) under section 41(2) to dispose of a forfeited thing through repatriation or destruction. (c) A decision of the Director of Agriculture, Fisheries and Conservation, the Deputy Director of Agriculture, Fisheries and Conservation or an Assistant Director of Agriculture, Fisheries and Conservation under section 16(3)(a) to enter certain information submitted for the approval of a genetically modified organism in the register. <i>(Added 7 of 2010 s. 55)</i>

Item	Ordinance	Decision
68.	Bunker Oil Pollution (Liability and Compensation) Ordinance (Cap. 605)	<p>(a) A decision of the Director of Marine or a person authorized under section 25(1) to refuse to issue an insurance certificate under section 16.</p> <p>(b) A decision of the Director of Marine or a person authorized under section 25(1) to impose any condition under section 16.</p> <p>(c) A decision of the Director of Marine or a person authorized under section 25(1) to cancel an insurance certificate under section 17.</p> <p>(d) A decision of the Director of Marine to refuse to grant an exemption under section 23.</p> <p>(e) A decision of the Director of Marine to impose any condition under section 23. <i>(Added 14 of 2009 s. 40)</i></p>
69.	Residential Care Homes (Elderly Persons) Ordinance (Cap. 459)	A decision of the Director of Social Welfare under section 8, 9 or 10(1). <i>(Added 12 of 2011 s. 31. Amended 12 of 2023 s. 113)</i>
70.	Residential Care Homes (Persons with Disabilities) Ordinance (Cap. 613)	A decision of the Director of Social Welfare under section 7, 8, 9(1), 11 or 12. <i>(Added 12 of 2011 s. 31)</i>
71.	Companies Ordinance (Cap. 622)	<p>(a) A direction of the Registrar of Companies under section 109(1) to change a company name.</p> <p>(b) A decision of the Registrar of Companies to serve a notice under section 780(1)(b). <i>(Added 28 of 2012 ss. 912 & 920)</i></p>
72.	Fisheries Protection Ordinance (Cap. 171)	<p>A decision of the Director of Agriculture, Fisheries and Conservation—</p> <p>(a) to refuse to register a vessel on application made under section 14(1), 14A(2), 14B(8), 19(1), 21(1) or 21A(8); <i>(Amended 22 of 2020 s. 14)</i></p> <p>(ab) to refuse to issue a provisional approval under section 14B(2); <i>(Added 22 of 2020 s. 14)</i></p>

Item	Ordinance	Decision
		<p>(b) to impose conditions under section 16;</p> <p>(c) to add, remove or amend any conditions or refuse to do so under section 17;</p> <p>(ca) to refuse to issue a certificate of eligibility under section 21A(2); <i>(Added 22 of 2020 s. 14)</i></p> <p>(d) to cancel a registration under section 24;</p> <p>(e) to refuse to issue or renew a research fishing permit under section 25;</p> <p>(f) to impose conditions in respect of a research fishing permit under section 25(3); and</p> <p>(g) to cancel a research fishing permit under section 29. <i>(Added 13 of 2012 s. 20)</i></p>
73.	Pesticides Ordinance (Cap. 133)	<p>A decision of the Director of Agriculture, Fisheries and Conservation—</p> <p>(a) to refuse to register a pesticide under section 5(3)(b);</p> <p>(b) to register a pesticide subject to conditions under section 5(5);</p> <p>(c) to cancel or suspend the registration of a pesticide, or to modify, add to or cancel any condition, under section 6;</p> <p>(d) to refuse to issue a licence or permit under section 9(2)(b);</p> <p>(e) to issue a licence subject to conditions under section 9(5);</p> <p>(f) to issue a permit subject to conditions under section 9(7);</p> <p>(g) to vary the particulars of a licence or permit, or to modify, add to or cancel the conditions of a licence or permit, under section 9(8);</p> <p>(h) to cancel or suspend a licence under section 10;</p> <p>(i) to cancel a permit under section 11;</p>

Item	Ordinance	Decision
		(j) to confirm or vary under section 13(3)(b) the directions given under section 13(1). <i>(Added 14 of 2013 s. 28)</i>
74.	Electronic Health Record Sharing System Ordinance (Cap. 625)	<p>A decision of the Commissioner for the Electronic Health Record—</p> <p>(a) to refuse to register a healthcare recipient under section 8(1);</p> <p>(b) to suspend the registration of a healthcare recipient under section 10(1);</p> <p>(c) to cancel the registration of a healthcare recipient under section 11(1);</p> <p>(d) to refuse to register a healthcare provider as a healthcare provider for the Electronic Health Record Sharing System under section 20(1);</p> <p>(e) to suspend a registration of a registered healthcare provider under section 24(1);</p> <p>(f) to cancel a registration of a registered healthcare provider under section 25(1). <i>(Added 15 of 2015 s. 63 and E.R. 3 of 2015)</i></p>
75.	Private Healthcare Facilities Ordinance (Cap. 633)	<p>A decision of the Director of Health—</p> <p>(a) to refuse to issue a licence under section 17(1)(b);</p> <p>(b) to issue a licence subject to particular conditions under section 17(3);</p> <p>(c) to refuse to renew a licence under section 21(2);</p> <p>(d) to impose particular conditions on renewing a licence under section 21(3);</p> <p>(e) to approve an application for variation of the scale or scope of services subject to particular conditions under section 23(3);</p> <p>(f) to refuse an application for variation of the scale or scope of services under section 23(4) or (5);</p>

Item	Ordinance	Decision
		(g) to approve an application for variation of the class of specialized service subject to particular conditions under section 24(3);
		(h) to refuse an application for variation of the class of specialized service under section 24(4) or (5);
		(i) to suspend or cancel a licence under section 28(1);
		(j) to suspend a facility service under section 29(1); or
		(k) to amend the conditions of a licence under section 37(1). <i>(Added 34 of 2018 s. 141 and E.R. 5 of 2018)</i>
76.	Conservation of Antarctic Marine Living Resources (Toothfish Catch Documentation Scheme) Regulation (Cap. 635 sub. leg. A) <i>(Amended E.R. 5 of 2020)</i>	<p>A decision of the Director of Agriculture, Fisheries and Conservation—</p> <p>(a) to attach a condition to a licence under section 14(1);</p> <p>(b) to refuse an application for a licence under section 15(1); or</p> <p>(c) to cancel a licence under section 16(1)(b), (c), (d) or (e). <i>(Added L.N. 152 of 2019)</i></p>
77.	Limited Partnership Fund Ordinance (Cap. 637) <i>(Amended E.R. 5 of 2020)</i>	A direction of the Registrar of Companies to change the name of a limited partnership fund under section 42 or 43. <i>(Added 14 of 2020 s. 121)</i>
78.	Mercury Control Ordinance (Cap. 640) <i>(Amended E.R. 5 of 2021)</i>	<p>A decision of the Director of Environmental Protection—</p> <p>(a) to refuse to issue a permit under section 18, 20 or 22;</p> <p>(b) to impose conditions under section 18, 20, 22 or 27;</p> <p>(c) to refuse to renew a permit under section 27;</p> <p>(d) to refuse to issue a duplicate of a permit under section 28;</p> <p>(e) under section 30 to vary a condition imposed under Part 3 in respect of a permit;</p>

Item	Ordinance	Decision	s. 72 of the Merchant Shipping (Local Vessels)(Works) Regulation (Cap. 548 sub. leg. I); s. 42 of the Hazardous Chemicals Control Ordinance (Cap. 595).
		(f) under section 31 to refuse to vary a condition imposed under Part 3 in respect of a permit;	
		(g) to suspend a permit under section 34;	
		(h) to cancel a permit under section 35;	
		(i) to give a disposal direction under section 39; or	
		(j) to refuse to vary a disposal direction under section 40. <i>(Added 19 of 2021 s. 88)</i>	
79.	Small Unmanned Aircraft Order (Cap. 448 sub. leg. G) <i>(Amended E.R. 5 of 2022)</i>	A decision of the Director-General of Civil Aviation in a review under section 61(3). <i>(Added L.N. 115 of 2021)</i>	
80.	Construction Industry Security of Payment Ordinance (35 of 2024)	A decision of the Secretary for Development — (a) to refuse to register a body corporate as a nominating body under section 62(2)(a); (b) to refuse to renew the registration of a body corporate as a nominating body under section 62(2)(a); (c) to suspend the registration of a body corporate as a nominating body under section 62(2)(b); or (d) to cancel the registration of a body corporate as a nominating body under section 62(2)(b). <i>(Added 35 of 2024 s. 72)</i> <i>(Amended E.R. 1 of 2012; E.R. 1 of 2015)</i>	

Note:

The following enactments also give a right of appeal to the Administrative Appeals Board—
s. 19 of the Merchant Shipping (Local Vessels)(Dwelling Vessels) Regulation (Cap. 548 sub. leg. A);
s. 53 of the Merchant Shipping (Local Vessels)(Certification and Licensing) Regulation (Cap. 548 sub. leg. D);
s. 11 of the Merchant Shipping (Local Vessels)(Typhoon Shelters) Regulation (Cap. 548 sub. leg. E);
s. 47 of the Merchant Shipping (Local Vessels)(General) Regulation (Cap. 548 sub. leg. F);
s. 86 of the Merchant Shipping (Local Vessels)(Safety and Survey) Regulation (Cap. 548 sub. leg. G);
s. 10 of the Merchant Shipping (Local Vessels)(Compulsory Third Party Risks Insurance) Regulation (Cap. 548 sub. leg. H);

Cap. 633

Private Healthcare Facilities
Ordinance

01/01/2025

Part 13

Related Amendments

**Division 32—Amendments to Electronic Health Record
Sharing System Ordinance (Cap. 625)**

Dentists Registration (Amendment) Ordinance 2024

Part 5—Division 1
Section 121

Ord. No. 22 of 2024
A2785

Part 5

Consequential Amendments

**Division 14—Amendments to Electronic Health Record
Sharing System Ordinance (Cap. 625)**

135. Schedule amended (healthcare professionals)

The Schedule—

Repeal item 3

Substitute

“3. A registered dental care professional as defined by
section 2(1) of the Dentists Registration Ordinance
(Cap. 156).”.

IMPLICATIONS OF THE BILL

Economic Implications

The Bill aims to enhance the collection and application of health data in eHealth. It would help improve the accessibility, portability and effective usage of eHRs by registered HCRs, support the digital transformation of various healthcare services, and enhance the overall efficiency of the healthcare system through more proper planning and distribution of resources. The enhanced eHealth would be conducive towards the provision of quality healthcare services and the sustainable development of the healthcare system in Hong Kong. Registered HCRs may be able to enjoy better clinical diagnosis and healthcare services and possibly at lower costs as there is greater accessibility to and sharing of essential health data and health records by HCPs and HCProfs through a centralised platform.

Financial Implications

2. The legislative proposal has no direct financial implication. The Health Bureau has secured resources to take forward the implementation of the eHealth+ initiative. The Finance Committee of the LegCo approved a commitment of \$1,395.8 million in July 2024 for the development of eHealth+. Subject to the passage of the Bill, the HA, as the technical agency for supporting the development and operation of eHealth, will implement the necessary technical enhancements to the system to support the legislative proposals. The CoP, other existing guidelines and publicity materials of eHealth will be updated correspondingly as well.

3. Enabling the Government to use non-identifiable eHealth data for public policy formulation will facilitate evidence-based service planning and evaluation, thereby supporting more forward-looking and effective healthcare policy formulation, as well as efficient resource allocation by the Government. In particular, access to such data will provide the Government with better insights for estimating the funding requirements for health programmes, potentially leading to more accurate budgeting, improved efficiency in the deployment of public funds and cost savings.

Sustainability Implications

4. Under the development of eHealth+, eHealth will support the development of prevention-oriented primary healthcare services, thereby improving the sustainability of the healthcare system as a whole since

effective and early treatment provided to HCRs would reduce the avoidable use of much more costly secondary and tertiary healthcare services.

Family Implications

5. By specifying the roles of HCRs and related persons, including parents of minors and persons authorised by the HCRs, in providing and obtaining the eHealth data of the HCR, it would enable individuals to proactively assist in managing the health of their family members.

Environmental Implications

6. Some stakeholders in the healthcare sector remain reliant on paper-based documents. By facilitating the use of electronic medical documents, the Bill aims to support the digital transformation of the healthcare system and reduce paper consumption, which will bring positive environmental benefits.