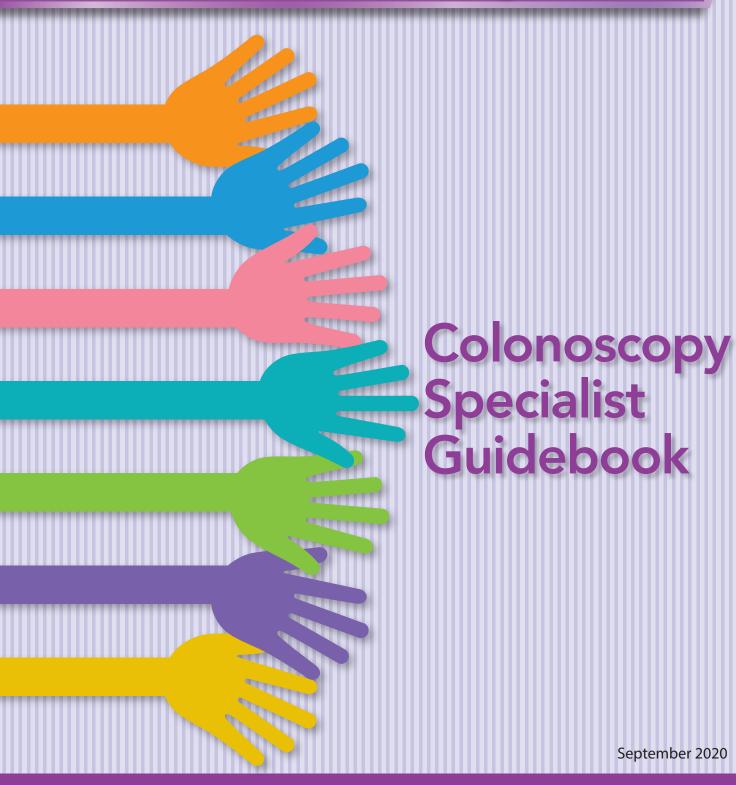
## Colorectal Cancer Screening Programme







www.ColonScreen.gov.hk

# Purpose

This Guidebook provides detailed information of the Colorectal Cancer Screening Programme (Programme) with the aim to facilitate enrolled Colonoscopy Specialist (CS) to provide screening services to participants under the Programme.

The content may be updated regularly in light of experience. The updated version will be uploaded to the Prevent Colorectal Cancer website (www.ColonScreen.gov.hk).

Enquiry line for the Programme: 3565 5665

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## Preparation after enrolment

Congratulations! You have successfully enrolled as a Colonoscopy Specialist (CS) of the Colorectal Cancer Screening Programme (Programme).

CSs are required to provide colonoscopy service once the Programme commences operation. Your practice information will appear on the Prevent Colorectal Cancer website (www.ColonScreen.gov.hk) for public access.

To make preparation for colonoscopy service provision, enrolled CSs are advised to

- (a) understand the basics, workflow and your responsibilities;
- (b) understand the Colorectal Cancer Information Technology System (CRC IT System); and
- (c) understand the programme materials.

## 1.1 Understand the basics, workflow & your responsibilities

#### 1.1.1 Background and objective

The Government announced in the 2014 Policy Address the planning and implementation of a pilot programme that subsidises colorectal cancer screening for specific age groups.

With effect from 6 August 2018, the Government's Colorectal Cancer Screening Programme has been regularised. On 1 January 2020, the Programme has fully extended to asymptomatic Hong Kong residents aged between 50 to 75.

The aim of the programme is to:

- determine the ability of the healthcare infrastructure to handle increase in demand for assessment and follow-up treatment of cancer and pre-cancerous conditions;
- assess public understanding, perception and acceptance of colorectal cancer screening;
- devise a screening algorithm with assured quality which is most suited to local needs and circumstances; and
- evaluate performance of the screening programme.

#### **1.1.2 Eligible participants**

Participants who are eligible to receive the screening service under the Programme should fulfill the following criteria:

- Aged between 50 and 75
- Hold a valid Hong Kong Identity Card or Certificate of Exemption
- Registered in the Electronic Health Record Sharing System (eHRSS)
- Do not have symptoms of colorectal cancer, higher colorectal cancer risk, or screening/examination for colorectal cancer within a specified period

#### 1.1.3 Workflow

Under the Programme, a two-tier screening protocol will be adopted, i.e. Faecal Immunochemical Test (FIT) as the first tier screening test followed by colonoscopy examination if the FIT result is positive.

#### **<u>Receiving referral from enrolled PCD</u>**

Primary Care Doctors (PCD) who receive a positive FIT report from the designated chemical pathology laboratory will call back the participant for a consultation and to issue a prescribed referral letter. A sample of the referral letter is shown in Annex I.

#### Providing the Standard Package of Colonoscopy Service

The bearer of the referral letter will contact any enrolled CS to make an appointment for Pre-procedural Consultation with the intention of receiving the "Standard Package of Colonoscopy Service". The CS should provide the Government subsidised Standard Package of Colonoscopy Service which comprises the following elements:

#### (a) Pre-procedural Consultation

- CS can login the Colorectal Cancer Information Technology System (CRC IT System) and verify personal and clinical data of the participant.
- CS should assess medical fitness of the participant for Colonoscopy Examination.
- If the participant is fit for Colonoscopy Examination, the CS should explain the procedure, risks and complications, obtain consent for Colonoscopy Examination, prescribe and provide instructions for bowel preparation, book a colonoscopy session, reach mutual agreement including management plan and associated charges in case of complications, clarify the arrangement and charges for extra services (if applicable) with the participant.
- CS makes a booking of Colonoscopy Examination for the participant, inputs the date and facility of performing colonoscopy in the CRC IT System.

#### (b) Colonoscopy Examination

 CS should provide Colonoscopy Examination as a day case including conscious sedation and consumables for the removal of polyp, e.g. clips, hot biopsy forceps or snare.

- If a manageable number of polyps are detected during Colonoscopy Examination, polypectomy should be performed under safe conditions and specimens should be sent to a laboratory designated by Government for histopathology examination.
- After the Colonoscopy Examination, CS should arrange the Post-procedural Consultation(s) which can be optional depending on the clinical need for explaining the Colonoscopy Examination result (for example the histopathology report results if applicable), making referral, and arranging postprocedural clinical care as appropriate.

#### Extra services NOT included in the Standard Package of Colonoscopy Service

The following extra services are NOT included in the Standard Package of Colonoscopy Service. CS should reach mutual agreement with the participant regarding their arrangement and charges for such extra services.

- Overnight stay in a private hospital;
- Monitored anaesthetic care or general anaesthesia;
- Management for further polypectomy in the situation where the polyp(s) detected during the complete colonoscopy is/are not completely removed;
- Management of complications arising from the Colonoscopy Examination such as bleeding, infection, bowel perforation or severe reaction to sedation;
- Management of colorectal cancer or other lesion(s) detected after the Colonoscopy Examination.

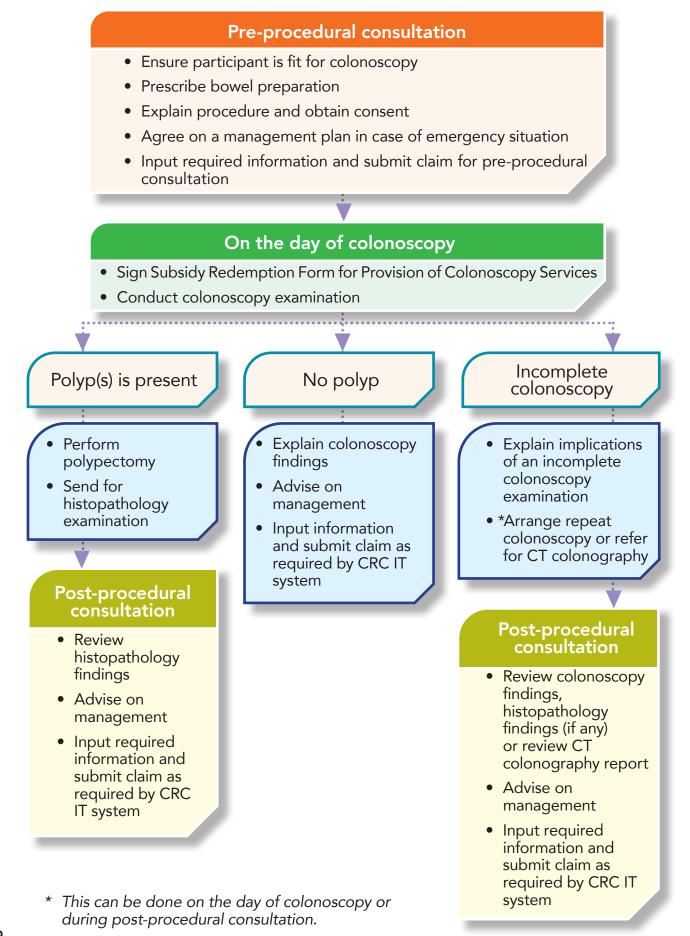
#### Service pledge for the Standard Package of Colonoscopy Service

Care should be taken to observe the following service pledges when providing the Government subsidised Standard Package of Colonoscopy Service.

- The waiting time from the participant approaching the CS to the Pre-procedural Consultation should be less than 4 weeks.
- The waiting time from Pre-procedural Consultation to Colonoscopy Examination should be less than 4 weeks.
- The waiting time from Colonoscopy Examination to Postprocedural Consultation, if any, should be less than 5 weeks.

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A flow chart summarizing the workflow of Standard Package of Colonoscopy Service provided by Colonoscopy Specialist



#### **1.1.4 Government Subsidy**

Under the Programme, there are two levels of Government Subsidy for CS namely

(a) Subsidy for Pre-procedural Consultation

- (b) (i) Subsidy for Colonoscopy Examination Service With Polypectomy, or
  - (ii) Subsidy for Colonoscopy Examination Service Without Polypectomy

#### (a) Subsidy for Pre-procedural Consultation

- The amount of Subsidy for Pre-procedural Consultation is HK\$300\*. The subsidy is paid once for each participant who receives the Pre-procedural Consultation from a CS who first makes this claim.

#### (b) (i) Subsidy for Colonoscopy Examination Service With **Polypectomy**

The amount of Subsidy for Colonoscopy Examination Service With Polypectomy is HK\$8,200\*. It is a subsidy for each participant who has received the Colonoscopy Examination Service With Polypectomy rendered by the CS who in usual circumstances is the one who provided the Pre-procedural Consultation.

#### (ii) Subsidy for Colonoscopy Examination Service **Without Polypectomy**

- The amount of Subsidy for Colonoscopy Examination Service Without Polypectomy is HK\$7,500\*. It is a subsidy for each participant who has received the Colonoscopy Examination Service Without Polypectomy rendered by the CS who in usual circumstances is the one who provided the Pre-procedural Consultation.
- By prior written notice to an Enrolled CS and his/her Associated Health Care Provider (if any), the Government may at any time change the amount of any Subsidy.

#### 1.1.5 Participant's co-payment

The co-payment fee means the fee charged by the CS for the Standard Package of Colonoscopy Examination Service on top of the Government Subsidy. A CS may not charge any co-payment fee for the Pre-procedural Consultation.

Please note that

- the amount(s) of co-payment to be charged to the participant for the Colonoscopy Examination Service With Polypectomy or the Colonoscopy Examination Service Without Polypectomy shall not exceed HK\$1,000#.
- the amount(s) of co-payment, once set, cannot be adjusted upwards.
- the co-payment is payable upon provision of the Colonoscopy Examination.
- the amount(s) of co-payment should be clearly stated on a mini-poster provided by the Government and conspicuously displayed at the clinic. It will also be published in the Prevent Colorectal Cancer website (www.ColonScreen. gov.hk).
- to make Colonoscopy Examination more affordable to the user, the CS is encouraged to set the co-payment fee at \$0.

#### 1.1.6 CS's roles and responsibilities

In summary, CS has the following roles and responsibilities under the Programme:

- deliver the Standard Package of Colonoscopy Service including Pre-procedural Consultation and Colonoscopy Examination With or Without Polypectomy;
- ensure proper facility and equipment in the Health Care Institution (HCI) including those required for emergency life support;
- # By prior written notice to an Enrolled CS and his/her Associated Health Care Provider (if any), the Government may at any time amend the ceiling of co-payment.

- ensure proper mechanism or system on drug safety, clinical governance, infection control, medical record, risk management in the HCI and fulfill the requirement for quality assurance as specified in the Terms and Conditions of Agreement;
- explain the procedure, risks and complications of Colonoscopy Examination to the participant before obtaining informed consent and reach mutual agreement on the management plan in case complications arise;
- inform the participant promptly if the histopathology report result suggests that the participant requires urgent medical attention;
- exercise clinical judgment and be fully accountable for the clinical care and management provided to the participant in relation to the Programme;
- check and act on the "To-do List "of the CRC IT System;
- report any incident or complication related to the Colonoscopy Examination to the Programme Office (PO) through the CRC IT System within 7 days when CS knows the event;
- submit information as required by the CRC IT System and the Government including but not limited to hard copy of the photo(s) documenting the visualisation of either appendiceal orifice or ileocecal valve or terminal ileum for complete colonoscopy for inspection by the Government representative as and when requested;
- submit the Subsidy claim as required by the CRC IT System and the Subsidy Redemption Form for Provision of Colonoscopy Services for processing Subsidy payment (preferably by registered mail).

#### 1.2 Understand the CRC IT System

The CRC IT System rides on the eHRSS. Hence, to use CRC IT System, CS, HCI and Health Care Provider (HCP) engaged in the provision of service under the Programme must be eHRSS-registered. CS can login the CRC IT System to operate under the Programme.

#### **1.2.1 Key functions of CRC IT System**

The CRC IT System has two key functions related to CS – clinical function and processing payment.

#### (1) <u>Clinical function</u>

The CRC IT system captures and tracks the processes, activities, transactions, test results and also provides regular online action checklist to assist/remind CS.

CS should enter information as required by the CRC IT System and use it to

- record the provision of Pre-procedural Consultation
- record the provision of Colonoscopy Examination and print the system generated Subsidy Redemption Form
- record the findings of Colonoscopy Examination and print the system generated Laboratory Request Form(s)
- record the provision of Post-procedural Consultation (including histopathology findings, if any) and print the system generated referral forms for follow-up of clinical condition or CT colonography referral form, if required
- view the "To-do List" and act accordingly

For more details, please refer to section 2.1 - 2.4 of this Guidebook.

#### (2) Processing payment

After completion of tasks pertaining to the Colonoscopy Examination Service, CS can, through the CRC IT System,

- (a) submit payment claim for Government Subsidy; and
- (b) view submitted claims and payment statement.

For details, please refer to section 2.5 and section 3 of this Guidebook.

#### 1.2.2 Login to the eHRSS and access CRC IT System

CS can login the eHRSS using the user name, password and token passcode of the eHRSS (Figure 1 and Figure 2).

CS can then access CRC IT System via the eHRSS platform by choosing "Clinical" and then "CRC Programme/Colon PPP – Colonoscopy Specialist" (Figure 3).

The "To-do List" of the CS will be displayed after successful login to the CRC IT System (Figure 4).

In case CS has more than one HCI enrolled in the Programme, CS can view the "To-do List" of different HCI under the same HCP (Figure 5).

CS can access different functions of the CRC IT System by navigating the function tabs including "Search Enrolled Participant", "To-do List", "Payment Claim", and "My Profile" (Figure 4 and Figure 5).

For details related to login to eHRSS and other functions of the eHRSS, please refer to the guidebook for eHRSS.

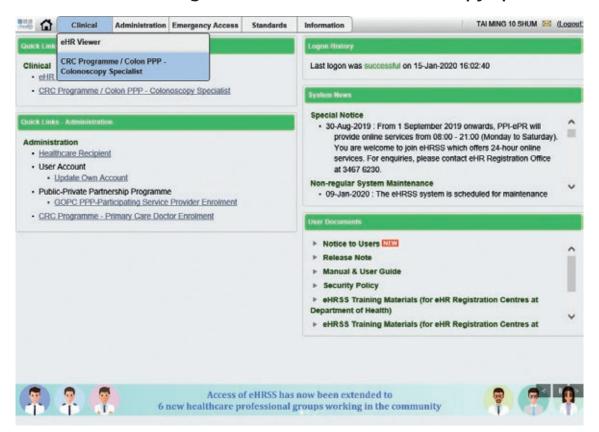
#### Figure 1 : Input user name to access the CRC IT System via eHRSS



### Figure 2 : Input password and token passcode to access the CRC IT System via eHRSS

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		55	
		- to a	
			>

#### Figure 3 : Access CRC IT System by choosing "Clinical" and then "CRC Programme/Colon PPP – Colonoscopy Specialist"



#### Figure 4 : "To-do List" of CS

Search Enrolled Participant To-de	List Payment C	taim • My Profile					
ſo-do List				١	HC4 HOSE	PITAL Ch	ange HCI
Participant Name	Phone	Pre-procedural Consultation Date	Date Performing Colonoscopy	Histopathology Result Date	Report	Consult. Note	Done
Histopathology laboratory res (1 Item)	ult uploaded						
UEN, TAI MAN	91234567	12-Jan-2020	10-Oct-2019	15-Jan-2020	-		
Incident / complication repor (1 Item)	ting form has no	t been submitted in 7	days				
UEN, TAI MAN	91234567	12-Jan-2020	10-Oct-2019	15-Jan-2020			NA
Participants seen for colonose (1 Item)	opy but paymen	t claim has not been :	submitted in 5 weeks				
UEN, TAI MAN	91234567	12-Jan-2020	10-Oct-2019	15-Jan-2020	-		NA
						Total 3 (	ecord(s)
						Total 3 r	ecord(s)

## Figure 5 : View the "To-do List" of different HCI under the same HCP

To-do List					HC4 HOS	PITAL Cha	ange HC
Participant Name	Phone	Pre-procedural Consultation Date	Date Performing Colonoscopy	Histopathology Result Date	Report	Consult.	Done
Histopathology laboratory res (1 Item)	ult uploaded						
YUEN, TAI MAN	91234567	12-Jan-2020	10-Oct-2019	15-Jan-2020			
Incident / complication repor	ting form	je HCI					
(1 Item)	HCI	VHC4 HOSPITAL		¥.			
YUEN, TAI MAN	9121			5-Jan-2020			NA
Participants seen for colonose (1 Item)	copy but		ок са	ncel			
YUEN, TAI MAN	91234567	12-Jan-2020	10-Oct-2019	15-Jan-2020	-		NA
						Total 3 n	ecord(s)

#### **1.3 Understand the programme materials**

• CS is advised to make full use of the following materials when providing the service under the Programme.

Programme materials	For additional copies			
CS Guidebook	Complete a designated form and			
<b>Door decal (Logo)</b> For display at the clinic in order to alert the general public that screening service under the Programme is available.	send to the Programme Office following the instructions on the form.			
<b>Mini poster</b> For display at the clinic to show the co- payment fee and, where, charity quota is offered, its number.	Printed materials will be available for downloading and audiovisual materials for viewing online at Prevent Colorectal Cancer website			
<b>Programme poster</b> For display at the clinic.	(www.ColonScreen.gov.hk).			
<b>Pamphlet</b> For the general public with information about the Programme.				

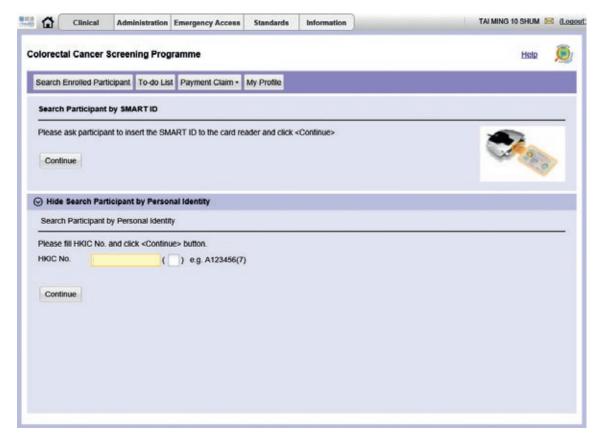
## 2 Provision of service

#### 2.1 Pre-procedural consultation

- Participant with a FIT positive result will receive a referral letter prescribed by the referring PCD. The participant will approach enrolled CS to arrange a Pre-procedural Consultation for Colonoscopy Examination. CS should note that the waiting time from the participant approaching the CS to the Pre-procedural Consultation should be less than 4 weeks.
- CS should check the participant's identity document and referral letter to confirm participant's eligibility to receive subsidised colonoscopy service.
- CS login the CRC IT System and request the participant to insert his/her HKIC into the Smart ID Card reader to access the personal account. Manual input is allowed only in case of failure of the Smart ID Card reader or when the participant is the holder of a Certificate of Exemption (Figure 6).
- CS should assess medical fitness of the participant for Colonoscopy Examination.
- If the participant is considered medically fit for Colonoscopy Examination, the CS should:
  - (i) explain the procedure, risks and complications, obtain consent for Colonoscopy Examination, prescribe and provide instruction for bowel preparation, clarify the arrangement of extra services and charges if applicable;
  - (ii) discuss the management plan and associated charges in case of complications and reach a mutually agreed management plan before the Colonoscopy Examination;
  - (iii) schedule the date of colonoscopy examination noting that the waiting time from Pre-procedural Consultation to Colonoscopy Examination should be less than 4 weeks; and
  - (iv) input information as required by the CRC IT System and submit the claim for Subsidy for Pre-procedural Consultation (Figure 7).

- **2** Provision of service
- CS is required to provide a copy of Undertaking and Declarations of the Subsidy Redemption Form (Annex II) or downloaded from the Prevent Colorectal Cancer website (www.ColonScreen.gov.hk) for the participant during Pre-procedural Consultation to study before undergoing the colonoscopy procedure.

## Figure 6 : Search participant by inserting HKIC or inputting personal identity



#### Figure 7 : Input information of Pre-procedural Consultation

titic No.: Q191001(5		lan-1946 Age	: 74 years	Sex : M	Details		View / Adi Allergy & A
Colorectal Cancer So	creening Programme						Help 🧵
Consultation Histor	У						
<ul> <li>CRC Screening P (2020)</li> </ul>	rog.	Pre proces	lural Consul	tation			
- CS Summary					15-Jan-202	20 🖪	
15-Jan-2020 C (Dr. SHUM, TA			Pre-procedural Consultation Date 15 Participant is Fit for Colonoscopy O			O No	
+ PCD Summary			Colonoscopy Scheduled On Name of Facility or Hospital			3	
13-Jan-2020 F (Dr. YAM, TAL							×
12-Jan-2020 Is		Consultation	a da fan de serve				
(Dr. YAM, TAI I	MING 10)		200920				70
							<u>^</u>
		Print Form	ns Sav	e Draft	Close		Save and Submit Claim

#### 2.2 On the day of colonoscopy

#### **Before Colonoscopy Examination**

- CS should re-assess medical fitness of the participant for Colonoscopy Examination.
- If the participant is considered medically fit for Colonoscopy Examination, the CS should:
  - (i) print the Subsidy Redemption Form for Provision of Colonoscopy Services from the CRC IT System (Figure 8(1) and Figure 8(2)). A sample of the Subsidy Redemption Form is shown in Annex II;
  - (ii) obtain participant's signature on the Subsidy Redemption Form for Provision of Colonoscopy Services on the day of colonoscopy examination prior to receiving Colonoscopy Examination; and
  - (iii) input all information as required by the CRC IT System (Figure 9).

#### Figure 8(1): Print Subsidy Redemption Form for Provision of Colonoscopy Services in the CRC IT System

藻果	Clinical YUEN, APPLE No. : Q191001(5)	Administration DOB : 01-		Age : 74 years	Sex : M	Details >		View / Add Allergy & AD
Colori	ectal Cancer Screen	ing Programme						Help 🔎
Consultation History	On the Day of Colonoscopy		onoscopy Indings	Histopathol Findings		Post-procedural Consultation	Incidents / Complications	Save and Submit Claim
	Referring PCD	Print Fe	orms					
	Name of Colonosc	opist <	Subsidy Rede	emption Form	> ••	hinese O English		
	Date of Performing	Colo	Histopathology	y Request Form				
	Name of Facility or	Host	CT Colonograph	y Request Form				
	The co-payment		Referra	l Letter				
	(applicable for CSS	SA rec				Close		
	Print Forms	Close						Save Draft

#### Figure 8(2): Print Subsidy Redemption Form for Provision of Colonoscopy Services in the CRC IT System

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地址:香港湾仔爱群道32號愛群商業大廈13樓)		
第1部分 参加者認證(簽署此表格前,請先	]] ] 承諾及聲明"部分。)	
<u>急加者資料</u> 姓名(中文及英文):	接受大陽鏡檢查日期:	
香港身份證號碼: Q191001(5)	电子能原纪錄互通系統編號: 3251-1560-0363	
	及聲明"。本人同意當中所載內容。 確認本人於上表註明的日期,於 <u>實四公立醫證 . 實四中華</u> 供約大腸鏡檢查。本人特此申領第日部分註明的全數資助金	
参加者簽署(如不懂讓寫,請印上指模) (在接受大聯鍵檢查當天簽署)	日期:日/月/年	
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### Figure 9 : Input date and facility performing colonoscopy into the CRC IT System

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olor	ectal Cancer Screen	ing Programme						Help 👰
	On the Day of Colonoscop		onoscopy indings	Histopathol Findings		ost-procedural Consultation	Incidents / Complications	Save and Submit Claim
	Referring PCD		Dr. YAM T	AI MING 10				
	Name of Colonosc	opist	Dr. SHUM	TAJ MING 10				
	Date of Performing	Colonoscopy	14-Jan-20	20 🗙 🖪				
	Name of Facility of	r Hospital	VHC4 HO	SPITAL (FULL) - VHC	4 HOSPITAL	*		
	The co-paymen (applicable for CS)			cate for Waiver of Me	dical Charges)			

#### Perform the Colonoscopy Examination

- Conduct a complete and thorough Colonoscopy Examination. Take clinical photos for lesion(s), if detected, and anatomical landmarks to confirm full intubation.
- Perform polypectomy/biopsy if polyps or other lesions are detected and can be safely removed during Colonoscopy Examination.
- Label all specimen(s) correctly with participant's information.
- Indicate in the CRC IT System the number of specimen bottle(s) sent for histopathology examination.
- Print a Histopathology Request Form from the CRC IT system and send the specimen(s) together with this form to the designated histopathology laboratory for analysis (Figure 10(1) and Figure 10(2)). A sample of the Histopathology Request Form is shown in Annex III.
- Ensure the participant is clinically stable before discharging the participant from the colonoscopy recovery area.
- Input all information as required by the CRC IT System (Figure 11(1) and Figure 11(2)).
- Retain in safe custody all signed copies of the Subsidy Redemption Form for Provision of Colonoscopy Services for submission to PO.

#### Figure 10(1) : Print Histopathology Request Form

-	3	Clinical	Administrati	on Emergency /	ccess Standards	Informatio	on	TAJ MING	10 SHUM 🖂 (Logou
i KIC N		EN, APPLE 191001(5)		1-Jan-1946	Age : 74 years	Sex : M	Details >		View / Add Allergy & ADR
Color	ectal C	ancer Scree	aning Program	me					Help 👰
O Cons		the Day			y Histopathology Findings		Post-procedural Consultation	Incidents / Complications	Save and Submit Claim
Consultation History	Refer	rring PCD	Print	Forms					
liston	Name	e of Colonos	scopist	Subsidy F	Redemption Form		hinese OEnglish		
	Date	of Performin	ng Colo <	Histopatho	ogy Request Form	$\supset$			
	Name	e of Facility	or Host	CT Colonog	aphy Request Form				
		e co-payme		Ret	erral Letter				
	(appl	icable for C	SSA rec				Close		
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#### Figure 10(2) : Print Histopathology Request Form

listopathology Request Form													1
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	، ر	Colorectal Canc Histopath	er Screen		amm	e							
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	HIOC number	Q191001(5)	el-IR Referral N	umber: 10572575	e300000	77404							
	Date of Birth	01-Jai-1946	Barcode	500	No.								
	Sex	м	1										
	Request Colonosco Name:	plat Dr. SHUM TAI MING 10	Colonoscopy performed in	VHC4 HOSPIT	AL (FULL	3-							
	Phone number of Colonoscopist:		Request Date	15-Jan-2020									
	Fax number of Colonoscopist:		Number of Specimen Bottle										
	Clinical Summary:												
	Procedure:	Calonascopy				-							
	Specimen Nature and Site:			J.	IJ								
	Remarks: 1. Please comple into the carrier	ele the Histopathology Requer	t Form and label s	pecimen bottle pro	perly and	Inc							

#### Figure 11(1) : Input information of colonoscopy findings

Clinical	Administration	Emergency A	ccess Standards	Information		TAI MING	10 SHUM 🖂 (Logou
YUEN, APPLE 0. : Q191001(5)	DOB : 01-	Jan-1946	Age : 74 years	Sex : M	Details >-		View / Add Allergy & ADR
ctal Cancer Scree	ening Programme						Help 🧕
						Incidents / Complications	Save and Submit Claim
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			and the second second	○ Poor ✓			
Follow-up Visualization (for		State 1998		v			Ŷ
	YUEN, APPLE a. : Q191001(5) ctal Cancer Screen On the Day Colonosco Sedation Quality of Bowel Depth of Insertion Colonoscopy Follow-up Visualization (for	YUEN, APPLE 0. : Q191001(5) DOB : 01- ctal Cancer Screening Programme On the Day of Colonoscopy F Sedation Quality of Bowel Preparation Depth of Insertion Colonoscopy Follow-up	YUEN, APPLE         0. : Q191001(5)       DOB : 01-Jan-1946         ctal Cancer Screening Programme         On the Day of Colonoscopy       Colonoscopy         Findings         Sedation       N         Quality of Bowel Preparation       G         Depth of Insertion       G         Colonoscopy       G         Pottow-up       G         Visualization (for Total Intubation)       A         with Photo Documentation       10	YUEN, APPLE       DOB: 01-Jan-1946       Age: 74 years         ctal Cancer Screening Programme       Histopathon         On the Day of Colonoscopy       Colonoscopy       Histopathon         Sedation       No sedation       Conscious sedation         Sedation       General anesthetic of General ane	YUEN, APPLE         0. : Q191001(5)       DOB : 01-Jan-1946       Age : 74 years       Sex : M         ctal Cancer Screening Programme         On the Day of Colonoscopy       Colonoscopy Findings       Histopathology Findings       Pc         Sedation       On sedation       Conscious sedation       On Monitored anesthetic care       General anesthetic care         Sedation       Good       Fair       Poor         Quality of Bowel Preparation       Good       Fair       Poor         Depth of Insertion       Complete       Incomplete         Follow-up       Incomplete       Visualization (for Total Intubation) with Photo Documentation       Appendiceal orifice	YUEN, APPLE       DOB: 01-Jan-1946       Age: 74 years       Sex: M       Details >         ctal Cancer Screening Programme       Colonoscopy       Histopathology       Post-procedural Consultation         On the Day of Colonoscopy       Colonoscopy       Findings       Post-procedural Consultation         Sedation       No sedation       Conscious sedation       General anesthetic care         General anesthesia       Note       Image: Colonoscopy       Colonoscopy         Quality of Bowel Preparation       Good       Fair       Poor         Detain of Insertion       Complete       Incomplete       Folow-up         Visualization (for Total Intubation)       Appendiceal orifice       Incomplete	YUEN, APPLE       0.0191001(5)       DOB: 01-Jan-1946       Age: 74 years       Sex: M       Details >         ctal Cancer Screening Programme       Colonoscopy       Histopathology       Post-procedural       Incidents / Complications         On the Day of Colonoscopy       Colonoscopy       Histopathology Findings       Post-procedural Consultation       Incidents / Complications         Sedation       No sedation       Conscious sedation       General anesthetic care       General anesthetis         Note       Note       Incident Programme       Good       Fair       Poor         Quality of Bowel Preparation       Good       Fair       Poor       Follow-up         Visualization (for Total Intubation)       Appendiceal ortifice       Visualization (for Total Intubation)       Appendiceal ortifice

#### Figure 11(2) : Input information of colonoscopy findings

能 藤果 IKIC N	YUEN, APPLE 0. : Q191001(5)	DOB : 01-	Jan-1946 A	ge : 74 years	Sex : M	Details ►		View / Add Allergy & ADR
Colore	ctal Cancer Scree	ening Programme						Help 👰
O Cons	On the Day Colonosco		onoscopy Indings	Histopathol Findings		st-procedural Consultation	Incidents / Complications	Save and Submit Claim
Consultation History	Findings at Color	noscopy	Polyps 1 Susper Inflam Diverti Hemor Angioc Other Any spec (Remark, will be ac	or more polyps > ted cancer matory bowel dis cular disease rhoids hysplasia diagnosis imen bottles sent if you have seter	= 10 mm detec ease for examination sted (Yes) and s	। ? ं Yi aved draft of this pag	es O No ge, (Histopathology Finding	psj page
	Reason for Incon	nplete Intubation		ctive lesion cal difficulty - po cal difficulty - loo		ation		

#### After the Colonoscopy Examination

#### (a) Complete colonoscopy

In case of a complete Colonoscopy Examination, CS may arrange a Post-procedural Consultation depending on the result of Colonoscopy Examination and the clinical need for explaining the result, making referral and other post-procedural clinical care as appropriate.

#### (b) Incomplete colonoscopy

In case of an incomplete Colonoscopy Examination, CS should:

- explain the implication of an incomplete Colonoscopy Examination and discuss with the participant regarding the options of repeating the Colonoscopy Examination or referral for CT colonography as further means of investigation; and
- input in the CRC IT System the follow-up arrangement (Repeat colonoscopy, CT colonography or others) (Figure 12).
  - (i) Repeat colonoscopy
  - When CS indicated repeat colonoscopy as the follow-up arrangement for incomplete colonoscopy, new tabs for inputting repeat colonoscopy findings and repeat histopathology findings will be created in the CRC IT System. CS should input the findings of the repeat colonoscopy and histopathology results (if any) into this section of the CRC IT System (Figure 13).
  - If the repeat colonoscopy is incomplete due to various reasons, a third attempt would not be advisable. CS should discuss with the participant and reach a mutually agreeable management plan including the option of referral for further management.

#### (ii) CT colonography

- CS may refer a participant for CT colonography in case of incomplete colonoscopy due to poor bowel preparation, looping or patient intolerance, etc.
- If CS refers the participant for CT colonography as further assessment, the CS should print a CT Colonography Request Form from the CRC IT System, and advise the participant how

to book CT colonography service in the designated radiology centre. The CT Colonography Request Form tab will only be activated when CT colonography is chosen as the investigation option for incomplete colonoscopy (Figure 14, Figure 15(1) and Figure 15(2)).

- A sample of the CT Colonography Request Form is shown in Annex IV.
- After CT colonography has been carried out, the CS will receive a hard copy of the CT colonography report and radiographic images by courier service from the service contractor within 4 weeks after the day of appointment of the participant.
- Once the CT colonography report is available, the CS should arrange a follow-up appointment with the participant to explain the findings and offer appropriate advice and management.

### Figure 12 : Indicate the follow-up arrangement for incomplete colonoscopy

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olor	ectal Cancer	Screening	g Programme							Help	Ø
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										0	
	Quality of B	owel Prep	paration	og	ood 🔿 Fair	O Poor					
	Depth of Ins	ertion					٣				
	Colonoscop	y .		00	omplete 💿 Incor	nplete					
	Follow-up						*				
	Maustinetics		I tak dealines	Rep	eat Colonoscopy						
	with Photo (		al Intubation) tation	CIT	Colonography erred for further mar er	nagement					~

## Figure 13 : Input findings of repeat colonoscopy and histopathology results

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Colo	rectal Ca	incer Scree	ning Programme						Help	۲
	First: Repeat		lay of Colonoscopy y of Colonoscopy	Colonoscopy Findin		opathology Findings	Post-procedural Consultation	Incidents / Complications	Save a	
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									0	1
		y of Bowel	Preparation 1	O Good	() Fair	O Poor				
	Colon	oscopy r-up		<ul> <li>Complete</li> <li>Repeat Col</li> </ul>		viete V				
		lization (for hoto Docur	Total Intubation) mentation	Appendic     Ileocecal     Terminal	eal orifice valve					~

## Figure 14 : Indicate CT Colonography as follow-up arrangement for incomplete colonoscopy

课 YUEN, / C No.: Q1910		00B : 01-J	an-1946	Age	74 years	Sex	м	Details >		View / Add Allergy & AD
lorectal Cance	r Screening Pr	ogramme								Help 👰
<ul> <li>On the Color</li> </ul>	e Day of noscopy		noscopy ndings	ł	listopath Findin			st-procedural consultation	Incidents / Complications	Save and Submit Claim
On th Colo Sedation			0 Co 0 Mk	nitored	on sedation anesthetic nesthesia	care				Ŷ
										0
Quality of	Bowel Prepara	tion	O Ge	od	O Fair	O Poor				
Depth of I Colonosci			000	mplete	Incor	nplete	¥			
Follow-up			CT C	olonogi	raphy		*			
	ion (for Total In Documentatio			pendice ocecal v rminal i	10000					

#### Figure 15(1) : Print CT Colonography Request Form

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Colo	prect	al Cancer Scree	oning Programme						Help 🧕
O Cons	~	On the Day Colonosco		onoscopy indings	Histopathol Findings		st-procedural Consultation	Incidents / Complications	Save and Submit Claim
Consultation History			Print F	CALCULATION AND AND AND AND AND AND AND AND AND AN	cimen bottles sent			es 🔿 No ge, [Histopathology Finding	ps] page
biry	R	eason for Incon	npiete I	Histopathology CT Colonography	Request Form				
				Referral					
	R	emarks					Close		_
									~
		Print Forms	Close						we Draft
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#### Figure 15(2) : Print CT Colonography Request Form

<b>(</b> ) <sup>Col</sup>	orectal Canc	er Screen	ing Progr	amme	22 I I I						
<b>1</b>	800000000000000000000000000000000000000		Sector Contractor	unin							^
	CT Colono	graphy Req	uest Form								
Name (English):	YUEN ELEVEN	eHR Number:	5080-3089-317	16	ר						
HKIC Number	Q191011(2)	el-IR Refemal Number:	1657257083000	0077487							
Date of Birth:	01-Jan-1946	Barcode:	<b>NAME</b>								
Sec	м	1									
Requesting Colonoscopist Name:	Dr. SHUM TAI MING 10	Colonoscopy Performed In:	VHC4 HOSPIT	AL (FULL)							
Phone Number of Colonoscopist:		Request Date:	13-Jan-2020								
Procedure Requested:	CT Colonography	(Ptain)									
Known Drug Allergy:											
Allengy Preparations: (1 applicative)											
Cinical Summary:											
											Ų
	Date of Birth: See: Requesting Cohonocopial Name: Phone Number of Cohonocopial Procedure Requested. Recorn Drug Allergy: Allergy Preparations: (If applicative)	Date of Birth:     01-Jan-1946       See:     M       Requesting Colonoscopilit Neme:     Dr. SHUM TALMING 10 Colonoscopilit       Phone Number of Colonoscopilit     CT Colonography       Procedure Requested:     CT Colonography       Resem Drug Allongy:     Allengy Preparations: (if applicative)	Number:         Number:           Date of Birth:         01-Jan-1948         Barcode:           Sec:         M            Requesting Cohonoscopist Name:         Dr. SHUM TALMING 10 Performation:         Celenoscopy Performation:           Phone Number of Cohonoscopist:         CT Colonography (Plain)           Procedure Requested:         CT Colonography (Plain)           Recurrent Drug Allergy:         Allergy Preparations: (If applicative)	Number           Date of Birth:         01-Jan-1946         Barcode:           Ser:         M         Image: Comparison of Colonoscopy (VHCH HOSHT Performed In: VHCH HOSHT Performance (Image: Image: I	Number           Date of Birth:         01-Jan-1946         Barcode:           Ser:         M         Marcode:         Marcode:           Colonoscopist Name:         Colonoscopist Name:         VHC4 HOSPTAL (FULL)           Phone Number of Colonoscopist:         Requesting         Requesting           Phone Number of Colonoscopist:         Request Date:         13-Jan-2030           Phone Number of Colonoscopist:         CT Colonography (Plant)         Request Date:           Requesting:         CT Colonography (Plant)         Allergy Preparations:           (If applicative)         Image: State	Number       Date of Birth:     01-Jan-1946     Barcode:       Ser:     M     Image: Consequence of the second seco	Number       Date of Birth:     01-Jan-1946       Ser:     M       Ser:     M       Requesting Cotonoscopial Name:     Colonoscopy Performed In:     VHC4 HODPITAL (FULL) - VHC4 HODPITAL (FULL) - VHC4 HODPITAL (FULL) -	Number       Date of Birth:     01-Jan-1840       Sex:     M       Requesting Cotonoccopial Name:     Dr. ISHUM TAI MING 10       Performed file:     VHC4 HOSHTAI, (FULL) - Performed file:       Phone Number of Cotonoccopial:     Request Date:       Procedure Requested:     CT Cotonography (Plann)       Request Drug Allergy:     Image: Imag	Number       Date of Birth:     01-Jan-1946       Ser:     M       Ser:     M       Requesting     Dr. SHUM TALMING 10       Performance     VHC4 HOSPITAL (PULL) - Performance       Phone Number of Colonocceptal:     Request Date:       Procedure Requested     CT Colonography (Plain)       Recover Drug Allergy:        Allergy Preparations:     (I application)	Number       Date of Birth:     01-Jan-1046       Ser:     M       Ser:     M       Requesting     Dr. SHUM TALIMING 10       Plane Number of Cohonecopiat     Defendention:       Phone Number of Cohonecopiat     Request Date:       Procedure Requested     CT Cohonegraphy (Plain)       Recover Drug Allergy:     Image: CT Cohonecopiat	Number:     Number:       Date of Birth:     01-Jan-1946       Ser:     M       Ser:     M       Requesting     Dr. SHUM TAI MING 10       Cotonoscopial Name:     Calonoscopy       VHC4 H0DSPTAL (PULL)- Performed In:     VHC4 H0DSPTAL (PULL)- Performed In:       Phone Number of Cotonoscopial:     Request Date:       Procedure Requesting:     CT Cotonography (Plan)       Requesting:     CT Cotonography (Plan)

#### (c) Incident and complication reporting

- CS should report to the PO through the CRC IT System any incident or complication related to the Colonoscopy Examination (Figure 16).
- After reporting an incident or complication, the CS should complete and submit through the CRC IT System an incident and complication reporting form within 7 days (Figure 17(1) and Figure 17(2)).
- CS will be alerted through the "To-do List" if the incident and complication reporting form has not been submitted through the CRC IT System within 7 days.
- The outstanding Incident/complication reporting form will be shown under the group of "Incident/complication reporting form has not been submitted in 7 days" (Figure 17(3)). The participant record will be removed by the CRC IT System automatically from To-do List after CS has completed the outstanding task.
- In case the event requires immediate attention by the PO, CS should alert the PO by phone.

#### Figure 16 : Report complication and incident

課 YUEN, APPLE IC No.: Q191001(5)	DOB : 01-Jan-1946	Age : 74 years	Sex : M	Details ►		View / Add Allergy & ADR
lorectal Cancer Screening I	Programme					Help 🧕
On the Day of Colonoscopy	Colonoscopy Findings	Histopathol Findings		ost-procedural Consultation	Incidents / Complications	Save and Submit Claim
On the Day of Colonoscopy Any Complications or In Nature	Known com Post poly Post poly Infection	to sedation	хору			Â
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Please complete and s	Inapprog Inapprog Inapprog Events requ Acute ch Critical c Inapprog	viate procedure/hand viate use/handling of viate use/handling of uiring immediate atten ange in vital signs/her ondition or death viate patient identifica hed by media concern	equipment drugs tion alth condition re ation ing the manage			

#### Figure 17(1): Submit the incident / complication report form

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N	Q191001(5)	DOB : 01-	Jan-1946	Age : 74 years	Sex : M	Details >		Allergy & AD
lored	tal Cancer Scree	ning Programme	,					Help 🧕
-	On the Day Colonosco		blonoscopy Findings	Histopathol Findings		ost-procedural Consultation	Incidents / Complications	Save and Submit Claim
	Any Complication	s or Incidents?	Post pol     Post pol     Post pol     Infection     Reaction     Perforat      Provider re     Inappro     Inappro     Vents req     Acute ct     Critical c     Inappro	to sedation ion priate devents priate procedure/hand priate use/handling of priate use/handling of uiring immediate atten	ling of patient equipment drugs tion alth condition re altho		ospital admission/referral	
3	Please complete	and submit the ir	1000000000	lications report form b	elow in 7 days.			

#### Figure 17(2) : Submit the incident / complication report form

	No. : Q191001(5) DOB : 01-Jan		je : 74 years	Sex : M			Allergy & A
lo	orectal Cancer Screening Programme						Help 🧕
and operation of the second se	<ul> <li>On the Day of Colonoscopy</li> <li>Colo</li> <li>Fit</li> </ul>	noscopy ndings	Histopathok Findings		ost-procedural Consultation	Incidents / Complications	Save and Submit Clain
ł	Date of Occurrence		3		_		
ļ	Date of Being Notified		3				
l	Brief Description					~	
l						~	
	Current Conditions of the						
	Participant					0	
l							
	Investigations Conducted					~	
l						~	
l	Action(s) Taken					~	
l						~	
		-					
l	Print Forms Close				Save Draft	Send Report to Program	me Office

Figure 17(3): Outstanding Incident/complication reporting form under the group of "Incident/complication reporting form has not been submitted in 7 days" on To-do List

Participant Name	Phone	Pre-procedural Consultation Date	Date Performing Colonoscopy	Histopathology Result Date	Report	Consult. Note	Done
Incident / complication reporting form has not been submitted in (1 Item)	17 days						
HA, TAI KUEN	21234567	14-Apr-2020					NA

#### 2.3 Post-procedural consultation

CS can arrange Post-procedural Consultation depending on the result of Colonoscopy Examination and the clinical need for explaining the result, making referral and other post-procedural clinical care as appropriate.

At Post-procedural Consultation, CS should:

- input histopathology findings including the site, appearance, type and severity of lesions, if any, into the CRC IT System (Figure 18 to Figure 21);
- explain the findings of the Colonoscopy Examination, review histopathology results or CT colonography findings (if any), provide screening advice, arrange further assessment and referral for definitive management or subsequent surveillance as appropriate; and
- input required information of Post-procedural Consultation into the CRC IT System (Figure 22(1) and Figure 22(2)) and print referral letter to refer the participant for further management, if appropriate (Figure 23(1) and Figure 23(2)).
- submit the claim for either Subsidy for the Colonoscopy Examination Service With Polypectomy or Subsidy for the Colonoscopy Examination Without Polypectomy (Figure 24).

## Figure 18 : Input site of colonoscopy lesion in histopathology findings

藏果 GC Na		91001(5)	DOB : 01-	Jan-1946	Age : 74 years	Sex : I	d Detail					View / / Allergy &
olore	ctal C	ancer Screen	ing Programme	,							Help	2 ]
		n the Day olonoscop		blonoscopy Findings	Histopati Findir		Post-proc Consult		Incider Complic	2000 D		we and mit Clai
Consultation History	Name	of Histopath	ology Laborator	ry				R	port Date	Repo	rt	-
5						Specimen						
	Bottle		Colon	oscopy Lesions				Patholog	gy Results			
	Site				1700				*	-	^	
	1	Appearance	terminal iter	1990		Severity				*		
		Remark	Cecum	un								
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100	P	Site Spienic flexure Descending colon Sigmoid colon Rectum (including rectosigmoid junction) Close									d Iter	

## Figure 19 : Input appearance of colonoscopy lesion in histopathology findings

KIC N		EN, APPLE 191001(5)	DOB: 01-Jan-	1946 A	ge : 74 years	Sex : M	Detai	5 F				View / Add	
Colore	ectal (	ancer Screenin	sg Programme								Help	C	
O Consu		In the Day o Colonoscopy		noscopy dings	Histopathol Findings		Post-pro Consul		Inciden Complica	Contraction of the second s		e and it Claim	
Consultation History	Nan	e of Histopatho	logy Laboratory					Re	port Date	Repo	rt	1	
2					Sp	ecimen							
	Bott	ie	Colonosc	opy Lesions				Patholog	y Results				
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	1	Appearance			~	Severity				*	~		
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		Site	Sessile likely be			Type				*			
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		Remark	Sessile possibly										
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			other thee text	птепаку						Ad	ld Item	•	
		Print Forms	Close							Save	Draft		

Figure 20 : Input type of pathology result in histopathology findings

olorectal Cancer Scre									
	ening Programme					Help			
On the Da Colonosco		y Histopathol Findings		Post-procedural Consultation	Inciden Complica				
Colonosco Name of Histopa	thology Laboratory				Report Date	Report			
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Bottle	Colonoscopy Lesi	ons	Pathology Results						
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1 Appeara	and the second se	~	Severity						
Remar	K			No significant patholo Hyperplastic polyp	to significant pathology				
Site		*	Type	Tubular adenoma					
2 Appeara		*	Severity	Tubulovillous adenoma					
Remar	k			Villous adenoma					
Site		¥	Туре	Sessile serrated aden	- ~				
				Traditional serrated a Adenocarcinoma Other (free text in rem		ld Item +			
Print Forms	Close					save Draft			

## Figure 21 : Input severity of pathology result in histopathology findings

		n the Day o		lonoscopy	Histopatho Finding		Post-procedu Consultatio		Inciden Complica	Contraction of the second s		ive and mit Clai		
	Name	of Histopath	ology Laborator	Ŋ				Report	Date	Repo	rt			
	Specimen													
	Bottle		Colon	oscopy Lesions	5	Pathology F					y Results			
		Sile			~	Туре	Villous adenoma					^		
	1	Appearance			*	Severity				~	~			
		Remark					Low grade dyspla	asia						
1		Sille			*	Туре	High grade dyspl		n-situ		100			
	2	Appearance			<ul> <li>Severity Suspicious for invasion</li> </ul>						8.			
		Remark					Invasive adenocarcinoma							
		Site			~	Туре	Other (free text in	n remark)				~		
	Pt	int Forms	Close								d Iten			

#### Figure 22(1) : Input information of Post-procedural Consultation

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lorect	tal Cancer Screen	ning Programm	e					Help 🧕
~	On the Day Colonoscop		olonoscopy Findings	Histopathol Findings		ost-procedural Consultation	Incidents / Complications	Save and Submit Claim
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	Post-procedural		ate 15-Jan-202	20 📑			¢	
L								Add Item +
с	T Colonography	Clear Sele	ection					

#### Figure 22(2) : Input information of Post-procedural Consultation

	YUEN, APPLE Q191001(5)	DOB : 01-	Jan-1946	Age : 74 years	Sex : M	Details 🕨		View / Add Allergy & AD
olorectal	al Cancer Scree	ning Programme						Help 😥
-	On the Day Colonosco		lonoscopy Findings	Histopathol Findings		ost-procedural Consultation	Incidents / Complications	Save and Submit Claim
ст	T Colonography	CT colono CT colono CT colono CT colono	graphy report re graphy referral i	eviewed and explaine made but participant eviewed but participa	did not attend			
		<ul> <li>Others</li> </ul>						
Sc	creening Advice	Clear Selec	ipants without p				sider rescreening after 10 condsider rescreening af	
		Clear Select For particl For particl For particl Management Pla Refer Plv Refer HA Offered re Others	ipants without p ipants without p an (if applicable)	olyps or CRC detecte	d in CT colonog			
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#### Figure 23(1) : Print Referral Letter

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意藤 HKIC		UEN, APPLE Q191001(5)	DO	3 : 01-	lan-1946	Age	: 74 years	Sex :	м	Details 🕨		View / Add Allergy & ADR
Cole	prectal	Cancer Scree	ning Prog	ramme								Help 👰
() Con				Colonoscopy Findings			Histopatholog Findings		y Post-procedura Consultation			Save and Submit Claim
sultation	need to be a construction of the construction	oc	colono	graphy referra		ed and explaine but participant			ant		^	
History		0	int Fo	Forms Subsidy Redemption Form		tion Form	•	Chinese      Canglish				
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	Ref	erral / Further	Mana <u>r</u>	<	22.0.2000.000.000	erral Le		>				
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			Notes									
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		Print Forms	CI	ose								Save Draft

#### Figure 23(2) : Print Referral Letter

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満藤) HKGC		UEN, APPLE Q191001(5)						View / Add Allergy & ADR
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and the second	orectal	Cancer Scre	٩	с		Cancer Sci ogramme ral Letter	reening	Help 👰
O Con	On the Da		al/Specialty clinic	Kelen	arLetter	15-Jan-2020	Save and Submit Claim	
sulta			Dear Doctor,	Re: 1	UEN APPLE IQ1	91001(5)] Sec. M Ap	e: 74	^
Consultation History	Scr	eening Advic					^	
								r 10 years ig after 5 years
	Ref	erral / Furthe						
			Yours faithfully,					
			(Signature) Dr. SHUM TAI MING 32569801	3 10				0
				COWLOON, ONE KOWLO	OON, 1 WANG YE	JEN ST, KOWLOON	BAY, KWUN TONG DISTRICT, KLN	Save Draft
							Print Close	
	1							

#### Figure 24 : Submit the claim for Subsidy for the Colonoscopy Examination Service

IKIC No.: Q191001(5)     DOB: 01-Jan-1946     Age: 74 years     Sex : M     Details ►     Alterny & I       Colorectal Cancer Screening Programme     Help     I       ①     On the Day of     Colonoscopy     Histopathology     Post-procedural     Incidents /     Save and	INICE No.: Q191001(5)       DOB : 01-Jan-1946       Age : 74 years       Sex : M       Details >         Colorectal Cancer Screening Programme       On the Day of Colonoscopy Findings       Colonoscopy Findings       Post-procedural Consultation       Incidents / Complications         Post-procedural Management Status       First Colonoscopy       Colonoscopy       Repeat Colonoscopy       Clear Selection         Colonoscopy       Colonoscopy       Colonoscopy       Clear Selection       Colonoscopy       Clear Selection         Post-procedural Consultation offered but participants after procedure       Colonoscopy findings explained to participants after procedure       Colonoscopy findings explained to participant refused       Post-procedural consultation offered but participant refused       Post-procedural consultation conducted       Post-procedural consultation conducted         Post-procedural consultation Date       Consultation conducted       Post-procedural consultation conducted       Post-procedural consultation conducted	Save and Submit Claim
On the Day of Colonoscopy       Colonoscopy Findings       Histopathology Findings       Post-procedural Consultation       Incidents / Complications       Save and Submit Clain         Post-procedural Management Status       Erist Colonoscopy       Repeat Colonoscopy       Clear Selection       Incidents / Complications       Save and Submit Clain         Post-procedural Management Status       First Colonoscopy       Clear Selection       Incidents / Complications       Save and Submit Clain         • Colonoscopy       Clear Selection       Ocionoscopy findings explained to participants after procedure       Colonoscopy findings explained to participant despite repeated attempts       Post-procedural consultation offered but participant refused       On the post-procedural consultation offered but participant refused       Post-procedural consultation conducted       Post-procedural consultation conducted       Incidents / Consultation conducted       Incidents /	On the Day of Colonoscopy       Colonoscopy       Histopathology Findings       Post-procedural Consultation       Incidents / Complications         Post-procedural Management Status       First Colonoscopy       Repeat Colonoscopy       Clear Selection         • Colonoscopy findings explained to participants after procedure       • Colonoscopy findings explained to participant attempts       • Colonoscopy findings explained to participant refused follow-up, reason       • Post-procedural consultation offered but participant of colow-up, reason       • Post-procedural consultation conducted       • Post-procedural consultation conducted         Post-procedural Consultation Date       • Post-procedural consultation conducted       • Post-procedural consultation conducted	Save and Submit Claim
Cannot contact participant despite repeated attempts Post-procedural consulation offered but participant refused Follow-up, reason Post-procedural consultation conducted Post-procedural consultation Date Consultation Note	Cannot contact participant despite repeated attempts     Post-procedural consulation offered but participant refused     follow-up, reason     Post-procedural consultation conducted     Post-procedural consultation Date	Submit Claim
Cannot contact participant despite repeated attempts Post-procedural consulation offered but participant refused follow-up, reason Post-procedural consultation conducted Post-procedural consultation Date Consultation Note	Cannot contact participant despite repeated attempts     Post-procedural consulation offered but participant refused     follow-up, reason     Post-procedural consultation conducted     Post-procedural consultation Date	procedure
Cannot contact participant despite repeated attempts Post-procedural consulation offered but participant refused Follow-up, reason Post-procedural consultation conducted Post-procedural consultation Date Consultation Note	Cannot contact participant despite repeated attempts     Post-procedural consulation offered but participant refused     follow-up, reason     Post-procedural consultation conducted     Post-procedural consultation Date	procedure
Cannot contact participant despite repeated attempts Post-procedural consulation offered but participant refused follow-up, reason Post-procedural consultation conducted Post-procedural consultation Date Consultation Note	Cannot contact participant despite repeated attempts     Post-procedural consulation offered but participant refused     follow-up, reason     Post-procedural consultation conducted     Post-procedural consultation conducted     Post-procedural consultation conducted	procedure
Post-procedural consulation offered but participant refused     follow-up, reason     Post-procedural consultation conducted     Post-procedural consultation conducted     Post-procedural consultation Date     Consultation Note	Post-procedural consulation offered but participant refused follow-up, reason       Post-procedural consulation offered but participant refused follow-up, reason         Post-procedural consultation conducted       Post-procedural consultation conducted         Post-procedural Consultation Date       Image: Consultation Conducted	
follow-up, reason       follow-up, reason         Post-procedural consultation conducted       Post-procedural consultation conducted         Post-procedural Consultation Date       Image: Consultation Note	follow-up, reason     follow-up, reason       Post-procedural consultation conducted     O Post-procedural consultation conducted       Post-procedural Consultation Date     Image: Consultation Date	
Post-procedural Consultation Date	Post-procedural Consultation Date	cruscu
Consultation Note		
	Consultation Note	
		A dd Barry of
Add lieth *		Add item +

#### 2.4 Act on the "To-do List" of the CRC IT System

#### 2.4.1 View outstanding items from To-do List

CS will receive reminder from the CRC IT System via the "To-do List" on the following outstanding issues (Figure 25(1)):

- participants seen for Pre-procedural Consultation but not undergoing colonoscopy in 4 weeks
- participant seen for colonoscopy but payment claim has not been submitted in 5 weeks
- incident / complication reporting form has not been submitted in 7 days
- histopathology laboratory result uploaded
- histopathology laboratory result re-uploaded

CS is recommended to handle the above outstanding issues as soon as possible to avoid delay in clinical management and deferred payment of Government Subsidy for completed Colonoscopy Examination Services.

#### 2.4.2 Remove participant record under the groups of "Histopathology laboratory result uploaded" and "Histopathology laboratory result re-uploaded" from To-do List

- After (1) the histopathology report has been viewed either in To-do List or in "Histopathology Findings" tab page and (2) the documentation of "Histopathology Findings" tab page is completed and saved (Figure 25(2)), the checkbox in the "Done" column" in To-do List will be enabled for checking (Figure 25(3)).
- The selected participant record will be removed from To-do List by checking the "done" checkbox and clicking the "save" button at the bottom page of To-do List. (Figure 25(4))

To-do List				v	HC4 HOS	PITAL Cha	ange HC
Participant Name	Phone	Pre-procedural Consultation Date	Date Performing Colonoscopy	Histopathology Result Date	Report	Consult. Note	Done
Histopathology laboratory (1 Item)	result uploaded						
YUEN, ELEVEN	91234567	12-Jan-2020	10-Oct-2019	15-Jan-2020	-		
Incident / complication re (1 Item)	porting form has n	ot been submitted in 7	/ days				
YUEN, ELEVEN	91234567	12-Jan-2020	10-Oct-2019	15-Jan-2020			NA
Participants seen for color (1 Item)	oscopy but payme	nt claim has not been	submitted in 5 weeks				
YUEN, ELEVEN	91234567	12-Jan-2020	10-Oct-2019	15-Jan-2020	-		NA

#### Figure 25(1): "To-do List" for CS

#### Figure 25(2): View histopathology report

1161, FAJENTA SINISITY 22-08-2216 22-08-2216 📜 🚺	Name of Hakipathokgy Laboratory IPATH LABORATORY LTD TEST	Report Date Report 31-Oct-2019		The his	topathol	ogy lab	o rep	ort	has be
Determine       Colorescept Lations       Type	Specimen			viewed	either i	n To-de	o Lis	st of	r in
The documentation of "Histopathology	Bottle Colonoscopy Lesions P	whology Results		viewea	erener n	1 10 40	5 1211	. 01	
Remark     Colorestal Cascer Screening Programme       Prote Forms     Color       Prote Forms     Color       The documentation of "Histopathology     Mission (2000)       With Remark (2000)     Mission (2000)       With Remark (2000)     Mission (2000)       The documentation of "Histopathology     Mission (2000)		the second se		"Histor	atholog	v Find	inge	" ta	h nage
Pret Form     Cone       The documentation of "Histopathology     Interaction of the stopathology		igin v		mstop	atholog	y i mu	ings	ιa	0 page
Prior Forms Come Prior Vision Prior			/s Prolite				-		Cherry III.
The documentation of "Histopathology holds of a state o	Print Forms Close	and the second	Peer		Date Party-ming	Halipatherapy	August		Dem
The documentation of "Histopathology Ho (Me Section 2004200				Consultation Date	Consecutivy	Result Care	1	-	~
THET, FATIENTA SETURITY 22-COL2716 22-COL2716 22 COL2716 22 COL271		A Mistopathology Salaratory result uploaded (3 Dress)			81-Can 2212	20.040-2018		0	11
11817, #1216UTA 98748078 23 0042978 22 0042978 🔁 🖪 🔂			805812234	18-Sep-2019					-
		RZE TO, BURENIW (RUBBIN)				22-04-2218	- 24		- 44
Findings" tab page is completed and	The documentation of "Histopathology	RJE TO, BRAKINY (BILISH) HO, ONE	Service	25 Co. 21 N	22-04-2216		2		0
Findings" tab page is completed and	The documentation of "Histopathology	RZE TO, BURENIW (RUBBIN)				22-04-2018	-		

#### Figure 25(3): "Done" checkbox in To-do List is enabled for checking

To-do List					VHC4 HC	SPITAL	Change H
Participant Name	Phone	Pre-procedural Consultation Date	Date Performing Colonoscopy	Histopathology Result Date	Report	Consult. Note	Done
Histopathology laboratory result uploaded (3 Items)	1						
SZE TO, BILBERRY (司徒泰林)	90581224	18-Sep-2019	01-Oct-2019	20-Sep-2019	-		
HO, ONE	56785678	20-Oct-2018	22-Oct-2018	22-Oct-2018	This checkbox i from To-do list	. It will be ena	abled when
TEST, PATIENT A	56785678	20-Oct-2018	22-Oct-2018		histopathology histopathology		

#### Figure 25(4): Remove Histopathology laboratory result uploaded/ re-uploaded from To-do List

Participant Name	Phone	Pre-procedural Consultation Date	Date Performing Colonoscopy	Histopathology Result Date	Report	Consult. Note	Done
#Histopathology laboratory result uploaded (2 literes)							_
CHAN, TAI MAN	97070019	01-Jun-2020	03-Jun-2020	21-Nov-2019	-	Ð	8
HAN, CHIMAN TONY (REIR)	96765432	17-Jan-2018	25-Oct-2018	19-Jan-2018	-		
Participants seen for colonoscopy but payment claim has not been submitted in 5 weeks (2 II	ems)						
CHAN, SIU MAN (W-OB)	97070019	27-May-2020	20-May-2020			D	N4
SHAN, TAI MAN (H.Y.S.)	97070099	08-Jun-2020	09-Jun-2020			B	NA
Participants seen for pre-procedural consultation but have not undergone colonoscopy in 4 w	eeks (6 Items)						
CHAN, TAI MAN (能元文)	97070019	15-Jun-2020				Ð	
CHEUNG, TAI LAAM	12345676	25-Feb-2020					
HEUNG, MAN		13-Aup-2020				Ð	
UEN, BANANA (首告報)	91234567	15-Aug-2020				D	
UEN, BERRIES (位思知)	91234567	15-Aug-2020					
YVEN, LEMON (高年度)	98123456	15-Aug-2020					

#### 2.5 Payment claim submission for Government Subsidy

CS can submit payment claim for Government Subsidy through the CRC IT System.

There are two levels of Government Subsidy:

- (a) Subsidy for Pre-procedural Consultation
- (b) (i) Subsidy for the Colonoscopy Examination Service With Polypectomy, or
  - (ii) Subsidy for the Colonoscopy Examination Service Without Polypectomy

#### (a) Subsidy for Pre-procedural Consultation

- The amount of subsidy for Pre-procedural Consultation is HK\$300\*.
- Participants will be allowed to attend more than one Pre-procedural Consultation. However, the Government will only subsidise the first Pre-procedural Consultation claim submitted by an enrolled CS for any participant. This means the first CS who completes the tasks pertaining to the Pre-procedural Consultation and submits the claim in CRC IT System will receive the Subsidy for Pre-procedural Consultation of that participant. The date of conducting the Preprocedural Consultation will be immaterial.
- If a CS has submitted the claim for Subsidy of Pre-procedural Consultation, further claims by other CS will not be possible. Therefore, CS is advised to input required information and submit the claim for Pre-procedural Consultation once this is provided.
- If the participant attends more than one Pre-procedural Consultation, the CRC IT System will indicate to the second CS that the participant has attended a subsidised Pre-procedural Consultation by another CS (Figure 26). This function serves to remind the second CS that the particular Pre-procedural Consultation will not be subsidised as the participant has attended a previous subsidised consultation. Participants need to pay out-of-pocket for further Pre-procedural Consultations.

<sup>\*</sup> By prior written notice to an Enrolled CS and his/her Associated Health Care Provider (if any), the Government may at any time change the amount of any Subsidy.

#### Figure 26 : Reminder to CS about the subsidy for Pre-procedural Consultation

義果 YUEN, APPLE IC No.: Q191001(5) DOB	5 : 01-J	an-1946 Age	: 74 years	Sex : M	Detail				Allergy
lorectal Cancer Screening Progr	amme							Help	C
onsultation History				scopy with anot ubsidized pre-or			I-Jan-2020. ion. No further subsidy	for pre-procedu	ral
CRC Screening Prog.		consultation will							
(2020)		Pre-proced	lural Consul	tation					
CS Summary	-	Pre-procedur	al Consultation	Date	13-Jan-20	20	3		
13-Jan-2020 Consultation (Dr. YIU, TAI MING 10)	B	Participant is	Fit for Colonos	woon (	) Yes	O No			
	5		Scheduled On			0.110			
	-	Name of Faci	lity or Hospital						~
13-Jan-2020 Follow up		Consultation	Note						
(Dr. YAM, TAI MING 10)		_							
12-Jan-2020 Issue FIT (Dr. YAM, TAI MING 10)									^
(Dr. 1700, 174 Millio 10)		-							
									4
		Print Form	ns Sav	e Draft	Close	-		Edit	-

#### (b) (i) <u>Subsidy for the Colonoscopy Examination Service With</u> <u>Polypectomy</u>

The amount of Subsidy for the Colonoscopy Examination Service With Polypectomy is HK\$8,200\*. It is a subsidy for each participant who has received the Colonoscopy Examination Service With Polypectomy rendered by a CS.

#### (ii) <u>Subsidy for the Colonoscopy Examination Service</u> <u>Without Polypectomy</u>

The amount of Subsidy for the Colonoscopy Examination Service Without Polypectomy is HK\$7,500\*. It is a subsidy for each participant who has received the Colonoscopy Examination Service Without Polypectomy rendered by a CS.

<sup>\*</sup> By prior written notice to an Enrolled CS and his/her Associated Health Care Provider (if any), the Government may at any time change the amount of any Subsidy.

- Subsidy for the Colonoscopy Examination Service With Polypectomy and Subsidy for the Colonoscopy Examination Service Without Polypectomy are based on whether there is/ are specimen bottle(s) sent for histopathology examination as recorded in the CRC IT System (Figure 27).
- CS should complete the input of all necessary information before claim submission. The CRC IT System will alert CS if any mandatory field has not been completed during the claim submission.
- For (b)(i) and (ii) above, after inputting all mandatory information in the CRC IT System, the button for claim submission will be activated. For payment processing by the PO, CS should submit the payment claim (Figure 24) in the CRC IT System and submit the Subsidy Redemption Form for Provision of Colonoscopy Services and any other documents / photos (preferably by registered mail) as required by the PO.

#### Figure 27 : Total number of specimen bottles sent for examination

÷ 38 5	Clinical A VUEN, APPLE	dministration	chargency Ac	cess Standards	Information			10 SHUM M (Logo
HKIC	No. : Q191001(5)	DOB : 01-J	an-1946	Age : 74 years	Sex : M	Details >		Allergy & ADR
Colo	rectal Cancer Screenin	ng Programme						Help 👰
() Con	<ul> <li>On the Day of Colonoscopy</li> </ul>		noscopy ndings	Histopathol Findings	- V7	st-procedural Consultation	Incidents / Complications	Save and Submit Claim
Consultation History	Findings at Colonos	сору	Pol Suz Div Hei Any Cett	1 or more polyps > spected cancer lammatory bowel dis erticular disease morrholds giodysplasia her diagnosis pecimen bottles sent	= 10 mm detex case for examination	1? OY	es O No re, (Histopathology Finding	page
			70.507	number of specimen	bottles sent for	examination		
	Reason for Incomple	ete Intubation	10000	structive lesion		0.03535		
				chnical difficulty - po		ation		
				chnical difficulty - loo				
			- Par	ticipant intolerance /	unstable			
			00	ners				
	Remarks		-					U

#### After payment claim submission

- CS can view the payment claims submitted and the payment status via the enquiry function of the CRC IT system (Figure 28 and Figure 29).
- Payment claims are processed by PO on a monthly basis. When the process has been completed, an inbox message will be sent to the CS for notification and a monthly payment statement will be generated providing details of processed payments (Figure 30, Figure 31(1) and Figure 31(2)).
- The outstanding payment claim will be shown under the group of "Participants seen for colonoscopy but payment claim has not been submitted in 5 weeks" (Figure 31(3)). The participant record will be removed by the CRC IT System automatically from To-do List after CS has completed the outstanding task.
- A tooltip about the claim status of the colonoscopy record will be displayed when mouse over the consultation note icon. This provides more information to facilitate decision making on the removal of participant record from the To-do List (Figure 31(4))

#### Figure 28 : View submitted claims by choosing "Payment Claim" and "Claim Enquiry"

Search Enrolled Participant	To-do List	Payment Cl	laim +	My Profile						
To-do List		Claim E Paymer		And in the local data and			Ň	/HC4 HOSI	PITAL Cha	inge H
Participant Name		Phone		e-procedur sultation E		Date Performing Colonoscopy	Histopathology Result Date	Report	Consult. Note	Don
Histopathology laborato (1 Item)	ry result u	ploaded								
YUEN, ELEVEN	1	91234567	1	12-Jan-2020	)	10-Oct-2019	15-Jan-2020	-		
Incident / complication (1 Item)	reporting f	orm has no	t beer	n submitte	d in 7	' days				
YUEN, ELEVEN	3	91234567	1	12-Jan-2020	)	10-Oct-2019	15-Jan-2020			NA
Participants seen for cold (1 Item)	onoscopy l	but paymen	t dair	n has not l	been :	submitted in 5 week	5			
YUEN, ELEVEN	9	91234567	1	12-Jan-2020	)	10-Oct-2019	15-Jan-2020	-		NA

#### Figure 29 : View submitted claims

olorectal Ca	ncer Screening Progr	amme						Help ∫
Search Enrole	ed Participant To-do List	Payment Cla	im • Ny Profile					
Claim Enquir	γ							
Claim Date HCP	From 08-Feb-3 VHC4 HOSPITA		07-Mar-2020 📑 v	Status A	Y Y		-	Search Cancel
Claim Date		Particip	ant Name		Nature Of Claim	Claim Amount (HKD)	Claim Status	Suspension / Cancellation Reaso
10-Feb-2020	CHAN, TAI MAN (陳大文	0			Pre-procedural Consultation	300	Processing	N/A
0-Feb-2020	YUEN, PINEAPPLE ( .	■萊)			Pre-procedural Consultation	300	Pending Processing	NA
1-Feb-2020	YUEN, MELON (貴甜瓜)				Pre-procedural Consultation	300	Processing	N/A
4-Feb-2020	FOK, BANANA (霍書葉)				Pre-procedural Consultation	300	Processing	N/A
4-Feb-2020	FOK DERRES (霍易若)				Pre-procedural Consultation	300	Processing	NA
4-Feb-2020	FOK, LEMON (霍寧學)				Pre-procedural Consultation	300	Pending Processing	N/A
0-Feb-2020	YUEN, PINEAPPLE (18)	香蕉)			Colonoscopy (with polypeciomy)	8,200	Pending Processing	N/A
0 Feb 2020	YUEN, MELON (袁甜瓜)				Pre-procedural Consultation	300	Pending Processing	N/A
0-Feb-2020	YUEN, LEMON (貴厚標)				Pre-procedural Consultation	300	Pending Processing	N/A
1-Mar-2020	FOK, PEAR (霍祭)				Pre-procedural Consultation	300	) Processing	N/A
3 Mar 2020	FOK, FEAR (霍祭)				Colonoscopy (with polypeciomy)	8,200	Processing	N/A
05-Mar-2020	YUEN, ORANGE (唐档)				Pre-procedural Consultation	300	Processing	N/A
6-Mar-2020	YUEN, ORANGE (網際)				Colonoscopy (with polypectomy)	8,200	Processing	NA
06-Mar-2020	FOK, PEACH (置统子)				Pre-procedural Consultation	300	Processing	N/A
	FOK, FEACH (靈桃子)				Pre-procedural Consultation	300	Pending Processing	NA

#### Figure 30 : Inbox message notification of new payment statement

Inbox	🔒 🍵 🙆 🔬 📾 🖪 🕄 Search CRC	C
All message(s)	CRC	
Inbox (161)	🗉 🔻 Sender Title Date -	Task Status
▼ Urgent Action (147)	🗟 🔄 30 Dec 2019 (1)	
Colon PPP (41) CRC (106)	Colorectal Cancer S. Payment notification for Colorectal Cancer S. 10-Dec-2019 17:00	2 (No Status)
<ul> <li>Action Required (14)</li> </ul>	🗟 🔄 17 Sep 2019 (1)	
Colon PPP (13)	Colorectal Cancer S Outstanding item in the To-do List of CRC IT 17-Sep-2019 06:3	1 (No Status)
CRC (1)	🗟 📄 09 Sep 2019 (1)	
	Colorectal Cancer S Outstanding item in the To-do List of CRC IT 09-Sep-2019 17:1	3 (No Status)
	@ 🔲 02 Sep 2019 (1)	
	Colorectal Cancer S Outstanding item in the To-do List of CRC IT 02-Sep-2019 12:0	6 (No Status)
	🗟 🔄 27 Aug 2019 (1)	
	Colorectal Cancer S Outstanding item in the To-do List of CRC IT 27-Aug-2019 06:3	11 (No Status)
	20 Aug 2019 (1)	
	Colorectal Cancer S Outstanding item in the To-do List of CRC IT 20-Aug-2019 06:3	1 (No Status)
	3 🛅 10 Jul 2019 (1)	
	Colorectal Cancer S Payment notification for Colorectal Cancer S 10.Jul.2019 06:31	(No Status)
	🗑 🛅 06 Feb 2019 (1)	
	Colorectal Cancer S Outstanding item in the To-do List of CRC IT 06-Feb-2019 06:3	1 (No Status)
	🛛 🛅 30 Jan 2019 (1)	
	Colorectal Cancer S Outstanding item in the To-do List of CRC IT 30-Jan-2019 06:34	1 (No Status)
	B 📑 23 Jan 2019 (1)	
	Colorectal Cancer S Outstanding item in the To-do List of CRC IT 23-Jan-2019 06:34	1 (No Status)
	it 4 Page 1 of 3 → >1 Displayin	ng 1 - 50 of 108 message

#### Figure 31(1) : View payment statement

Search Enrolled Participant To-do	List Payment C	laim - M	y Profile					
To-do List	and the second sec	Enquiry ent Stateme	ent		N	/HC4 HOS	PITAL Cha	inge Ho
Participant Name	Phone		rocedural Itation Date	Date Performing Colonoscopy	Histopathology Result Date	Report	Consult. Note	Done
Histopathology laboratory res (1 Item)	ult uploaded							
YUEN, ELEVEN	91234567	12-J	Jan-2020	10-Oct-2019	15-Jan-2020	-		
Incident / complication report (1 Item)	ting form has no	ot been su	ibmitted in 7	7 days				
YUEN, ELEVEN	91234567	12-J	Jan-2020	10-Oct-2019	15-Jan-2020	-		NA
Participants seen for colonosc (1 Item)	opy but payme	nt claim h	as not been	submitted in 5 week	5			
YUEN, ELEVEN	91234567	12-J	Jan-2020	10-Oct-2019	15-Jan-2020	-		NA

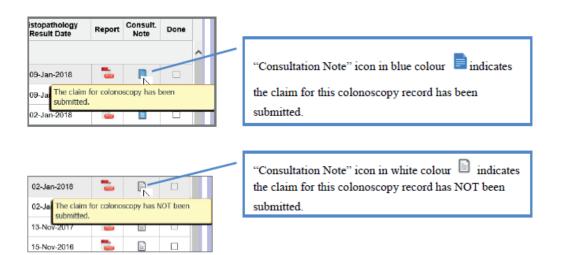
#### Figure 31(2) : View payment statement

				↑ ¥ Page 1 of 1	€ € 100%
	Co	大勝癌 Norectal Cancer Scre	等查計劃 eening Programme		
		Payment Stateme	ent (01-Jan-2020)		
			Total	Amount: \$8,5	00
Colonoscopy Spe	cialist name: SH	JM, TAI MING 10	Payment statement date: Payment cutoff date:	01-Jan-202 01-Jan-202	
eHR user ID:	375	4974184	Payment date:	01-Jan-202	20
HCP Name: VHC4	HOSPITAL (FULL	)		HCP ID:	4310898234
No. of transaction	by HCP: 2		Total amount by HCP:	\$8,500	
	HOSPITAL			HCI ID:	4340633980
HCI Name: VHC4			Benk Assessment Manager	Bank 333	
	imber: 333-X3)	(-X33X33XXX	Bank Account Name:	Darik 333	
HCI Name: VHC4 Bank Account Nu	mber: 333-X33 1st Consultation Date		eHR No.	Nature of Claim	Amount (HKD)
HCI Name: VHC4 Bank Account Nu	1st Consultation Date			Nature of	1 and the second
HCI Name: VHC4 Bank Account Nu Claim Date	1st Consultation Date 17-Sep-2019	Participant Name	eHR No.	Nature of Claim Colonoscopy (with	(HKD) 8,200

Figure 31(3) : Outstanding participant record under the group of "Participants seen for colonoscopy but payment claim has not been submitted in 5 weeks" on To-do List

Participant Name	Phone	Pre-procedural Consultation Date	Date Performing Colonoscopy	Histopathology Result Date	Report	Consult. Note	Done
Participants seen for colonoscopy but payment claim (5 Rems)	has not been submitted in	5 weeks					
FOK, BANANA(霍善萊)	12345678	01-Apr-2019	02-Apr-2019				NA
FOK, BERRIES(霍易蒂)	91234567	20-Sep-2019	21-Sep-2019				NA
FOK, LEMON(警停使)	91345671	22-Sep-2019	23-Sep-2019				NA

#### Figure 31(4) : View the claim status



## 3 Payment by the Government

#### 3.1 Processing payment

- Payment claims will be processed on a monthly basis. Claims for subsidy submitted by the CS for the services provided in a particular month will be settled within 30 days after the last day of that month in which all supporting documents necessary for submitting a claim (including the Subsidy Redemption Form for Provision of Colonoscopy Services and any other documents / photos as required by PO) have been duly received by PO. To ensure timely processing of payment, the supporting documents should reach PO by 7<sup>th</sup> of each month (preferably by registered mail).
- Payment for Subsidy for Pre-procedural Consultation should be credited to the designated bank account associated with the HCI where the pre-procedural consultation is conducted.
- Payment for Subsidy for the Colonoscopy Examination Service With Polypectomy or Subsidy for the Colonoscopy Examination Service Without Polypectomy should be credited to the designated bank account associated with the HCI of the facility or hospital where the CS conducts the Colonoscopy Examination (Figure 32).
- After PO completes the payment process, CS will be alerted through the CRC IT System by:
  - > An inbox message; and
  - > A payment statement providing the payment details.

The payment amount will be credited to the CS's designated bank account within 14 days of this message.

- Any subsidy claim not made within 6 months counting from the date of the Pre-procedural Consultation will be considered as a late claim and the Government shall have the absolute discretion to refuse payment.
- There are conditions and scenarios where the Government has no obligation to pay the subsidy to the CS. For details, please refer to the Terms and Conditions of Agreement.

### Figure 32 : Name of the Facility or Hospital under "On the Day of Colonoscopy" tab

122	Clinical	Administra	tion Eme	rgency Ac	cess	Standards	Inform	ation		TAI MING	10 SHUM 🖂 (Logout
.意藤栗 HKICI	YUEN, APPLE No. : Q191001(5)	DOB :	01-Jan-1	946	Age : 1	74 years	Sex	м	Details +		View / Add Allergy & ADR
Color	ectal Cancer Scree	ning Program	mme								Help 😥
Consu	On the Day Colonoscop		Colonos Findir		Н	istopathol Findings			st-procedural onsultation	Incidents / Complications	Save and Submit Claim
Consultation History	Referring PCD Name of Colonose Date of Performin	Anner	D	r. YAM TA r. SHUM T. 5-Jan-2020	AI MING	100					
	Name of Facility o	nt is waived o	on charity	basis.		ULL) - VHC			v		
	Print Forms	Ck	ose								Save Draft

#### 3.2 Checking payment

- CS should keep the duly signed Subsidy Redemption Forms for Provision of Colonoscopy Services in safe custody for submission to PO staff, and limit the number of persons who can access the personal data to protect them from indiscriminate or unauthorized access. CS and his/her clinical assistant shall, as required, cooperate and render assistance to PO staff.
- CS may need to ask participants to sign the Subsidy Redemption Forms again if the forms are missing.
- PO staff may contact the participants to confirm that the service has been provided by the CS. If necessary, CS shall submit the relevant information or record to substantiate his/her claims in case the service transaction cannot be verified by normal payment checking procedure.

# 4 Charity quota to people with financial difficulties

- It is advisable that the co-payment fee be set at \$0 to promote participation by the less well-off members of society. If amounts of copayment are set, CS is encouraged to offer charity quotas by waiving these amounts for individuals who are recipients of Comprehensive Social Security Assistance (CSSA), recipients of Higher Old Age Living Allowance (Higher OALA) aged 75 or above, or holders of valid Certificate for Waiver of Medical Charges.
- The number of charity quota per month offered by the CS will be displayed in the Prevent Colorectal Cancer website (www. ColonScreen.gov.hk) and the mini-poster.
- If CS wishes to change the number of charity quotas offered per month, CS should inform the PO in advance.
- Individuals eligible for charity quota should present relevant certificates or documents to the CS as proofs of their financial status and eligibility. The respective proofs for these eligible persons are listed below and the samples of the proofs are shown in Annex V:

Eligible persons	Proofs of their financial status and eligibility		
Recipients of CSSA	Certificate of CSSA Recipients (for Medical Waivers) or Annexes of the notification letters to CSSA recipients		
	Certificate of Higher OALA Recipients (for Medical Waivers) [previously known as Certificate of OALA Recipients (for Medical Waivers)] or notification letters to Higher OALA recipients and their Hong Kong Identity Cards		
Other eligible persons	Valid Certificate for Waiver of Medical Charges		

• CS should click the appropriate checkbox in CRC IT System if service has been rendered on charity basis.

# 5 Amendment and change

CS should contact the PO as soon as possible for any changes related to his/her contact information, place of practice and bank information.

## 6 Frequently asked questions

#### **Pre-procedural Consultation**

#### Q1. Can I receive Government Subsidy for subsequent Preprocedural Consultation if I see the same participant in more than one Pre-procedural Consultation?

No. If the CS has already submitted a payment claim for an earlier Pre-procedural Consultation, then subsequent Pre-procedural Consultations provided by the same or other CS will not be subsidised by the Government.

### Q2. Can a participant attend another CS for Pre-procedural Consultation?

It is the participant's choice and decision to see more than one CS for Pre-procedural Consultation. However, Government will only subsidise one Pre-procedural Consultation for each participant, which is normally the first Pre-procedural Consultation for which a payment claim has been submitted. Participants who wish to attend further Pre-procedural Consultations will need to pay out-of-pocket, thus the CS should make known to the participant about the amount to be charged before providing the consultation.

### Q3. If a participant attends two CSs for Pre-procedural Consultations, which consultation will be subsidised?

The Government will only subsidise the first Pre-procedural Consultation claim submitted by CS for each participant. This means the first CS who submits the claim for the Pre-procedural Consultation in CRC IT System will receive the Subsidy for Preprocedural Consultation. The date of actually providing the Pre-procedural Consultation will be immaterial. Further claims submitted by other CS will neither be possible nor subsidised.

#### Q4. How can I know if other CS has claimed the Subsidy for Preprocedural Consultation for a particular participant?

Once the participant attended the first Pre-procedural Consultation, the CS should input the participant's information (including scheduled date of the colonoscopy and facility to conduct the colonoscopy) and submit claim into the Preprocedural Consultation page on CRC IT System. Once the claim is submitted, the CRC IT System will register the consultation and proceed to payment of Government Subsidy in due course.

If the participant attends another Pre-procedural Consultation by other CS, the CRC IT System will indicate in Pre-procedural Consultation page that the participant has previously attended a subsidised Pre-procedural Consultation. This function serves to remind the second CS that subsequent Pre-procedural Consultations will not be subsidised.

### Q5. Is it necessary to input the information of Pre-procedural Consultation immediately after the consultation?

CS should input information of Pre-procedural Consultation into the CRC IT System within 3 days as the System allows back date input for 3 days only.

It is advisable that data input be made as soon as Preprocedural Consultation is carried out for 2 major reasons, first to track participant movement along the screening pathway and second to secure payment of Government Subsidy to the CS who has provided the first Pre-procedural Consultation for that participant.

#### **Colonoscopy Examination**

#### Q6. Can a participant change his/her mind to receive Colonoscopy Examination by another CS after the procedure has been booked by the first CS?

If the participant has scheduled a colonoscopy with a CS and that CS has input the scheduled date of colonoscopy and facility to conduct the colonoscopy into the CRC IT System, the CRC IT System will alert subsequent CS that the participant has already scheduled a colonoscopy with a prior CS. This function serves to avoid double booking of CS services by the same participant. If, however, the participant decides to receive Colonoscopy Examination by another CS, the participant should cancel the previously arranged colonoscopy booking by contacting the first CS. The first CS should remove the scheduled date of colonoscopy and facility to conduct the colonoscopy from the Pre-procedural Consultation page of the participant's account in the CRC IT System. Only when such information has been removed from the CRC IT System will a subsequent CS be able to input updated information regarding Pre-procedural Consultation of the same participant, and to proceed with further data input when colonoscopy has been performed.

### Q7. Is it necessary to input colonoscopy findings immediately after colonoscopy?

It is not necessary but advisable for CS to input the required information into the CRC IT System after the colonoscopy procedure when memory is still fresh.

#### Q8. Is it necessary to print the system generated Histopathology Request Form when sending specimens for histopathology examination?

The CRC IT System will assign a system generated laboratory request number for each histopathology examination request. CS should print the Histopathology Request Form generated from the CRC IT System and send all specimens taken from the same participant together with the form to the designated laboratory.

#### Q9. Is it necessary to print the Histopathology Request Form and Subsidy Redemption Form in the colonoscopy suite?

CS is encouraged to access the CRC IT System and print related forms while in the colonoscopy suite. This will facilitate accuracy of information and timeliness in submission of required data. However, if it is not possible to access the CRC IT System in the colonoscopy suite, CS can print the Histopathology Request Form and Subsidy Redemption Form before the Colonoscopy Examination such as at the time of Pre-procedural Consultation. However, some information (e.g. facility performing colonoscopy, date of colonoscopy, number of specimen bottles sent for histopathology, etc.) cannot be automatically generated and printed on the forms if the forms are pre-printed. CS is advised to manually record relevant information on the form and update related information in the CRC IT System after the Colonoscopy Examination. Another limitation is that the CS or his/her staff has to prepare the forms in advance and bring along these forms on the day of Colonoscopy Examination.

#### Q10. If pathology other than colonic polyps is detected during Colonoscopy Examination, can I send specimen to the designated histopathology laboratory for analysis?

CS can send other pathologies detected during Colonoscopy Examination to the histopathology laboratory for analysis.

#### Q11. Can I refer a participant with incomplete colonoscopy due to obstructing tumor for CT Colonography as further investigation?

CS should exercise their clinical judgment and discuss with the participants as appropriate when making referral to CT colonography. In general, a participant should be promptly referred for management of his/her malignant tumor if it is detected or highly suspected in complete or incomplete colonoscopy examination.

### Q12. Will I receive any notification when the histopathology examination report is available for review?

CS will receive reminder in the CRC IT System via the "To-do List" when the histopathology examination report has been uploaded to the eHRSS. CS can review the histopathology report via the CRC IT System.

### Q13. Will I receive any notification when the CT colonography report and radiographic images are available for review?

The designated radiology centre will send a hard copy of the CT colonography report and radiographic images to the requesting CS by courier service within 4 weeks after the day of appointment of the participant. No separate notification on CRC IT System will be made.

#### **Government Subsidy and co-payment**

### Q14. Can I adjust the co-payment fee during the Programme Term?

Once enrolled, the co-payment cannot be adjusted upward during the Programme. That said, a CS may decide to adjust the co-payment downwards or provide charity quotas if this has not been offered at the outset. The PO should be informed of this decision as soon as practicable in order that such changes in practice information could be communicated with potential users in a timely manner.

#### Q15. Can I ask the participant to sign the Subsidy Redemption Form for Provision of Colonoscopy Services at Preprocedural Consultation?

No. Participants should only sign the Subsidy Redemption Form for Provision of Colonoscopy Services on the day of Colonoscopy Examination prior to the procedure to certify the receipt of colonoscopy service.

#### Q16. Can I receive Government Subsidy for Colonoscopy Examination in the case of an incomplete or failed colonoscopy?

In the circumstance that all diligence and care had been exercised to facilitate the performance of an adequate Colonoscopy Examination which subsequently failed or incomplete, the CS may still make a payment claim for the Subsidy for the Colonoscopy Examination Service. CS should discuss and agree with the participant regarding the management plan for incomplete colonoscopy, input the required information in the CRC IT System and submit the requisite documents to PO for processing payment.

### Q17. Can I receive extra Government Subsidy for repeat colonoscopy if the first one has failed?

The Subsidy for the Colonoscopy Examination Service With Polypectomy or the Subsidy for the Colonoscopy Examination Service Without Polypectomy has already covered the cost of repeat colonoscopy. CS will not receive extra Government Subsidy for repeat colonoscopy. At the same time, the participant should not be asked to cover the cost of the repeat colonoscopy.

#### Q18. Can I continue to receive Government Subsidy for the Colonoscopy Examination performed if the procedure has been complicated by untoward events such as perforation, sigificant bleeding, etc?

Yes. However, CS should report to the PO through the CRC IT System any incident or complication related to the Colonoscopy Examination. After reporting an incident or complication, the CS should complete and submit through the CRC IT System and incident and complication reporting form within 7 days. In case the event requires immediate attention by the PO, CS should alert the PO by phone. All major incident will be reviewed to identify common causality or predisposing factors in order to prevent recurrence.

#### Q19. Can I receive Government Subsidy for Colonoscopy Examination if the participant refuses to attend Postprocedural Consultation?

In case the participant refuses to attend Post-procedural Consultation after Colonoscopy Examination, the CS should record the reason of refusal in the CRC IT System. The CS can receive the Subsidy for the Colonoscopy Examination Service after inputting required information and submit the requisite documents to PO for processing payment.

#### Q20. When will the claims for Subsidy be paid?

Claims for Subsidy by CS for the services provided in a particular month will be settled within 30 days after the last day of that month in which all supporting documents necessary for submitting a claim (including the Subsidy Redemption Form for Provision of Colonoscopy Services and any other documents / photos as required by PO) have been duly received by PO.

### Q21. How can I view the payment status of the claims submitted by me?

CS can view the payment claims submitted and the payment status via enquiry function of the CRC IT system.

### Q22. Will I receive any notification when my claims have been processed?

Yes. Payment claims will be processed on a monthly basis. When the process has been completed, an inbox message will be sent to the CS for notification and a monthly payment statement will be generated providing details of processed payments.

### Q23. Whether the participant is allowed to use Health Care Voucher in settling the co-payment?

Health Care Voucher cannot be used to settle the co-payment.

#### CRC IT System

### Q24. Can I edit the information that has been input into the CRC IT System?

CS is allowed to edit information within 12 weeks of submission as long as the information does not affect the government payment. Information affecting the government payment includes (i) name of facility or hospital, (ii) complete or incomplete colonoscopy, iii) abnormality detected / no abnormality detected, iv) total number of specimen bottles sent for examination and v) follow-up option for incomplete colonoscopy.

#### Participant withdrawal from the Programme

#### Q25. What will happen if a participant withdraws from eHRSS?

When a participant withdraws from eHRSS, he/she will not be able to continue the screening process. Participant information will no longer be shown on the eHRSS as well as the CRC IT System. CS will not be able to access the record of the participant and will not be able to submit payment claims. If necessary, please contact PO for assistance.

### Q26. What will happen if the participant revokes consent on eHRSS?

As a requirement for enrolling in the Programme and receiving subsidised colonoscopy service, the participant should have built indefinite consent on eHRSS with the CS at the time of Pre-procedural Consultation. At the same time, the participant may revoke such consent anytime at any eHR outlet. If consent has been revoked, participant information will no longer be accessible by the CS concerned via eHRSS or CRC IT System. CS will not be able to submit payment claims. If necessary, please contact PO for assistance.

## 7 Glossary of terms

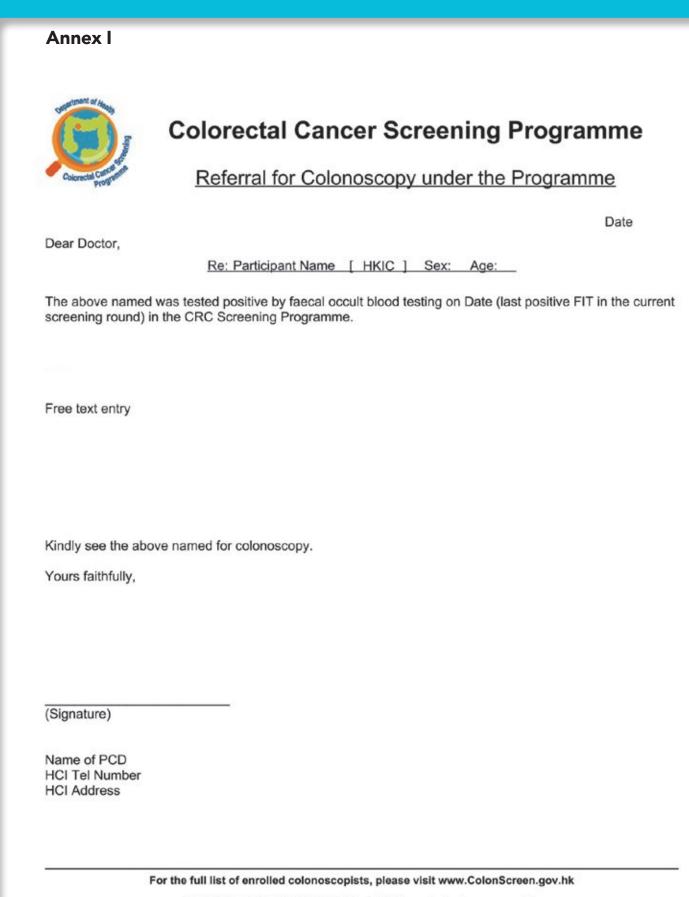
Abbreviation	Definition
CRC	Colorectal Cancer
eHRSS	Electronic Health Record Sharing System
FOBT	Faecal Occult Blood Test
FIT	Faecal Immunochemical Test
НКІС	Hong Kong Identity Card
НСР	Health Care Provider
НСІ	Health Care Institution
PCD	Primary Care Doctor (private sector)
PO	Programme Office

Term	Definition	
Programme	CRC Screening Programme	
CRC IT system	Built on eHRSS, IT system for service provider of CR Screening Programme to log on to input data and t facilitate clinical care	
Extra Services	Additional services provided by an enrolled CS to a participant which is not included in the Government subsidised Standard Package of Colonoscopy Service. Extra services will not be subsidised by Government	
Pre-procedural Consultation	A consultation arranged before carrying out a Colonoscopy Examination to assess participant's fitness for the procedure, explain the procedure, risks and complications, reach a mutual agreement on the management plan in case complications arise, seek informed consent for the procedure and prescribe for bowel preparation	
Colonoscopy Examination Service With Polypectomy	The service under the Programme provided by the enrolled CS to the participant which should include Colonoscopy Examination as a day case, removal of polyps and Post-procedural Consultation (if required)	
Colonoscopy Examination Service Without Polypectomy	The service under the Programme provided by the enrolled CS to the participant which should include Colonoscopy Examination as a day case and Post- procedural Consultation (if required)	
Subsidy for Colonoscopy Examination Service With Polypectomy	A fixed subsidy amount payable by the Government to an enrolled CS for the Colonoscopy Examination Service with Polypectomy rendered by the enrolled CS	
Subsidy for Colonoscopy Examination Service Without Polypectomy	A fixed subsidy amount payable by the Government to an enrolled CS for the Colonoscopy Examination Service without Polypectomy rendered by the enrolled CS	
Subsidy for Pre-procedural Consultation	A fixed subsidy amount payable by the Government to an enrolled CS for the Pre-procedural Consultation services rendered by the enrolled CS	
Subsidy Redemption Form for Provision of Colonoscopy Services	A form to be duly completed and signed by the participant and the enrolled CS to certify the provision of colonoscopy services	



- Annex I Referral letter from enrolled PCD
- Annex II Subsidy Redemption Form for Provision of Colonoscopy Services
- Annex III Histopathology Request Form
- Annex IV CT Colonography Request Form
- Annex V Certificate of CSSA Recipients (for Medical Waivers)\*, Annexes of notification letters to CSSA recipients, Certificate of Higher OALA Recipients (for Medical Waivers)\* [previously known as Certificate of OALA Recipients (for Medical Waivers)], the notification letters to Higher OALA recipients and other Certificates for Waiver of Medical Charges to other eligible persons

\* Effective from 15 December 2018, the Social Welfare Department no longer issues a separate hardcopy of Certificate for Waiver of Medical Charges to CSSA recipients and Higher OALA recipients aged 75 or above. However, subject to there being no further changes to the above recipients' eligibility status, Certificates for Waiver of Medical Charges issued to the above recipients before 15 December 2018 continue to be effective during the validity period, if any, specified in the Certificate concerned. Instead, with effect from 15 December 2018, an Annex is issued and attached to the notification letter to CSSA recipients to facilitate them in proving their financial status.



如欲獲取已登記大腸鏡醫生資料,請瀏覽www.ColonScreen.gov.hk

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Annex II

CRC Programme no.

#### Colorectal Cancer Screening Programme Subsidy Redemption Form for Provision of Colonoscopy Services

To: The Director of Health, Hong Kong SAR Government ("the Government"),

Address: 19/F, Kwun Tong View, 410 Kwun Tong Road, Kwun Tong, Kowloon (Attention: Treasury Accountant (Disease Prevention)1)

Part I Participant's Certification (Please read the "Undertaking and Declarations" before you sign this form)

#### Participant's information

Name (English and Chinese):	Date of Colonoscopy:
Hong Kong Identity Card	Electronic Health Record
(HKIC) no.:	Sharing System (eHRSS) no.:

I have read carefully and fully understand this form including its "Undertaking and Declarations". I agree to the contents contained therein.

I, the participant prior to undergoing colonoscopy examination, confirm that I will undergo colonoscopy examination provided by <u>[Name of Doctor]</u> on the date specified above at the <u>[Name of Health</u> <u>Care Institution]</u>. I hereby apply for subsidy amount as specified in Part II in full.

Participant's signature (or fin (To be signed on the day of c	Date: dd/mm/yyyy	
Complete only if the particip	oant is illiterate	
This document has been re	ad and explained to the participan	it in my presence.
Name of witness	HKIC no. of witness	Signature of witness
Date		

#### Part II Doctor's Certification

Please disburse the following subsidy in respect of the participant to me (tick the appropriate box): HK\$ 8,200 (Subsidy for Colonoscopy Examination Service With Polypectomy) HK\$ 7,500 (Subsidy for Colonoscopy Examination Service Without Polypectomy) In this connection, I, the doctor specified in Part I, certify that I have performed the colonoscopy examination on the participant on the date and at the location specified above.

Date: dd/mm/yyyy

Chop of the Hospital / Centre

#### Colorectal Cancer Screening Programme Subsidy Redemption Form for Provision of Colonoscopy Services

#### **Undertaking and Declarations**

- Under the Programme, I understand that I will receive Government's subsidy for receiving a standard package of colonoscopy service ("Standard Package") which includes
  - (a) one pre-procedural consultation in which the enrolled Colonoscopy Specialist (CS) would assess my fitness for colonoscopy, explain the procedure, risks and complications, reach a mutual agreement with me on the management plan in case complications arise, seek my informed consent for the procedure and prescribe for bowel preparation;
  - (b) colonoscopy examination as a day case including conscious sedation, consumables for removal of polyp e.g. clips, hot biopsy forceps or snare; and
    - (i) where the colonoscopy examination is successful and polyp(s) is/are detected and removed during the examination, the histopathology report featuring the pathology result of the removed polyp(s); and
    - (ii) where the colonoscopy examination is not successful, repeated colonoscopy examination;
  - (c) post-procedural consultation(s) which can be optional depending on the result of colonoscopy examination and the clinical need for explaining the result, making referral and other post-procedural clinical care as appropriate.
- 2. In circumstance where colonoscopy is not successful, apart from the option of repeating colonoscopy as in Paragraph 1 (b)(ii), I understand the enrolled CS may refer me for Computed Tomography Colonography which its charges will be fully paid by the Government.
- 3. I understand that the Standard Package shall not include (a) overnight stay in hospital, (b) monitored anesthetic care or general anesthesia. If I need this service, I shall pay it out of my own pocket.

∞ Annex

- 4. Depending on my choice of enrolled CS, I may need to pay a copayment fee as published in the Prevent Colorectal Cancer website (www.ColonScreen.gov.hk) and the mini-poster at the Health Care Institution and acknowledge that the co-payment fee may be different with respect to the colonoscopy result where polyp is removed or not removed, even though the Government has provided a subsidy for the standard package of colonoscopy service under the Programme.
- 5. In the following scenario, I understand that the enrolled CS will make referral for further clinical management under the usual care pathway outside the Programme, for instance receiving clinical care in institutes under the Hospital Authority or in the private sector, which will not be subsidised under the Programme:
  - (a) Colonoscopy examination is successful but detected polpy(s) is/are not completely removed
  - (b) Complication arising from the colonoscopy examination including but not limited to bleeding, infection, severe reaction to sedation, bowel perforation
  - (c) Colorectal cancer or other lesion is detected after the colonoscopy examination.
- 6. Under the Programme, I understand that the enrolled CS shall be professionally accountable for all related clinical care and management including but without limitation to seeking informed consent, explaining the risks and complications of undergoing colonoscopy examination, reaching mutual agreement on the management plan in case complications arise. I understand that the Government has no responsibilities and obligations in this context.
- 7. I understand that if I withdraw from or exit the Programme; or withdraw from eHRSS, the enrolled CS will no longer be able to access to and has no further obligation to inform me of my examination results. Thus, I will be at risk of missing significant examination results.

- 8. I hereby agree to transfer and release to the Government, its agents, or other persons authorised by the Government (a) my personal data, (b) my correspondence address, (c) my contact telephone number and (d) any information (including but not limited to the clinical information) related to the Programme for the use by the Government for the purposes as set out in the "Statement of Purpose". My personal data includes:-
  - In the case of HKIC holder, my HKIC number, name (in English and Chinese), sex, date of birth, date of issue of HKIC;
  - In the case of Certificate of Exemption holder, my HKIC number, name (in English and Chinese), sex, date of birth, Serial number, Reference number, issue date as shown on the Certificate of Exemption.

My correspondence address and contact telephone number refer to those captured under the eHRSS.

- 9. Inote that the Government may contact me by calling my contact telephone number or/and sending correspondence to my correspondence address for the purposes as set out in the "Statement of Purpose"
- 10. I agree to authorise the enrolled CS to read my name (in English and Chinese), sex, HKIC number, date of birth and date of issue stored in the chip embodied in the HKIC for the purposes as set out in the "Statement of Purpose".
- 11. I agree that my personal data and any information collected and stored in the Colorectal Cancer Information Technology System under the Programme will be transferred onto the eHRSS for access by healthcare providers whom I have given consent under the eHRSS.
- 12. I understand this Form (including these Undertaking and Declarations) shall be governed by and construed in accordance with the laws of Hong Kong Special Administrative Region and I, and the Government shall irrevocably submit to the exclusive jurisdiction of the Hong Kong Special Administrative Region.

13. I have read this form (including these Undertaking and Declarations) carefully and fully understood my obligations and liability under these Undertaking and Declarations.

(For illiterate participant: This form including these Undertaking and Declarations has been read over and explained to me and I fully understood my obligations and liability.)

- 14. I declare that the information provided in this Form is factually correct.
- 15. I understand that I should observe the Prevention of Bribery Ordinance (Cap. 201) and should not offer to, solicit or accept from any person any advantage as defined in the Ordinance.

#### **Statement of Purpose**

#### Purpose of Data Collection

Any information, including the personal and clinical data as well as contact details provided under the Programme will be used by the Government for one or more of the following purposes:

- a. Administration, monitoring, auditing and evaluation of the Programme including but not limited to processing subsidy payment, providing necessary health care service and continuity of care to participant, sending reminder(s) for colorectal cancer screening, and investigation of incidents and complaints;
- b. Statistical, programme monitoring, evaluation and research purposes; and
- c. Any other legitimate purposes as may be required, authorised or permitted by law.

The provision of any information, including the personal data is voluntary. However, if insufficient information is provided, you may not be able to participate in the Programme.

#### **Classes of Transferees**

The personal data you provided are mainly for use within the Government but they may also be disclosed by the Government to other persons, organisations, and third parties for any of the purposes stated in paragraphs (a) to (c) above, if required.

#### Access to Personal Data

You have a right to request access to and correction of your personal data under sections 18 and 22 and Data Protection Principle 6, Schedule 1 of the Personal Data (Privacy) Ordinance (Cap. 486). The Department of Health may impose a fee for complying with a data access request. Request for access to or correction of the personal data should be made in writing to:-

Programme Office, CRC Screening Programme, Department of Health 19/F, Kwun Tong View, 410 Kwun Tong Road, Kwun Tong, Kowloon Tel no.: 3565 6288

#### Enquiries

Enquiries regarding the personal data provided, including the making of access and corrections, should be addressed to:-

Programme Office, CRC Screening Programme, Department of Health

19/F, Kwun Tong View, 410 Kwun Tong Road, Kwun Tong, Kowloon

Tel no.: 3565 6288

大腸癌計劃編號

#### 大腸癌篩查計劃 提供大腸鏡檢查服務 資助申領表格

致: 香港特別行政區政府("政府")衞生署署長

地址:九龍觀塘觀塘道410號觀點中心19樓(請交:庫務會計師(疾病預防)1)

第I部分 参加者認證(簽署此表格前,請先閱讀"承諾及聲明"部分。)

会加	<b>老答</b> 約	L
22/111	自良华	<u> </u>

姓名(中文及英文):	接受大腸鏡檢查日期:
香港身份證號碼:	電子健康紀錄互通系統編號:

本人已細閱並完全明白此表格,包括其"承諾及聲明"。本人同意當中所載內容。

本人為計劃的參加者,在接受大腸鏡檢查前,確認本人於上表註明的日期,於\_\_\_\_[醫療機構名稱] 接受\_\_\_[醫生姓名]\_\_為本人提供的大腸鏡檢查。本人特此申領第11部分註明的全數資助金額。

参加者簽署(如不懂讀寫,請印上指模) (在接受大腸鏡檢查當天簽署)

如參加者不懂讀寫,才須填寫此欄

此文件已在本人面前向參加者讀出並加以解釋。

見證人姓名

見證人香港身份證號碼

見證人簽署

日期:日/月/年

日期

#### 第II部分 醫生認證

請因應本人為參加者提供的服務,向本人支付下列資助(在適當空格加上剔號): □港幣8,200元 (有切除瘜肉的大腸鏡檢查資助) □港幣7,500元 (沒有切除瘜肉的大腸鏡檢查資助) 為此,本人為第I部分註明的醫生,現證明本人已於上文註明的日期和地點為參加者進行大腸鏡檢查。

醫生簽署

日期:日/月/年

醫院/中心蓋章

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#### 大腸癌篩查計劃 提供大腸鏡檢查服務資助申領表格

此中文版本為英文版本之譯本,如中、英文兩個版本有任何抵觸或不相符之處,應以英文版本 為準。

#### 承諾及聲明

- 按照計劃的安排,本人明白,本人將收取政府的資助,以接受大腸鏡檢查基本服務("基本服務"),包括
  - (a) 一次大腸鏡檢查前的診症,由已登記的大腸鏡醫生評估本人是否適合接受大腸鏡檢 查,講解檢查程序、各項風險和併發症,與本人就一旦出現併發症時進行的治理計 劃達致相互協定,就有關程序取得本人的知情同意,以及為腸道準備作出處方;
  - (b) 大腸鏡檢查,此為日間程序,當中包括鎮靜麻醉、切除瘜肉所需的醫療儀器及物資, 例如夾子、活組織檢查用的熱鉗子或圈套器;以及
    - (i) 如大腸鏡檢查成功,並在檢查期間發現並切除瘜肉,會提供組織病理學報告, 當中包含已切除瘜肉的病理學結果;以及
    - (ii) 如大腸鏡檢查不成功,則重複進行大腸鏡檢查;
  - (c) 大腸鏡檢查後的診症,提供與否會視乎大腸鏡檢查的結果,以及是否有臨牀需要解 釋結果,作出轉介和按情況安排其他檢查程序後的臨牀護理。
- 如大腸鏡檢查不成功,除可按第(1)(b)(ii)段所述選擇再次接受大腸鏡檢查外,本人明白, 已登記的大腸鏡醫生或會轉介本人接受電腦斷層大腸造影檢查,費用會由政府悉數支 付。
- 本人明白,基本服務不包括(a)留醫住宿、(b)由麻醉科醫生監督下進行的麻醉程序或全身 麻醉。如本人需要這些服務,須自費支付。
- 4. 儘管政府已就計劃下的大腸鏡檢查基本服務提供資助,視乎本人選取的已登記的大腸鏡醫生而定,本人或須支付額外的費用,該費用在預防大腸癌網站 (www. ColonScreen.gov.hk)和醫療機構內貼上的小型海報均有載述。本人亦明白該筆費用可能會因應大腸鏡檢查的結果,即瘜肉是否已被切除,而有所不同。
- 在下列情況,本人明白,已登記的大腸鏡醫生會轉介本人按計劃以外的慣常護理渠道,接 受進一步臨牀護理,例如在醫院管理局轄下機構或私營機構接受臨牀護理,而接受有關 護理將不在計劃的資助範圍內:
  - (a) 大腸鏡檢查成功,但並未完全切除所發現的瘜肉;
  - (b) 大腸鏡檢查引致併發症,包括但不限於出血、感染、對鎮靜麻醉有嚴重反應、腸道刺 穿等;
  - (c) 在大腸鏡檢查後發現大腸癌或其他病變。

70 September 2020

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Annex

- 6. 按照計劃的安排,本人明白,已登記的大腸鏡醫生須就一切有關臨牀護理和治理的事宜, 包括但不限於取得知情同意,説明接受大腸鏡檢查的各項風險和併發症,以及就一旦出 現併發症時進行的治理計劃作出相互協定等,承擔專業責任。本人明白,政府在這方面並 無責任和義務。
- 7. 本人明白,如本人退出或離開計劃,或者退出電子健康紀錄互通系統,已登記的大腸鏡醫 生將不能再查閱本人的檢查結果,亦再沒有義務通知本人有關結果。因此,本人可能會有 錯過重要檢查結果之虞。
- 本人特此同意把(a)本人的個人資料、(b)本人的通訊地址、(c)本人的聯絡電話號碼,以及 (d)任何與計劃有關的資料(包括但不限於臨牀資料)轉交及發放予政府、其代理人或其他 獲政府授權人士,以供政府用於"收集個人資料目的聲明"所述的用途。本人的個人資料 包括:-
  - 就香港身份證持有人而言:包括本人的香港身份證號碼、中英文姓名、性別、出生日 期和香港身份證簽發日期;
  - 就豁免登記證明書持有人而言:包括豁免登記證明書上所展示本人的香港身份證號 碼、中英文姓名、性別、出生日期、豁免登記證明書編號、檔案編號及簽發日期。

本人的通訊地址和聯絡電話號碼是指電子健康紀錄互通系統所收集的相關資料。

- 本人知悉,政府可能會為"收集個人資料目的聲明"所述的用途,致電本人聯絡電話號碼 或/及致函本人通訊地址,與本人聯絡。
- 10. 本人同意授權已登記的大腸鏡醫生讀取儲存在本人香港身份證內置晶片內的中英文姓 名、性別、香港身份證號碼、出生日期和簽發日期,以供"收集個人資料目的聲明"所述的 用途。
- 本人同意,已收集並儲存在計劃大腸癌資訊科技系統內的本人個人資料和任何資料,將 轉移至電子健康紀錄互通系統,供本人在電子健康紀錄互通系統下已給予同意的醫療服 務提供者查閱。
- 12. 本人明白,此表格(包括此承諾及聲明)須受香港特別行政區法律規管,並須按香港特別 行政區法律解釋;本人和政府須不可撤銷地接受香港特別行政區的專屬司法管轄權管 轄。
- 13. 本人已細閱此表格(包括此承諾及聲明),並完全明白本人在此承諾及聲明下須承擔的義務和責任。

(適用於不懂讀寫的參加者:有關人員已向本人讀出並解釋此表格,包括其承諾及聲明, 亦完全明白本人的義務和責任。)

- 14. 本人聲明,本人在此表格中所提供的資料,全部與事實相符。
- 15. 本人明白,本人須遵守《防止賄賂條例》(第201章)的規定,不得向任何人提供、索取或 接受任何人根據該條例所界定的任何利益。

### Annex II

### 收集個人資料目的聲明

### 收集資料的目的

你參加計劃所提供的任何資料,包括個人及臨牀資料,以及聯絡詳情,會供政府作下列一項 或多項用途:

a. 有關計劃的行政、監察、審查和評估,包括但不限於處理資助付款,向參加者提供所需的醫療服務和持續護理,寄發大腸癌篩查有關的提示,以及調查事故和投訴;

b. 作統計、計劃監察、評估和研究用途;以及

c. 作法例規定、授權或准許的任何其他合法用途。

你所提供的任何資料,包括個人資料,純屬自願。不過,如所提供的資料不夠充分,你可能無 法參加計劃。

### 資料承轉人類別

你所提供的個人資料主要供政府內部使用,但如有需要,政府也可能為上文第(a)至(c)段所 述的任何目的,向其他人士、機構和第三方披露。

### 查閱個人資料

根據《個人資料(私隱)條例》(第486章)第18和第22條,以及附表1保障資料原則第6原則的規定,你有權查閱及修正你的個人資料。衛生署為應查閱資料要求而提供資料時,可能會徵收費用。申請查閱或修正個人資料,應以書函交到以下地址:

衞生署大腸癌篩查計劃辦事處

九龍觀塘觀塘道410號觀點中心19樓

電話號碼:3565 6288

### 查詢

有關所提供個人資料的查詢(包括查閱及修正資料),應向下述辦事處提出:

衞生署大腸癌篩查計劃辦事處

九龍觀塘觀塘道410號觀點中心19樓

電話號碼: 3565 6288



# **Colorectal Cancer Screening Programme**

# Histopathology Request Form

Name (English):	eHR number:
HKIC number:	eHR Referral Number:
Date of Birth:	Barcode:
Sex:	
Request Colonoscopist Name:	Colonoscopy performed in:
Phone number of Colonoscopist:	Request Date:
Fax number of Colonoscopist:	Number of Specimen Bottles:

Clinical Summary:		
Procedure:	Colonoscopy	
Specimen Nature and Site:		

### Remarks:

- 1. Please complete the Histopathology Request Form and label specimen bottle properly and put into the carrier bag.
- 2. Please call [Name of Institution] for specimen collection.



# **Colorectal Cancer Screening Programme**

# CT Colonography Request Form

Name (English):	eHR Number:
HKIC Number:	eHR Referral Number:
Date of Birth:	Barcode:
Sex:	
Requesting Colonoscopist Name:	Colonoscopy Performed In:
Phone Number of Colonoscopist:	Request Date:

Procedure Requested:	CT Colonography (Plain)
Known Drug Allergy:	
Allergy Preparations: (if applicable)	
Clinical Summary:	

Sample - Certificate of Level 0 Voucher Holder of the Pilot Scheme on Residential Care Service Voucher for the Elderly



社會福利署

SOCIAL WELFARE DEPARTMENT 簽發日期

Date of issue dd/mm/yyyy

### 長者院舍住宿照顧服務券(院舍券)試驗計劃 級別 0 院舍券持有人醫療費用豁免證明書

Certificate of Level 0 Voucher Holder of the Pilot Scheme on Residential Care Service Voucher for the Elderly (for Medical Waivers)

院舍券證明書編號	此日期起生效:		
Voucher Certificate No: RCSV0xxx1-01	Valid from:	dd/mm/yyyy ≺	Please note the validity period of the
級別 0 院舍券持有人姓名	身份證明文件號碼	有效日期至	certificate
Name of Level 0 Voucher Holder	Identity Document No.	Valid until	
陳大文	A123456(7)	dd/mm/yyyy	
CHAN TAI MAN			

茲證明以上級別 0 院舍券持有人在上述有效日期內可獲得公立診所或醫院(包括急症室)豁免醫療費用。

This is to certify that the above named Level 0 Voucher Holder of the Pilot Scheme on Residential Care Service Voucher for the Elderly (RCSV) is entitled to the waiver of medical charges at a public clinic or hospital (including the Accident & Emergency Department) during the validity period.

備註: 本署已因應院舍券試驗計劃申請表上所載的個人資料收集目的,把上述個人資料轉交醫院 管理局(醫管局),以在上述人士接受醫管局轄下的診所或醫院的醫療服務時,可獲豁免其醫療費 用。

Remarks: For the personal data collection purposes stipulated in the RCSV application form, the above personal data have been transferred to the Hospital Authority (HA) for waiving medical charges when the above persons receive medical treatment in clinics or hospitals under HA.

社會福利署署長

(

代行)

附註

- 長者院舍住宿照顧服務券(院舍券)試驗計劃級別0院舍券持有人如需前往公立診所或醫院(包括急症室)求診或留醫,可憑此證明書申請豁免醫療費用。請將此證明書妥為保存。
- <u>請於登記求診或辦理入院手續時出示此證明書</u>。如級別 0 院舍券持有人於求診時未能出示有 效的醫療費用豁免證明書,而須自行繳付醫療服務費用,在院舍券試驗計劃下,級別 0 院舍 券持有人將不會獲發還有關費用,敬請留意。
- 3. 級別0院舍券持有人如已退出院舍券試驗計劃或不再符合資格參與院舍券試驗計劃或不再是 院舍券試驗計劃級別 0 院舍券持有人,必須立即將此證明書交回社會福利署(社署)作廢。病 人如有經濟困難,他/她可向醫院管理局務醫務社工或相關的社署服務單位社工尋求協助,以 評估是否符合豁免醫療費用資格。
- 4. 凡以不正確手法使用或塗改此證明書,以圖獲得免費醫療服務,乃屬違法行為。

- 1. The Level 0 Voucher Holder of the Pilot Scheme on Residential Care Service Voucher for the Elderly (RCSV) can apply for waiver of medical charges at a public clinic or hospital (including the Accident & Emergency Department) on production of this certificate. Please keep this certificate properly.
- 2 Please produce this certificate upon registration for medical treatment or admission to hospital. No reimbursement will be made under the Pilot Scheme on RCSV to cover the medical charges paid as a result of the Level 0 Voucher Holder's failure to produce a valid 'Certificate of Level 0 Voucher Holder of the Pilot Scheme on Residential Care Service Voucher for the Elderly (for Medical Waivers)'.
- 3. If the Level 0 Voucher Holder has withdrawn from the Pilot Scheme on RCSV or is no longer eligible for RCSV or is no longer a Level 0 Voucher Holder under RCSV, he/she should return this certificate promptly to the Social Welfare Department (SWD) for disposal. If the patient has financial difficulties, he/she can approach medical social workers of Hospital Authority or social workers of the related SWD service units for medical fee waiving application but subject to financial assessment.
- 4. Abusing this certificate or making alteration to it in order to receive free medical treatment is a criminal offence.

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Annex

# Sample – Certificate of Comprehensive Social Security Assistance Recipient

SWD 581.

社 會 褔 利 署



SOCIAL WELFARE DEPARTMENT 簽發日期 Date of issue XXXXXXXXX

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綜合社會保障援助受助人醫療費用豁免證明書

Certificate of Comprehensive Social Security Assistance Recipients (for Medical Waivers)

檔案綱號

Casefile Ref XXXX C-XXXXXX

此日期起生效XXXX年 X 月 X 日 Valid from: XXXXXXXXX

. 受助人姓名	身份證明文件號碼	有效日期至
Name of Recipient	Identity Document No.	Valid until
XXXXXXXXX	xxxxxxxx	xxxxxxxx
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxx	XXXXXXXXXXXXX
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	20000000000	XXXXXXXXXXXXXX
x2000000000000000000000000000000000000	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
xxxxxxxxxxx xxxxxxxxxx	xxxxxxxxxxxxx	xxxxxxxxxxx
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	XXXXXXXXXXXXXX	xxxxxxxxxxxxx
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	XXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXX

Please note the validity period of the certificate

茲實明以上綜合社會保障援助(結接)受助人在上述有效日期內可獲得公立診所或醫院(包括急症室)給免醫療費用,

This is to certify that the above named Comprehensive Social Security Assistance (CSSA) recipients are entitled to the waiver of medical charges at a public clinic or hospital (including the Accident & Emergency Department) during the validity period.

備註:本著已因爲綜擬申請表上所載的個人資料收集目的,把上述個人資料轉交醫院管理局(醫管局),以在上述人士 接受醫管局轄下醫院的醫療服務時,可獲結発其醫療費用,

Remarks: For the personal data collection purposes stipulated in the CSSA application form, the above personal data have been transferred to the Hospital Authority (HA) for waiving medical charges when the above persons receive medical treatment in hospitals under HA.

MS XXXXX XXXX SUPERVISOR, XXXXXX GOCIAL SECURITY FIELD UNIT SOCIAL WELFARE DEPARTMENT

Sample - Certificate of Comprehensive Social Security Assistance Recipient

SWD 581

社會感利書



SOCIAL WELFARE DEPARTMENT

Please note

the validity

XXXXX XXXXX XXXXX XXX

Flat xxx, xxxxxxxx xxxxxxxxxx Hong Kong

# 綜合社會保障援助受助人醫療費用豁免證明書

Certificate of Comprehensive Social Security Assistance Recipients (for Medical Waivers)

簽登日期: 檔案編號 Date of issue: 01/06/2018 Casefile Ref XXX-X-X	此日期起生效: XXXXX Valid from:	2018年6月1日	period of t certificate
受助人姓名 Name of Recipient	身份證明文件號碼 Identity Document No.	有效日期至 Valid until	-
XXX XXXXX XXXXXX XXXXXX	x000000x(x)	31/10/2018	
XXXXX XXXXX XXXXX XXXXXX XXXXXX XXXXXX XXXX	xxxxxxxx(x)	31/10/2018	
XXX XXXXX XXXXX XXXXXX	xxxxxxx(x)	31/10/2018	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	xxxxxxxxx	XXXXXXXXXX	•
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	xxxxxxxxx	xxxxxxxxx	
********** *********	xxxxxxxxx	XXXXXXXXXX	
****	xxxxxxxxx	xxxxxxxxx	

This is to certify that the above named Comprehensive Social Security Assistance (CSSA) recipients are entitled to the waiver of medical charges at a public clinic or hospital (including the Aceident & Emergency Department) during the validity period.

備註: 本署已因為綜援申請表上所載的個人資料收集目的,把上述個人資料轉交醫院管理局(醫管局),以在上述人 士接受醫管局轄下醫院的醫療服務時,可獲益免其醫療費用。

Remarks: For the personal data collection purposes stipulated in the CSSA application form, the above personal data have been transferred to the Hospital Authority (HA) for waiving medical charges when the above persons receive medical treatment in hospitals under HA.

MS XXXXX XXXXX XXXXX

SUPERVISOR,

#### XXXXXXXXXX SOCIAL SECURITY FIELD UNIT

#### SOCIAL WELFARE DEPARTMENT

如你並非本文件取件人或如本文件載有非屬於你或你家人的個人資料,請不要複製,轉交、散補、按關,保留 或以任何其他方式使用本文件任何資料。請將本文件退還社會福利署。

If you are not the intended recipient of this document or if information not relating to you or your family member is contained in this document, you must not reproduce, circulate, disseminate, disclose, retain or in any other way use any part of this document. Please return this document to the Social Welfare Department.

附註

- 綜合社會保障援助(綜授)受助人如該前往公立診所或醫院(包括急症室)求診 或留醫,可憑此證明書申請豁免醫療費用,請將此證明書妥爲保存。
- 請於登記來診或辦理入院手續時出示此意明書。如受助人於求診時未能出示 有效的醫療費用豁免證明書,而須自行繳付醫療服務費用,在綜援計劃下, 受助人將不會獲發還有關費用、敬請留意。
- 受助人如已取消申請或不再符合資格領取綜援,必須立即將此證明書交回社 會福利署作廠。
- 凡以不正確手法使用或塗改此證明書,以圖獲得免費醫療服務,乃屬違法行 為。

- Comprehensive Social Security Assistance (CSSA) recipients can apply for waiver of medical charges at a public clinic or hospital (including the Accident & Emergency Department) on production of this certificate. Please keep this certificate properly.
- Please produce this certificate upon registration for medical treatment or admission to hospital. No reimbursement will be made under CSSA to cover the medical charges paid as a result of the recipient's failure to produce a valid "Certificate of Comprehensive Social Security Assistance Recipients (for Medical Waivers)".
- If the recipient has withdrawn the application or is no longer eligible for CSSA, he/she should return this certificate promptly to the Social Welfare Department for disposal.
- Abusing this certificate or making alteration to it in order to receive free medical treatment is a criminal offence.

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社會福利署

Social Welfare Department

檔案編號:XXX-C-XXXXXX

### 請注意:

有關綜援受助人豁免醫療費用安排

你/申請人/符合資格家庭成員在領取綜援期間前往公立診所或醫院 (包括急症室)求診時可獲豁免醫療費用。

此日期起生效:XXXX年X月X日

		· · · · ·
符合資格	申請綜援時使用的	有效日期至
的人士	身份證明文件	
陳大文	香港身份證	XX/XX/XXXX

當求診或辦理入院手續時請:

- (1) 向診所或醫院職員表示你/申請人/符合資格家庭成員是綜援受助人;及
- (2) 出示你/申請人/符合資格家庭成員申請綜援時使用的身份證 明文件(例如香港身份證、豁免登記證明書等)。

如你/申請人/符合資格家庭成員日後已取消申請或不再符合資格領取綜援,有關豁免醫療費用的資格亦同時撤銷。

# Sample - Certificate of Higher Old Age Living Allowance Recipients

SWD 684 (Rev.) 社會福利署



#### SOCIAL WELFARE DEPARTMENT

簽發日期 Date of issue 06/06/2018

### 高額長者生活津貼受惠人醫療費用豁免證明書

Certificate of Higher Old Age Living Allowance Recipients (for Medical Waivers)

檔案編號

此日期起生效1:2018年6月1日

Casefile Ref XXX-X-XXXXXX

Valid from1: 01/06/2018

受惠人姓名	身份證明文件號碼
Name of Recipient	Identity Document No.
XXX XXXXX XXXXX XXXXX	xxxxxxx(x)

### 茲證明以上高額長者生活津貼受惠人在上述生效日期起可獲得公立診所或醫院(包括急症室)豁免醫療 費用。

This is to certify that the above named Higher Old Age Living Allowance (Higher OALA) recipient is entitled to the waiver of medical charges at a public clinic or hospital (including the Accident & Emergency Department) from the validity date.

備註:本署已因為公共福利金計劃申請表/公共福利金計劃下高額長者生活津貼受惠人須知上所載的個 人資料收集目的,把上述個人資料轉交醫院管理局(醫管局),以在上述人士接受醫管局轄下醫院的醫 療服務時,可獲豁免其醫療費用。

Remarks: For the personal data collection purposes stipulated in the Social Security Allowance (SSA) Scheme application form / Notice to Higher OALA recipients under the SSA Scheme, the above personal data have been transferred to the Hospital Authority (HA) for waiving medical charges when the above person receives medical treatment in hospitals under HA.

社會福利署 Social Welfare Department (此函件為電腦列印,無須簽署)

(This is a computer-generated letter and does not require a signature)

註 Note:

 生效日期是指高額長者生活津貼受惠人年滿 75 歲或年齡 75 歲或以上長者符合資格領取高額長者生 活津貼該日,以較後者為準。

The validity date is the date on which Higher OALA recipients reaching the age of 75 or the eligibility date of elderly persons aged 75 or above for Higher OALA, whichever is later.

Flat xxx, xxxxxxx xxx Kong Kong

附註

- 醫療費用豁免證明書上指定的高額長者生活津貼受惠人如需前往公立診所或醫院 (包括急症室)求診或留醫,可憑此證明書申請豁免標準醫療收費。請妥為保存此 證明書,於使用服務時向相關職員出示。
- <u>請於登記求診或辦理入院手續時出示此證明書</u>。如受惠人於求診時未能出示有效的 醫療費用豁免證明書,而須自行繳付醫療服務費用,在高額長者生活津貼下的受惠 人將不會獲發還有關費用,敬請留意。
- 受惠人如已取消申請或不再符合資格領取高額長者生活津貼,必須立即將此證明書 交回社會福利署作廢。
- 4. 凡以不正確手法使用或塗改此證明書,以圖獲得免費醫療服務,乃屬違法行為。

- The Higher Old Age Living Allowance (Higher OALA) recipient specified in the Medical Waiver can apply for waiver of standard fees and charges at a public clinic or hospital (including the Accident & Emergency Department) on production of this certificate. Please keep this certificate properly, and show it to staff upon using related services.
- Please produce this certificate upon registration for medical treatment or admission to hospital. No reimbursement will be made under Higher OALA to cover the medical charges paid as a result of the recipient's failure to produce a valid "Certificate of Higher Old Age Living Allowance Recipients (for Medical Waivers)".
- If the recipient has withdrawn the application or is no longer eligible for Higher OALA, he/she should return this certificate promptly to the Social Welfare Department for disposal.
- Abusing this certificate or making alteration to it in order to receive free medical treatment is a criminal offence.

Annex V Sample - Certificate of Higher Old Age Living Allowance Recipients

SWD 684 (Rev.) 社會福利署 SOCIAL WELFARE DEPARTMENT XXXXX XXXXX XXXXX XXX Flat xxx, xxxxxxxx XXXXXXXXXX Hong Kong 高額長者生活津貼受惠人醫療費用豁免證明書 Certificate of Higher Old Age Living Allowance Recipients (for Medical Waivers) 簽發日期 此日期起生效!: 2017年12月29日 Date of issue 12/05/2018 Casefile Ref XXX-X-XXXXXXX Valid from1: 29/12/2017 atr. 人姓名 身份證明文件號碼 Name of Recipient Identity Document No. XXX xxxxxxx(x)XXXXX XXXXX XXXXX 茲證明以上停領長者生活津貼受惠人死上述生效日期把可獲得公立診所或醫院(包括急症室)豁免醫療 費用

This is to certify that the above named Higher Old Age Diving Allowance (Higher OALA) recipient is entitled to the waiver of medical charges at a public clinic or hospital (including the Accident & Emergency Department) from the validity date.

備註: 本署已因為公共福利金計劃申請表/公共福利金計劃下高額長者生活津貼受惠人須知上所載的個 人資料收集目的,提上述個人文料轉交醫院管理局(醫管局),以在上述人士接受醫管局轄下醫院的醫 療服務時,可獲給免其醫療費用

Remarks: For the personal data collection purposes stipulated in the Social Security Allowance (SSA) Scheme application form / Notice to Higher OALA eccipients under the SSA Scheme, the above personal data have been transferred to the Hospital Authority (HA) for waiving medical charges when the above person receives medical treatment in hospitals under HA.

社會福利署 Social Welfare Department (此函件為電腦列印,無須簽署)

(This is a computer-generated letter and does not require a signature)

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Annex

註 Note:

 生效日期是指高額長者生活津貼受惠人年滿 75 歲或年齡 75 歲或以上長者符合資格領取高額長者生 活津貼該日,以較後者為準。

The validity date is the date on which Higher OALA recipients reaching the age of 75 or the eligibility date of elderly persons aged 75 or above for Higher OALA, whichever is later.

如你並非本文件收件人或如本文件載有非屬於你或你家人的個人資料,請不要複製、轉交、數播、披露、保留或

以任何其他方式使用本文件任何資料,請將本文件退墾社會福利署。

If you are not the intended recipient of this document or if information not relating to you or your family member is contained in this document, you must not reproduce, circulate, disseminate, disclose, retain or in any other way use any part of this document. Please return this document to the Social Welfare Department.

附註

- 醫療費用豁免證明書上指定的高額長者生活津貼受惠人如添前往公立診所或緊院 (包括急症室)求診或留醫,可憑此證明書申請豁免標準醫療收費、請妥為保存此 證明書,於使用服務時向相關職員視示。
- 請於登記求診或辦理人院子續時出示此證明書。如受惠人於求診時未能出示有效的 醫療費用豁免證明書,而須自行繳付醫療服務費用,在高額長者先活津貼下的受惠 人將不會獲發還有關費用,效訂留意。
- 3. 受惠人如已取消中請或不再符名資格領取高額長者生活準貼,必須立即將此證明書 交回社會和利署作系

凡以不正確予法使用必塗改此證明書,以圖獲得免費醫療服務,乃屬違法行為。

- 1. The Higher Old Age Living Allowance (Higher OALA) recipient specified in the Medical Waiver can apply for waiver of standard fees and charges at a public clinic or hospital (including the Accident & Emergency Department) on production of this certificate. Please keep this certificate properly, and show it to staff upon using related services.
- Please produce this certificate upon registration for medical treatment or admission to hospital. No reimbursement will be made under Higher OALA to cover the medical charges paid as a result of the recipient's failure to produce a valid "Certificate of Higher Old Age Living Allowance Recipients (for Medical Waivers)".
- If the recipient has withdrawn the application or is no longer eligible for Higher OALA, he/she should return this certificate promptly to the Social Welfare Department for disposal.
- 4. Abusing this certificate or making alteration to it in order to receive free medical treatment is a criminal offence.

Sample - Certificate of Old Age Living Allowance Recipients

社會福利署



SOCIAL WELFARE DEPARTMENT

簽發日期 2017年7月10日 Date of issue 10/07/2017

# 長者生活津貼受惠人醫療費用豁免證明書

Certificate of Old Age Living Allowance Recipients (for Medical Waivers)

檔案编號

Casefile Ref XXX-X-XXXXXX

此日期起生效<sup>1</sup>:2017年07月XX日

Valid from1: XX/07/2017

	xxxxxxx(x)
Name of Recipient	Identity Document No.
受惠人姓名	身份證明文件號碼

茲證明以上長者生活津貼受惠人<sup>2</sup>在上述生效日期起可獲得公立診所或醫院(包括急症室)豁免醫療費用。 This is to certify that the above named Old Age Living Allowance (OALA) recipient<sup>2</sup> is entitled to the waiver of medical charges at a public clinic or hospital (including the Accident & Emergency Department) from the validity date.

備註:本署已因為公共福利金計劃申請表/公共福利金計劃長者生活津貼受惠人須知上所載的個人資料 收集目的,把上述個人資料轉交醫院管理局(醫管局),以在上述人士接受醫管局轄下醫院的醫療服務時, 可獲豁免其醫療費用。

Remarks: For the personal data collection purposes stipulated in the Social Security Allowance (SSA) Scheme application form / Notice to OALA recipients under the SSA Scheme, the above personal data have been transferred to the Hospital Authority (HA) for waiving medical charges when the above person receives medical treatment in hospitals under HA.

社會福利署 Social Welfare Department (此函件為電腦列印·無須簽署)

(This is a computer-generated letter and does not require a signature)

註 Note:

- 生效日期是指長者生活津貼受惠人年滿75歲該日或豁免標準醫療收費實施日期(即2017年7月15日), 以較後者為準。
   The validity date is the date on which OALA recipients reaching the age of 75 or the implementation date of waiver for standard fees and charges (i.e., 15 July 2017), whichever is later.
- 根據本署在 2017 年 6 月 23 日的記錄,長者生活津貼受惠人的資產沒有超出可獲豁免標準醫療收費資格而所定的資產限額。
   According to our record as at 23 June 2017, OALA recipients having assets not exceeding the limits prescribed under the medical waiver for standard fees and charges.

ω Annex

附註

- 醫療費用豁免證明書上指定的長者生活津貼受惠人如需前往公立診所或醫院(包括 急症室)求診或留醫,可憑此證明書申請豁免標準醫療收費。請妥為保存此證明書。
- <u>請於登記求診或辦理入院手續時出示此證明書</u>。如受惠人於求診時未能出示有效的
   醫療費用豁免證明書,而須自行繳付醫療服務費用,在長者生活津貼下,受惠人將
   不會獲發還有關費用,敬請留意。
- 受惠人如已取消申請或不再符合資格領取長者生活津貼或資產超出可獲豁免標準 醫療收費資格而所定的限額,必須立即將此證明書交回社會福利署作廢。
- 4. 凡以不正確手法使用或塗改此證明書,以圖獲得免費醫療服務,乃屬違法行為。

- The Old Age Living Allowance (OALA) recipient specified in the Medical Waiver can apply for waiver of standard fees and charges at a public clinic or hospital (including the Accident & Emergency Department) on production of this certificate. Please keep this certificate properly.
- Please produce this certificate upon registration for medical treatment or admission to hospital. No reimbursement will be made under OALA to cover the medical charges paid as a result of the recipient's failure to produce a valid "Certificate of Old Age Living Allowance Recipients (for Medical Waivers)".
- If the recipient has withdrawn the application or is no longer eligible for OALA or having assets exceeding the limits prescribed under the medical waiver for standard fees and charges, he/she should return this certificate promptly to the Social Welfare Department for disposal.
- 4. Abusing this certificate or making alteration to it in order to receive free medical treatment is a criminal offence.

[Sample -申請獲准通知書(高額長者生活津貼個案)]

檔案編號: XXX-S-XXXXXX

電 話: XXXXXXXX

XXX 社會保障辦事處 地址

XXX 先生/女士:

#### 申請獲准通知書

現特此通知你,關於你申請高額長者生活津貼一事,已獲批准,本署將 由\_\_\_\_\_年\_\_\_\_月\_\_\_\_日發放津貼,每月的款項將會存入你指定的銀行戶口。

你通常會在每月的\_\_\_\_日收到津貼金,現將你每月可得金額列出如下,給你參考:

1. 由\_\_\_\_\_年\_\_\_月\_\_\_\_日開始,每月可得的款項為 3,485 元,包括:

高額長者生活津貼	3,485.00 元
合計	3,485.00元 (整數計 3,485元)

如你對本通知書有任何疑問或查詢,請與本辦事處職員 XXX 先生/女士聯絡(電話號碼: XXXXXXXX)。如你對本署決定仍有不滿,可於本通知書發出日期起四星期內,透過本辦事處安 排上訴,或直接向社會保障上訴委員會(香港灣仔軒尼詩道 130 號修頓中心 24 字樓,電話號碼 28351946)提出上訴。

凡離開本港/廣東(適用於廣東計劃)/福建(適用於福建計劃)日數超過規限,遭監禁 或合法羈留,死亡,將會影響高齡津貼/長者生活津貼/傷殘津貼/廣東計劃/福建計劃受惠人 應得的津貼金額。如有任何上述情況,你也必須從速通知本社會保障辦事處,以便及時調整你應 得的津貼金額。本署在有需要時,亦會覆查你的個案。離開本港/廣東(適用於廣東計劃)/福 建(適用於福建計劃)日數以每個付款年度計算(即符合資格領取津貼的日期起計的每12個月)。 8

你現時的付款年度為\_\_\_\_\_\_月\_\_\_\_日至\_\_\_\_\_年\_\_\_\_月\_\_\_\_日,請因應付款年度作出適當 的安排,以免因超過規限而影響應得的津貼金額。

### 75 歲或以上高額長者生活津貼受惠人或其受委人請注意:

你可獲得公立診所或醫院(包括急症室)豁免醫療費用。當登記求診或辦理入院手續時請:

(1) 向診所或醫院職員表示你是高額長者生活津貼受惠人;及

(2) 出示你申請高額長者生活津貼時使用的身份證明文件,即你的 XXXX。

如你日後取消申請或不再符合資格領取高額長者生活津貼,有關豁免醫療費用資格亦同時取消。

### <u>提示</u>

申請人或其監護人/受委人所提供的資料必須真確及完整。申請人或其監護人/受委人須注意, 任何人士以欺詐手段獲得財物/金錢利益/任何利益,或為使自己或另一人獲益,或意圖使另一 人遭受損失,而不誠實地以欺騙手段促致在銀行的紀錄內記人記項,均屬違法行為。申請人或其 監護人/受委人如明知或故意作虛假陳述或隱瞞任何資料以騙取津貼金,或已申報的資料如有 所改變並可能導致津貼金額減少或申請人不符合資格領取公共福利金,而申請人或其監護人/ 受委人蓄意不向本署申報有關資料的變更,可能會引致被檢控。任何多領的津貼金均須退還本署。

慎防騙子,社會福利署或社會福利署的代理機構職員不會收受金錢或任何報酬。

社會福利署 XXX主任 XXXXXXXX

附註

(1) 此乃電腦列印文件無須授權簽署。

\_\_\_\_\_年\_\_\_\_月\_\_\_\_日

如果你有需要與個案職員會面,請先以電話預約。

∞ Annex

[Sample -調整津貼金額通知書(高額長者生活津貼個案)]

檔案編號: XXX-S-XXXXXX

電 話: XXXXXXXX

XXX 社會保障辦事處 地址

XXX 先生/女士

	調整津貼金額通知	四書
由	現特此通知你,關於你申請高額長者生活津貼一 年月日開始的津貼經已調整,每月的	
	你通常會在每月的日收到津貼金,現將你每	月可得金額列出如下,給你參考:
1.	由月日至年月	日,每月可得的款項為0元,包括:
	高額長者生活津貼	3,485.00 元
	合計	3,485.00 元
4	<u>扣减</u> 已收款項	3,485.00 元(-)
	餘款	0.00元(整數計0元)
2.	由年月日開始,每月可得的款項為	9 3,485 元,包括:
	高額長者生活津貼	3,485.00 元

合計

3,485.00元 (整數計3,485元)

如你對本通知書有任何疑問或查詢,請與本辦事處職員 XXX 先生/女士聯絡(電話號碼: XXXXXXXX)。如你對本署決定仍有不滿,可於本通知書發出日期起四星期內,透過本辦事處安 排上訴,或直接向社會保障上訴委員會(香港灣仔軒尼詩道 130 號修頓中心 24 字樓,電話號碼

28351946)提出上訴。

凡離開本港/廣東(適用於廣東計劃)/福建(適用於福建計劃)日數超過規限,遭監禁 或合法羈留,死亡,將會影響高齡津貼/長者生活津貼/傷殘津貼/廣東計劃/福建計劃受惠人 應得的津貼金額。如有任何上述情況,你也必須從速通知本社會保障辦事處,以便及時調整你應 得的津貼金額。本署在有需要時,亦會覆查你的個案。離開本港/廣東(適用於廣東計劃)/福 建(適用於福建計劃)日數以每個付款年度計算(即符合資格領取津貼的日期起計的每 12 個月)。 你現時的付款年度為\_\_\_\_\_\_月\_\_\_\_日至\_\_\_\_年\_\_\_\_月\_\_\_\_日,請因應付款年度作出適當 的安排,以免因超過規限而影響應得的津貼金額。

### 75 歲或以上高額長者生活津貼受惠人或其受委人請注意:

你可獲得公立診所或醫院(包括急症室)豁免醫療費用。當登記求診或辦理入院手續時請:

(1) 向診所或醫院職員表示你是高額長者生活津貼受惠人;及

(2) 出示你申請高額長者生活津貼時使用的身份證明文件,即你的 XXXX。

如你日後取消申請或不再符合資格領取高額長者生活津貼,有關豁免醫療費用資格亦同時取消。

#### <u>提示</u>

申請人或其監護人/受委人所提供的資料必須真確及完整。申請人或其監護人/受委人須注意, 任何人士以欺詐手段獲得財物/金錢利益/任何利益,或為使自己或另一人獲益,或意圖使另一 人遭受損失,而不誠實地以欺騙手段促致在銀行的紀錄內記入記項,均屬違法行為。申請人或其 監護人/受委人如明知或故意作虛假陳述或隱瞞任何資料以騙取津貼金,或已申報的資料如有 所改變並可能導致津貼金額減少或申請人不符合資格領取公共福利金,而申請人或其監護人/ 受委人蓄意不向本署申報有關資料的變更,可能會引致被檢控。任何多領的津貼金均須退還本署。

慎防騙子,社會福利署或社會福利署的代理機構職員不會收受金錢或任何報酬。

社會福利署 XXX 主任 XXX

<u>附註</u>

(1) 此乃電腦列印文件無須授權簽署。

- (2) 本通知書取代本署之前就同一領款期間所發出的其他通知書。
- (3) 本通知書內 "已收款項"所列的數目,包括在該月已被扣減的還款額。

\_\_\_\_ 年\_\_\_月\_\_\_日

如果你有需要與個案職員會面,請先以電話預約。

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Annex

[Sample – 滿 75 歲高額長者生活津貼受惠人獲得豁免醫療費用通知書]

申請人: Name of applicant

個案編號: XXX-S-XXXXXX

電話: XXXXXXXXX

XXX 社會保障辦事處

地址

XXX 先生/女士:

### 滿 75 歲高額長者生活津貼受惠人獲得豁免醫療費用

根據個案紀錄,你現時為高額長者生活津貼受惠人及於\_\_\_\_\_\_
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- (1) 向診所或醫院職員表示你是高額長者生活津貼受惠人; 及
- (2) 出示你申請高額長者生活津貼時使用的身份證明文件,即你的 XXXXXXX。

如你日後取消申請或不再符合資格領取高額長者生活津貼,有關豁 免醫療費用資格亦同時取消。

如你就上述事宜有任何查詢,請與本辦事處職員 XXX 先生/女士 聯絡(電話號碼: XXXXXXXX)。

社會福利署 XXX<sub>主任</sub> XXXXXXX

### 年 月 日

<u>附註</u>:此乃電腦列印文件,無須授權簽署。

# Sample – Certificate for Waiver of Medical Charges

	1895 Dar Cinde			
	編號 Serial N	lo. BA 12345		
HOSE	ITAL AUTHORITY			
醫院管理局 CERTIFICATE FOR WAIVER OF MEDICAL CHARGES 醫療費用減発證明書				
To : Chief Executive, Hospital Authority /	Patient Gum Label 病人標籤			
Director of Health, Department of Health	Name of Patient 病人姓名 :			
<ul> <li>(致 : 醫院管理局行政總裁/衛生署署長)</li> <li>(Attn : HA Shroff / DH Shroff)</li> <li>(請交 : 醫管局收費處/衛生署收費處)</li> </ul>	HKID/HKBC/Travel Document No.*			
	身份證/出生證明書/旅行證件號碼*: Hospital/Clinic Ref. No. 醫院/診所號碼:			
This is to certify that the above named patient is having financial hardship and approval of waiver for the following medical charges is hereby given in accordance with the delegated authority under Hospital Authority Financial Delegation Manual 根據醫院管理局財政授權守則的授權,茲證明上述病人因經濟困難獲以下醫療費用減冤:				
Please mark <u>ONLY ONE</u> tick (✓) in each of the A, B and C	part 請在下列第一、二、三部份各劃上 <u>一個</u> (✔)號:			
Part A第一部分: Patient Type病人類別				
□ Eligible Person 符合資格人士 □ Non-eligible Person	非符合資格人士	Please note the		
□ The patient is a CSSA recipient under CSSA casefile reference no. 病人屬領取綜接人士, - 綜接檔案編號		validity period		
Part B 第二部分: Waiver Type減范類別				
One-off waiver 一次過減発:		of the certificate		
□ One-off waiver for in-patient service 住院費用獲一次過減免				
For a period of hospitalization from 住院期由 to 至 inclusive 首末两天包括在内				
□ One-off waiver for service at A&E/ SOPD/ FMSC/ GOPC (Non-episodic appointment)/ GOPC (Episodic appointment)/ Day hospital/ Community service/ Others* 在急症室/專科門診/家庭醫學專科診所/普通科門診(非常發行預約)/普通科門診(偶發性預約)				
/日間醫院/社康服務/其他服務* (please specify 請		We (R430(TD441)		
Valid date on 有效日期於:				
Period waiver 有限期減発:				
Valid Period 有效期限 (For period waiver only 只適用於有限/新续発):				
For a period from 由 to 至 inclusive 首末兩天包括在內				
□ Waiver valid for the above period for injection and dressing 在上述期間接受注射及敷藥可獲費用減発 □ Waiver valid for the above period for in antipated with dead limit to be the above period for the above period for in antipated with dead limit to be the above period for the above period.				
□ Waiver valid for the above period for in-patient admitted and discharged on the same day 在上述期間於同日入院及出院可獲費用減 免				
For patient whose age is below 65 only 只適用於 65 歲以下的病人				
Waiver valid for the above period for all A&E, SOPD, FMSC, GOPC (Non-episodic appointments), day hospitals , community				
services, injection and dressing 在上述期間於所有急症室、專科門診、家庭醫學專科診所 、普通科門診(非偶發性預約)、日間 醫院、社康服務、接受注射及數藥可獲費用減発				
For elderly patient whose age is at 65 or above only 只適用於 65 歲或以上的年長病人				
Waiver valid for the above period for all A&E, SOPD, FMSC, GOPC (including both episodic appointments and non-episodic				
<b>appointments)</b> , day hospitals and community services, injection and dressing 在上述期間於所有參症室、專科門診、家庭醫學專科 診所 、普通科門診(包括非偶發性及偶發性預約)、日問醫院、社康服務、接受注射及敷棄可獲費用減発				
Part C第三部分: Percentage / Amount to be paid 須支付百分	>			
□ Percentage to be paid 须支付百分比 (for EP only 只適用)				
□ Amount to be paid 須付款額 (for NEP only 只適用於非容				
Signature 簽署 :	Name of Unit 單位名稱 :			
Name 姓名 :	Tel. no. 電話號碼 :			
Rank 戰級 :	Date 日朔 :			
Remarks: No alteration to the printed out content of the waiver types. 註: 減発類別之列印內容不得改動				
*Delete whichever is imappropriate(* 語將不適用者顧去) ORIGINAL - to patient (王本 - 纳人協力)				
YELLOW DUPLICATE - to HA / DH Shareff (黃色副茶 - 雙管局/ 能主筆收費講進所) BLUE DUPLICATE - to be retained as book copy (医色肌木 - 響家洗(論) Note :	部門印鑑			
SOPD : Specialist Out-patient Department A&E : Accident and Emergency Department				
FMSC : Family Medicine Specialos Clinic GOPC : General Outpatient Clinic EP : Elsgible person				
NEP : Non-eligible perior				
HA(G)12 (Rev. 10/2008)				

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醫療費用減免證明書				
(for charges not exceeding	\$16,000 per case 適用於一萬7	、千元或以下之個案)		
<ul> <li>To: Chief Executive, Hospital Authority / Director of Health, Department of Health</li> <li>(致: 醫院管理局行政總裁 / 衛生署署長) (Attn: HA Shroff / DH Shroff) (請交:醫管局收費處 / 衛生署收費處)</li> </ul>	Patient Gum Labe Name of Patient 病人姓名: HKID/HKBC/Travel Document No. 身份證/出生證明書/旅行證件號碼 *: Hospital/Clinic Ref. No. 醫院/創	*		
This is to certify that the above named patient is having financial hardship and approval of waiver for the following medical charges is hereby given in accordance with the delegated authority under Hospital Authority Financial Delegation Manual 根據醫院管理局財政授權守則的授權,茲證明上述病人因經濟困難獲以下醫療費用減免:				
Waiver valid for a period for all A&E, SOPD, FMSC, GOPC (including both episodic appointments and non-episodic appointments), day hospitals, community services, injection and dressing, inpatient services 在下列期間於所有急症室、專科門診、家庭醫學專科診所 、普通科門診(包括非偶發性及偶發性預約)、日間醫院、社康服務、 接受注射及數藥、住院費用可獲減免 For a period from 由 to 至 inclusive 首末兩天包括在內 Percentage to be paid 須支付百分比 (for EP only 只適用於符合資格人士) :%				
		Please note the validity period		
Signature 簽署:	Name of Unit 科組 :	of the certificate		
Name 姓名:	Tel. no. 電話 :			
Rank 職級 :	Date 日期 :			
*Delete whichever is inappropriate (*請將不適用者图去) Note: SOPD : Specialist Out-patient Department A&E : Accident and Emergency Department FMSC : Family Medicine Specialist Clinic GOPC : General Out-patient Clinic EP : Eligible Person NEP : Non-eligible Person	<u>Department</u> 部門印			

Annex V

