Appendix **B**

Authority for Payment to a Bank for Primary Care Doctor Colorectal Cancer Screening Programme

Enrolment reference number*: _

* This number is automatically retrieved for online enrolment. For paper enrolment, please leave this field blank.

Note: Use separate forms if you have different bank accounts for different Health Care Institutions

1. Health Care Institution's Name and Address:
Name:
Address:
2. Health Care Institution's Name and Address:
Name:
Address:
3. Health Care Institution's Name and Address:
Name:
Address:
Part 1: Bank Details (Note A)
Bank:
Branch:
Bank Account Number (Notes B & C)
Bank Code Branch Code Account No.
Bank Account Name in English:

Part 2: Declaration

I/ We hereby agree that –

- 1. The Bank's acknowledgement to the Government of the Hong Kong Special Administrative Region (the "Government") of receipt of any sum paid by the Government into the account specified in Part 1 above (the "Account") shall be a sufficient discharge in lieu of any acknowledgement by me/us of such payment by the Government.
- 2. Nothing in this form shall give rise to any obligation on the Government to make any payment into the Account or to settle any sum that may be payable by the Government to me/any of us by payment into the Account.
- 3. Where, for any reason, insufficient details are furnished to the Bank to determine the account to be credited and any sum is held in suspense pending receipt of further information, the Government will not be responsible for any loss or inconvenience suffered by me/us as a result of the Account not being credited at the time when a payment is made, or attempted to be made, by the Government into the Account.
- 4. I/Each of us undertake(s) to refund to the Government any over-payment received from the Colorectal Cancer Screening Programme ("the Programme").

By the Applicant	<u>By the Health Care Provider (HCP)</u>
	Official Stamp
	Authorised signature
	(for and on behalf of the HCP)
Signature:	
	Name in block letters
Name in block letters:	(Authorised signatory):
HKIC no.:	Position of signatory:
Telephone no.:	Telephone no.:
Date:	Date:

NOTES:

- (a) This form must be accompanied by a copy of bank correspondence (e.g. bank statement) showing the full name and number of the bank account. If the bank correspondence relates to an Applicant, the copy must be certified to be a true and complete copy by the Applicant. If the bank correspondence relates to a Health Care Provider, the copy must be certified to be a true and complete copy by the authorised signatory of the Health Care Provider appearing in Part 2 Declaration.
- (b) In completing Part 1, do not use one space for more than one letter or one digit. Where a complete word cannot be entered at the end of a row because of insufficient space, the whole word should be entered in the next row.
- (c) If you do not know the bank code of your bank account, please contact your banker.

Part 3: Personal Information Collection Statement

Statement of Purpose

Purposes of Collection

- (1) Any information, including the personal data provided to the Government in connection with any application for enrolment in the Programme will be used by the Government for one or more of the following purposes:
 - (a) Processing the application for enrolment in the Programme including but not limited to a verification procedure with data kept by the Medical Council of Hong Kong;
 - (b) 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, and investigation of incidents and complaints;
 - (c) Statistical, programme monitoring, evaluation and research purposes; and
 - (d) Any other legitimate purposes as may be required, authorised or permitted by law.
- (2) The provision of any information, including the personal data is voluntary. However, if you do not provide sufficient information, we may not be able to process your application.

Classes of Transferees

(3) The personal data you provide are mainly for use within the Government but they may also be disclosed by the Government to other persons, organisations, professional regulatory boards and councils, and third parties for any of the purposes stated in paragraph (1) above, if required.

Access to Personal Data

(4) 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. A fee may be imposed for complying with a data access request.

Enquiries

Enquiries concerning the personal data provided, including the making of access and correction, should be addressed to the following officer of the Department of Health:

Executive Officer Programme Office, CRC Screening Programme, Department of Health 19/F, Kwun Tong View, 410 Kwun Tong Road, Kwun Tong, Kowloon Tel no.: 3565 5665