

**General Outpatient Clinic Public-Private Partnership Programme – Notice on Terms & Conditions Amendment**  
**普通科門診公私營協作計劃 – 條款及細則修改通知**

GOPC PPP Terms & Conditions will be amended as follows with effect from 16 August 2021. Revised contents are underlined and removed contents are marked with strikethrough lines.

門診協作計劃條款及細則將作出下列修訂並於 2021 年 8 月 16 日起生效。經修訂內容將以底線識別，而已刪除的內容則以刪除線表示。

<p>Clause 第 1 條</p>	<p>(a) <del>General outpatient</del> <u>Outpatient</u> services are provided by the Hospital Authority (“HA”) and the HA Clusters through <u>specialist outpatient clinics (“SOPC”) and general outpatient clinics (“GOPC”).</u></p> <p>(b) HA has developed and wishes to continue to develop a framework and terms and conditions (“T&amp;Cs”) for a public private partnership (“the Project”) with private doctors in designated districts (each a “Relevant District”) participating in the Project (“Private Doctors”) in accordance with paragraph 13(b), for the provision of outpatient services to participating HA Patients (“Project Patients”) suffering from designated chronic diseases (“Relevant Illnesses”) in Hong Kong. <del>Relevant Districts are set out in the schedule issued by HA from time to time and notified to Project Patients and private doctors participating in the Project (“Private Doctors”) in accordance with paragraph 13(b). A specific group of target patients fulfilling the defined clinical and project criteria will be invited to join the Project.</del></p>	<p>(a) 普通科門診服務乃醫院管理局（「醫管局」）及醫管局聯網經轄下的<u>專科門診診所（「專科門診」）</u>及普通科門診診所（「<u>普通科門診</u>」）提供。</p> <p>(b) 醫管局已經根據第 13(b)段與根據第 13(b)段參與本公私營醫療協作計劃（「本計劃」）指定地區（每一個為「<u>相關地區</u>」）的私家醫生（「<u>私家醫生</u>」）制定並希望繼續制定公私營醫療協作（「本計劃」）本計劃的框架及條款及細則（「本條款」），以在香港向患有指定慢性疾病（「<u>相關疾病</u>」）而又參與本計劃的醫管局病人（「<u>計劃病人</u>」）提供門診服務。符合臨床界定準則及計劃準則的特定目標病人群組將獲邀請參與本計劃。相關地區載於醫管局不時發出的及根據第 13(b)段通知計劃病人及參與本計劃的私家醫生（「<u>私家醫生</u>」）的附表內。</p>
<p>Clause 第 2.3 條</p>	<p>Each Project Patient shall be enrolled with only one Private Doctor and may make a maximum of 10 visits per annum (for both chronic follow-up of the Relevant Illnesses and/or episodic illnesses (acute or chronic), in line with the usual HA <del>GOPC</del> practice) subject to chronic illness being attended to by the Private Doctor at least once every 12 weeks if so required by the Project Patient’s clinical condition. In addition, additional visit(s) valid for fixed period(s), may be made available to the Project Patients under the Project during surges of service demand, including, but not limited to, winter and/or influenza surges, as the case may be. Details of the additional visit(s) are determined by HA from time to time at its sole discretion and notified to the Project Patients and the Private Doctors in accordance with paragraph 13(b). Each of the 10 visits per annum and additional visit(s) (if any) as mentioned above (“Subsidised Visit”) shall be subsidised by HA so that the cost to the Project Patient of each Subsidised Visit shall be the same as for a visit to GOPC services provided by HA.</p>	<p>每位計劃病人只可登記為一位私家醫生的病人，每年最多可求診 10 次（按醫管局門診的慣常做法，為相關疾病的病人提供的長期治療及 / 或偶發病症（急性或慢性）的診治服務），而倘計劃病人有臨床需要，其慢性疾病需最少每 12 星期接受私家醫生的治療一次。此外，醫管局可於服務需求激增期間，包括但不限於冬季及 / 或流感高峰期，視情況而定，為本計劃的計劃病人在固定期間提供額外診治。醫管局可不時按其絕對酌情權提供額外診治的詳情及根據第 13(b)段通知計劃病人和私家醫生。上述每年 10 次診治及額外診治（如有）（「<u>獲資助的診治</u>」）由醫管局資助，以使計劃病人每次支付獲資助的診治之費用與醫管局所提供的<u>普通科門診服務</u>的診治相同。</p>
<p>Clause 第 2.5 條</p>	<p>HA may also in its absolute discretion amend the eligibility criteria of <u>Project Patients and/or extend the participation in the Project to other HA patients from time to time.</u></p>	<p>醫管局亦可不時按其絕對酌情權修訂計劃病人的參加資格，及 / 或將本計劃的參與伸延至醫管局其他病人。</p>
<p>Clause 第 3.1 條</p>	<p>(a) <del>practising at clinics within a Relevant District, and such clinics which must operate for at least 5 days per week and 3 hours per day (including sessions by their relieving doctors providing services in their place with the fulfillment of relevant criteria set out below);</del></p>	<p>(a) <u>於相關地區內的診所執業，而該等的診所必須提供最少每週 5 天及每天 3 小時的應診時間（包括其符合下述相關條件的代診醫生應診的時間）；</u></p>
<p>Clause 第 3.4 條</p>	<p>Each Private Doctor may stipulate the maximum number of <del>patients</del> <u>Project Patients</u> that he/she is prepared to enroll under this Project.</p>	<p>私家醫生可指定接受本計劃下診治的計劃病人人數的上限。</p>
<p>Clause 第 3.5 條</p>	<p>Each Private Doctor <del>shall</del> <u>must</u> have arrangements in place during their absence for relieving doctors who are also Authorized Users and who have completed the Training to provide services in their place in accordance with these T&amp;Cs. Nevertheless, <del>private doctors</del> <u>Private Doctors</u> should avoid scheduling follow-ups for their enrolled Project Patients during any planned absence.</p>	<p>私家醫生<u>必須</u>於其缺席時制定安排，由亦為獲授權使用者並已完成培訓的代診醫生代其應診，並根據本條款提供服務。然而，私家醫生應避免安排計劃病人於其缺席期間進行覆診。</p>
<p>Clause 第 3.12 條</p>	<p><u>Private Doctors should make reference to the Corruption Prevention Guide for Service Providers issued by the Independent Commission Against Corruption posted on HA’s website relating to the Project on <a href="http://www.ha.org.hk/ppp/gopcphp">www.ha.org.hk/ppp/gopcphp</a> and adopt the recommended practices set out therein where applicable.</u></p>	<p>私家醫生應參照張貼於本計劃有關的醫管局網頁 <a href="http://www.ha.org.hk/ppp/gopcphp">www.ha.org.hk/ppp/gopcphp</a> 且由廉政公署所發出的《服務提供者防貪指南》，並採納當中提出的建議（如適用）。</p>

<p>Clause 第 4 條</p>	<p>(a) <del>After compiling the HA list,</del> HA may issue invitations to <del>participate in the Project to</del> <u>GOPC HA patients</u> who fulfill the following criteria <u>to participate in the Project</u>:</p> <p>(i) they are “eligible persons” within the meaning of the latest Gazette on fees and charges published by HA under Section 18(1) and Section 18(2) of the Hospital Authority Ordinance (“<b>Eligible Persons</b>”). The current definition of <del>eligible persons</del> <u>Eligible Persons</u> is set out in <b>Appendix 1</b>;</p> <p>(ii) they are currently under the care (“<b>Care</b>”) of <del>GOPCs in a Relevant District</del> <u>and/or SOPCs</u>. For clarification, “Care” means management of their Relevant Illnesses with regular follow up initiated by these <del>GOPCs</del> <u>and/or SOPCs</u>; and</p> <p>(iii) they have attended <u>GOPC consultation in HA outpatient clinics</u> for treatment of the Relevant Illnesses for a period of 12 months before starting private service under the Project.</p> <p>(b) To facilitate shared care between the private and the public sectors, the Project Patients agree to participate in the eHRSS and give the relevant sharing consents to healthcare providers involved in the Project, and also consent to their data under the Project and the Private Arrangements (as defined in paragraph 6.3(a) below) being sent to HA under the Module and to eHRSS in accordance with paragraph 8 (a).</p> <p>(c) As part of the invitation, a Project Patient will be requested to nominate his/her choice of Private Doctors from the <u>HA list of Private Doctors participating in the Project</u> in order of preference. This is on the understanding that if the Project Patient’s highest preference Private Doctor is not available or declines the Project Patient, HA may go down the list for enrollment purposes. Each Project Patient must agree to HA’s sharing of his/her personal data with such Private Doctors to facilitate his/her participation in the Project. On successful enrollment with a Private Doctor, HA shall notify the Project Patient in writing that he/she has been accepted into the Project as a Project Patient. If the Project Patient does not undertake the first Subsidised Visit <del>on</del> <u>in respect of</u> his/her Relevant Illnesses within 6 months since the date of enrollment, he/she shall automatically be deemed to have withdrawn from the Project.</p> <p>(d) If any Project Patient terminates his/her participation in the Project, HA may at its discretion accept a new patient into the Project as a replacement Project Patient.</p> <p>(e) For the avoidance of doubt, paragraph 4(c) above applies to the Project Patient’s initial choice and subsequent changes of Private Doctor during the period of participation in the Project. No guarantee of access to a specific Private Doctor is given, but assistance may be sought from the <u>Help Desk Cluster PPP Office</u>. Each Project Patient can only be enrolled with one Private Doctor at any one time.</p> <p>(f) If the Project Patients enroll in the Project and join eHRSS at the same time, the Project Patients agree that HA may make available to HKG their relevant personal data solely for facilitating eHRSS registration.</p> <p><u>(g) If any Project Patient ceases to be an Eligible Person at any time after his/ her enrolment in the Project, such Project Patient shall notify HA and he/she shall not be entitled to any Subsidised Visit or receive any services under the Project during the period when he/ she is not an Eligible Person.</u></p>	<p>(a) <del>於編製醫生名單後，</del>醫管局可邀請門診符合以下條件的醫管局病人參與本計劃，<del>惟該等病人須符合以下條件：</del></p> <p>(i) 符合醫管局根據《醫院管理局條例》第 18(1)條及第 18(2)條下，於最新一期刊登醫院服務收費的憲報中所指的「符合資格人士」(「<u>符合資格人士</u>」)。現時「符合資格人士」的定義載於<u>附錄一</u>；</p> <p>(ii) 現正於<u>相關地區的門診普通科門診及 / 或專科門診</u>接受診療(「<u>診療</u>」)。謹此澄清，「<u>診療</u>」指由該等<u>普通科門診及 / 或專科門診</u>作出定期治理相關疾病和相關的覆診；及</p> <p>(iii) 依本計劃往私家醫生求診前，已在<u>醫管局門診診所</u>接受相關疾病的治療達 12 個月。</p> <p>(b) 為促進公私營醫療界別之間共同護理，計劃病人同意參與電子健康紀錄互通系統及向參與本計劃的醫護提供者給予有關的互通同意，並且同意其在本計劃及私下安排(定義見以下第 6.3(a)段)下的資料根據模組傳送給醫管局和按第 8(a)段傳送至電子健康紀錄互通系統。</p> <p>(c) 因應本計劃的邀請條款，計劃病人須從參與本計劃的私家醫生名單內以先後次序選擇私家醫生。如該計劃病人所選擇的私家醫生不能或婉拒為他登記，則醫管局可根據病人選擇的先後次序向其他私家醫生進行登記。計劃病人須同意醫管局提供其個人資料給病人選擇的私家醫生，作為參與計劃之用途。計劃病人如成功登記為本計劃下私家醫生的病人，醫管局將以書面通知接納該計劃病人成為計劃病人。倘計劃病人自登記之日起六個月內<u>本沒有</u>就其相關疾病接受獲資助的診治，將視為自動退出本計劃。</p> <p>(d) 倘任何參與本計劃的病人終止參與本計劃，醫管局可酌情接受其他新病人參與本計劃，代替計劃病人。</p> <p>(e) 為免生疑問，上述第 4(c)段適用於計劃病人在參與本計劃期間內，首次作出的私家醫生選擇和及後作出的更改。有關方面並不保證能為計劃病人所選的私家醫生進行登記，有需要時可向<u>服務處聯網公私營醫療協作辦事處</u>要求提供協助。每位計劃病人於任何同一時間內只可登記成為一位私家醫生的病人。</p> <p>(f) 倘任何計劃病人同時參與本計劃和加入電子健康紀錄互通系統，計劃病人同意醫管局可向香港政府提供其有關個人資料僅作電子健康紀錄互通系統登記之用。</p> <p><u>(g) 如計劃病人在參與本計劃後的任何時間不再為「符合資格人士」，則該計劃病人須通知醫管局，並於其為非「符合資格人士」期間，不再有權在本計劃下接受任何獲資助的診治或服務。</u></p>
<p>Clause 第 5 條</p>	<p>(b) Except as waived or exempted under paragraph 5, the Project Patient has to pay the same amount as if he/she were paying the GOPC fee as currently set out in the Gazette (“<b>Co-Payment</b>”). The balance will be paid by HA by way of subsidy towards the Service Fee (“<b>Subsidy</b>”).</p>	<p>(b) 除第五段所列明豁免或免除者外，計劃病人須支付等同醫管局按憲報現時所列支付<u>普通科門診</u>的費用(「<u>自付額</u>」)。服務費的結餘將會由醫管局資助(「<u>服務費資助金額</u>」)。</p>

	<p>(c) Other than the waiver of Co-Payment or part thereof for specified Project Patients set out in paragraph 5(f)(g) below (“<b>Waiver Arrangement</b>”), Project Patients are not entitled to claim or use any social welfare benefits administered by or on behalf of the HKG and the HKG’s Elderly Healthcare Voucher Scheme (collectively “<b>Social Welfare Benefits</b>”) towards the Co-Payment. However, they are entitled to claim or use Social Welfare Benefits towards payment of fees charged by Private Doctors for service(s) outside the scope of the Project.</p> <p>(d) The Private Doctor shall be solely responsible for collecting the Co-Payment payable by the Project Patient and any fees charged for service(s) outside the scope of the Project. HA shall not be liable to the Private Doctor for any non-payment or part thereof, for any reason whatsoever.</p> <p><u>(e) The Private Doctor shall be responsible for verifying via the Module if a Project Patient is an Eligible Person immediately before attending to the Project Patient. If the Project Patient is not an Eligible Person on the day of attendance, any services which may be provided by the Private Doctor to such Project Patient shall be considered as the private arrangement between the Private Doctor and the Project Patient and at the Project Patient’s own cost. Without prejudice to the generality of the foregoing paragraph (d), the Private Doctor shall be solely responsible for collection from such Project Patient of all fees and charges for provision of the relevant services and HA shall not be liable to the Private Doctor for payment of any Subsidy unless it can be demonstrated to HA’s satisfaction that the Module has failed to show that such Project Patient has ceased to be an Eligible Person despite the Private Doctor having taken all practicable steps to verify the status of the Project Patient in accordance with this paragraph.</u></p> <p>(f) The Private Doctors shall follow the procedures that HA may specify from time to time in order to claim the Subsidy.</p> <p>(g) A Project Patient who is eligible for a waiver under the criteria set out in HA’s website relating to the Project on <a href="http://www.ha.org.hk/ppp/gopcphp">www.ha.org.hk/ppp/gopcphp</a> (as amended from time to time at HA’s sole discretion) may be entitled to partial or full waiver of the Co-Payment when he/she attends the Private Doctor under the Project. Civil servants, pensioners, HA staff or their eligible dependants are entitled to free medical benefits when seeking consultation in <u>GOPC HA outpatient clinics</u> and they will also be exempt from the Co-Payment for each consultation they obtain from the Private Doctors under the scope of the Project. In such situations, HA will also pay the Private Doctor the amount that has been waived.</p> <p>(h) In the event of any inconsistency between HA’s records and any paper certificate produced by the Project Patient as to the amount of waiver that he/she may be entitled to at the time of consultation, the waiver status in HA’s records shall prevail. If appropriate, the Private Doctor may refer the Project Patient to the <u>Help Desk Cluster PPP Office</u> to assist in clarifying and, subsequently, handling of any discrepancy, such as overpayment or underpayment by the Project Patient to the Private Doctor.</p>	<p>(c) 除下述第 5(f)(g) 段所列某些計劃病人可獲全部或部份自付額的豁免（「豁免安排」）外，計劃病人不得就自付額申請或使用任何香港政府或替香港政府提供的社會福利，或香港政府的長者醫療券計劃（統稱「社會福利」）。然而，該等病人可申請或使用社會福利，用作支付私家醫生就本計劃範圍外服務的收費。</p> <p>(d) 私家醫生須自行負責直接向計劃病人收取該病人應付的自付額及任何的收費。醫管局毋須（就任何原因）向私家醫生負上任何（全部或部份）欠費的責任。</p> <p><u>(e) 在即將為計劃病人提供診治前，私家醫生須透過模組核實計劃病人是否為「符合資格人士」。如計劃病人在應診當天不再為「符合資格人士」，則私家醫生向該計劃病人提供的任何服務均會被視為該私家醫生與該病人之間的私下安排，並由該計劃病人自費。在不影響上述(d)段的一般適用性的同時，私家醫生須自行負責直接向計劃病人收取該等服務的所有收費。除非私家醫生能證明並獲醫管局信納，模組未能顯示該計劃病人不再為「符合資格人士」，而私家醫生已按照本段所列採取一切可行步驟以核實該計劃病人的資格，否則醫管局毋須向私家醫生負上任何欠費責任。</u></p> <p>(f) 私家醫生須遵守醫管局不時指定的程序領回服務費資助金額。</p> <p>(g) 根據醫管局有關本計劃的網頁 <a href="http://www.ha.org.hk/ppp/gopcphp">www.ha.org.hk/ppp/gopcphp</a> 所列準則（醫管局可不時按其絕對酌情權作出修訂）而合資格獲得豁免的計劃病人，向本計劃的私家醫生求診時，可獲得豁免部分或全部自付額。公務員、退休公務員、醫管局員工或其合資格家屬，到醫管局門診所求診時可享免費醫療福利，而每次向私家醫生求診時，若屬本計劃範圍內，亦獲豁免自付額。在該等情況下，醫管局將付私家醫生該等獲豁免的自付額。</p> <p>(h) 倘於診症時，醫管局的記錄與計劃病人出示的任何書面證明所示的豁免金額出現任何不一致情況下，將以醫管局的記錄所示的豁免金額為準。私家醫生在合適情況下可轉介計劃病人至服務處聯網公私營醫療協作辦事處，協助澄清並於其後處理任何不一致的情況，例如計劃病人多付或少給私家醫生的款項。</p>
<p>Clause 第 6.1 條</p>	<p>(b) The existing provision of <u>GOPC HA outpatient clinics</u> services, so far as they relate to the management of Relevant Illnesses with a view to achieving the aims of management and eventually developing best practices, shall be undertaken by both the Private Doctors and HA doctors through substantially uniform practices. Subject to paragraphs 6.1(c) and 7(d), the Private Doctors shall be responsible for procuring at their own cost medications for prescribing to Project Patients. To achieve these:</p>	<p>(b) 私家醫生與醫管局醫生透過大致相同的治療方案，共同發展醫管局門診服務治療相關疾病的方案，冀望成為最佳的治療方案。除受限於第 6.1(c) 和 7(d) 段，私家醫生須自費採購處方計劃病人的藥物。為達致以上目的：</p>

<p>Clause 第 6.2 條</p>	<p>(a) Private Doctors may refer the Project Patients to designated HA hospitals or clinics <del>in the Relevant Districts</del> for laboratory tests and x-rays, <del>as if they were the GOPC</del>, for investigation of their Relevant Illnesses. The Private Doctors shall not charge for such referrals, but the Project Patients are required to pay the appropriate HA charges for such laboratory tests or x-rays, if any, according to the Gazette. HA hospitals <del>in the Relevant Districts</del> shall undertake such laboratory tests and x-rays as if the Project Patients were referred to it by <del>the GOPC</del> <u>HA outpatient clinics</u>. A list of the laboratory tests and x-rays available under the Project is set out in the laboratory test and x-rays schedule issued by HA from time to time and notified to Private Doctors in accordance with paragraph 13(b).</p>	<p>(a) 私家醫生可如門診一樣，轉介計劃病人至位於相關地區的指定醫管局醫院或診所，為其相關疾病進行化驗及 X 光檢查。私家醫生不得收取該等轉介的費用，但計劃病人須根據醫管局於憲報所列的收費，就該等化驗及 X 光檢查支付適當的費用（如有）。位於相關地區的指定醫管局醫院會將視該等計劃病人由醫管局門診所轉介般，進行該等化驗及 X 光檢查。本計劃內提供的化驗及 X 光檢查的清單列於醫管局不時發出的及根據第 13(b)段通知私家醫生的化驗及 X 光檢查附表。</p>
<p>Clause 第 6.3 條</p>	<p>(a) In line with free choice in the private sector, the Project Patient may always agree to the Private Doctor referring him/her to the Private Doctor's sources for x-rays/laboratory tests, being prescribed and dispensed medications (outside of the scope of the Project) and/or undertaking any procedures or receiving any therapies (outside of the scope of the Project) at the Project Patient's own cost. The Private Doctor may also undertake medical consultation for the Project Patient outside of the maximum number of Subsidised Visits <u>or in situation as stipulated in paragraph 5(e) above</u>, as part of any private arrangement between them and at the Project Patient's own cost. These arrangements shall be referred to as "<b>Private Arrangements</b>". If the Project Patient does not agree with any such proposed Private Arrangements which have to be undertaken at his/her cost, he/she can always contact the <del>GOPC</del> <u>or the Help Desk Cluster PPP Office</u> and the Private Doctor shall make the availability of such <del>options</del> <u>option</u> clear to the Project Patient before commencing any Private Arrangement.</p> <p>(b) The Project Patient can <del>attend GOPC/</del> <u>seek medical attention in</u> HA for emergency services or illness not covered by the Project or when necessary, whether or not he/she has used up the Subsidised Visits.</p>	<p>(a) 為配合私營市場自由的抉擇，計劃病人可同意由私家醫生轉介去私家醫生所提供的地方自費進行 X 光檢查 / 化驗、處方及配發本計劃範圍外的藥物及 / 或接受本計劃範圍外的任何治療或療法。作為私下的安排，私家醫生亦可提供本計劃獲資助的診治次數上限以外或上述第 5(e)段所指的情況，由計劃病人自費的診治。以上各種的安排統稱「<b>私下安排</b>」。倘計劃病人不同意任何自費的私下安排，可向門診或<u>服務處聯網公私營醫療協作辦事處</u>查詢，而私家醫生亦應事先向病人說明，他們可往上述地點就私下安排作出查詢。</p> <p>(b) 計劃病人不論是否已用盡本計劃的獲資助的診治，均可就緊急醫療服務或本計劃範圍以外的醫療服務到門診/醫管局<u>就求診</u>。</p>
<p>Clause 第 6.4 條</p>	<p><del>Help Desk Cluster PPP Office</del> HA will administer and oversee the Project and will establish a <del>Help Desk Cluster PPP Office</del> in each <del>Relevant District and/or</del> HA Cluster for such purposes. The <del>Help Desk Cluster PPP Office</del> will assist both the Private Doctors and the Project Patients in the implementation of the Project, such as:</p> <p>(a) providing information to Project Patients to assist them in choosing or changing their Private Doctors; and</p> <p>(b) assisting in referrals of Project Patients back to <del>GOPC/HA</del>, in line with the usual HA practice.</p>	<p><u>服務處聯網公私營醫療協作辦事處</u> 醫管局將推行本計劃及作出監督，並為該等目的於各相關地區及 / 或醫管局聯網設立<u>服務處聯網公私營醫療協作辦事處</u>。而<u>服務處聯網公私營醫療協作辦事處</u>亦會在推行本計劃時向計劃病人及私家醫生提供協助，例如：</p> <p>(a) 提供資料，協助計劃病人選擇或變換私家醫生；及</p> <p>(b) 一如醫管局慣常做法，協助轉介計劃病人回門診/醫管局就診。</p>
<p>Clause 第 8 條</p>	<p>(a) HA will provide salient features of Project Patients' medical histories and medication/drug allergies to facilitate the sharing of data between HA and the Private Doctors for their continuation of care either in the HA or the private sector or other related purposes ("Purposes"). Each Private Doctor will promptly send to HA via the Module all data requested by the HA from time to time (including required data fields built into the Module) in respect of the relevant Project Patient <del>after each Subsidised Visit and Private Arrangement</del>, to enable HA to have access thereto and incorporate the same into HA's records. HA will also place a copy of all sharable data (as defined in the Electronic Health Record Sharing System Ordinance) obtained from the Private Doctor onto the eHRSS.</p>	<p>(a) 醫管局將提供計劃病人的病歷和藥物 / 藥品敏感的主要資料，以促進醫管局與私家醫生之間的資料互通，以作醫管局或私營市場繼續治療或其他有關目的（「該等目的」）。每一私家醫生將會在進行每次獲資助的診治及私下安排後，將醫管局不時要求的有關計劃病人的所有資料（包括模組設定的所需資料欄位）透過模組迅速傳送給醫管局，使醫管局得以查閱該等資料並將其併入醫管局的記錄。醫管局亦會將其從私家醫生取得的所有可互通資料（定義見《電子健康紀錄互通系統條例》）的副本放於電子健康紀錄互通系統。</p>
<p>Clause 第 11.1 條</p>	<p>A Private Doctor may terminate participation in the Project at any time by giving not less than 90 days' written notice to both HA through the relevant <del>Help Desk Cluster PPP Office</del> and to the affected Project Patients under his/her care. In such event, the Private Doctor shall:</p> <p>(a) assist the <del>Help Desk Cluster PPP Office</del> to notify the affected Project Patients;</p>	<p>私家醫生可於任何時候，可透過相關<u>服務處聯網公私營醫療協作辦事處</u>向醫管局及接受其診治的受影響計劃病人發出不少於 90 天的事先書面通知，以終止參與本計劃。於此情況下，私家醫生須：</p> <p>(a) 協助<u>服務處聯網公私營醫療協作辦事處</u>通知受影響的計劃病人；</p>

	<p>(b) upon request of the <u>Help-Desk Cluster PPP Office</u>, continue to provide medical consultations for the Subsidised Visits for any Project Patient until he/she has been enrolled with another Private Doctor; and</p> <p>(c) upon request of the <u>Help-Desk Cluster PPP Office</u>, make available to HA all medical records of the affected Project Patients in his/her possession or control.</p> <p>A Private Doctor may, without terminating his/her participation in the Project, terminate the doctor-patient relationship with any specific Project Patient by giving not less than 30 days' written notice to both HA through the relevant <u>Help-Desk Cluster PPP Office</u> and that specific Project Patient in which case, paragraphs 11.1(a), (b) and (c) above shall apply.</p>	<p>(b) 應服務處聯網公私營醫療協作辦事處要求，繼續就任何計劃病人提供獲資助的診治，直至其與另一名私家醫生進行登記為止；及</p> <p>(c) 應服務處聯網公私營醫療協作辦事處要求，向醫管局提供所有由其管有或保管受影響的計劃病人的病歷。</p> <p>私家醫生可於不終止參與本計劃的情況下，透過相關服務處聯網公私營醫療協作辦事處向醫管局及該名受影響計劃病人發出不少於30天的事先書面通知，終止與該病人的醫生病人關係，於此情況下，該私家醫生須遵守上述第11.1(a)、(b)及(c)段的條文。</p>
<p>Clause 第 11.2 條</p>	<p>HA may by written notice terminate forthwith the participation of a Private Doctor in the Project if he/she fails to comply with the participation requirements under paragraph 3.1 above or other requirements under these T&amp;Cs, in which case, HA shall through the <u>Help-Desk Cluster PPP Office</u> notify the affected Project Patients and the Private Doctor shall comply with paragraphs 11.1(a), (b) and (c) above.</p> <p>HA may terminate the participation of a Private Doctor in the Project by giving not less than 90 days' written notice to the Private Doctor.</p> <p><u>HA may by written notice terminate the participation of a Project Patient in the Project forthwith if he/she ceases to be an Eligible Person and the Private Doctor will be notified accordingly. On termination, the Project Patient may be referred back to HA.</u></p>	<p>醫管局可就私家醫生未能符合上述第3.1段的規定或本條款之下其他規定，向私家醫生發出書面通知即時終止其參與本計劃，於此情況下，醫管局將透過服務處聯網公私營醫療協作辦事處通知受影響的計劃病人，而該私家醫生須遵守上述第11.1(a)、(b)及(c)段的條文。</p> <p>醫管局可以事先發出不少於九十日的書面通知給私家醫生，終止其參與本計劃。</p> <p><u>如計劃病人不再為「符合資格人士」，醫管局可透過書面通知立即終止該計劃病人參與本計劃，並通知其私家醫生。該計劃病人被終止參與本計劃後，可被轉介返回醫管局就診。</u></p>
<p>Clause 第 11.3 條</p>	<p>Any Project Patient may terminate his/her participation in the Project at any time by giving not less than 30 days' prior written notice to both HA through the relevant <u>Help-Desk Cluster PPP Office</u> and his/her Private Doctor. On termination, the Project Patient may be referred back to the <del>GOPC HA</del>. In the event that the Project Patient wishes to terminate the doctor-patient relationship with his/her Private Doctor but not his/her participation in the Project, he/she may enroll with another Private Doctor in accordance with his/her order of preference or through the assistance of the <u>Help-Desk Cluster PPP Office</u>, and the Private Doctor shall comply with paragraphs 11.1(a), (b) and (c) above.</p>	<p>任何計劃病人可於任何時候，透過相關服務處聯網公私營醫療協作辦事處向醫管局及其私家醫生發出不少於30天的事先書面通知，終止參與本計劃。於終止參與後，該計劃病人可獲轉介回門診醫管局。倘該病人擬終止與其私家醫生的醫生病人關係而非終止參與本計劃，可根據其選擇醫生的先後次序或透過服務處聯網公私營醫療協作辦事處的協助，向另一位私家醫生進行登記，而該名與該病人終止醫生病人關係的私家醫生須遵守上述第11.1(a)、(b)及(c)段的條文。</p>
<p>Clause 第 13 條</p>	<p><del>(g) This version of the T&amp;Cs shall take effect from 29th November 2019. However if any Private Doctor who is a participant of the Public-Private Interface – Electronic Patient Record Sharing Project (“PPI ePR Project”) provides consultation to any Project Patient who has enrolled in the Project and the PPI ePR Project prior to 13th March 2016 and either of such Project Patient or Private Doctor has not enrolled in the eHRSS when such Project Patient attends such Private Doctor under the Project, then (without prejudice to the Private Doctor’s and the Project Patient’s obligation to enroll in the eHRSS) until both such Project Patient and such Private Doctor enroll in the eHRSS:</del></p> <p><del>(1) this version of the T&amp;Cs shall apply to all parties in respect of the handling of such Project Patient under the Project except Clause 8, which shall be replaced by the original Clause 8 of the T&amp;Cs existing immediately prior to 13th March 2016 (“T&amp;Cs Version Date: 23rd July 2015”); and</del></p> <p><del>(2) for the avoidance of doubt the terms and conditions for participation of the PPI ePR Project shall still apply both to such Project Patient and any such Private Doctor.</del></p> <p><del>Once both such Project Patient and such Private Doctor have enrolled in the eHRSS, then this version of the T&amp;Cs shall apply in full.</del></p>	<p><del>(g) 此版本的本條款於2019年11月29日起生效。然而，如果身為公私營醫療合作－醫療病歷互聯計劃（「病歷互聯計劃」）參與者的任何私家醫生，向在2016年3月13日之前已參加本計劃及病歷互聯計劃的任何計劃病人提供應診服務，而在該計劃病人根據本計劃向該私家醫生求診時，該計劃病人或該私家醫生其中一人並未參加電子健康紀錄互通系統，則（在不影響私家醫生和計劃病人有義務參加電子健康紀錄互通系統的同時）在該計劃病人和該私家醫生兩者均參加電子健康紀錄互通系統之前：</del></p> <p><del>(1) 此版本的本條款就處理本計劃之下該計劃病人而言適用於所有各方，但第8條除外，該條須以緊接於2016年3月13日之前（即2015年7月23日版本）原有的第8條取代；及</del></p> <p><del>(2) 為免生疑問，參與病歷互聯計劃的條款及細則仍適用於該計劃病人和該私家醫生。</del></p> <p><del>當該計劃病人和該私家醫生均已參加電子健康紀錄互通系統，此版本的本條款全面適用。</del></p>