

Haemodialysis Public Private Partnership (HD PPP) ("The Programme")
Patient Enrolment Form

Note: This Form is subject to and shall be interpreted under the Patient Consent and Terms and Conditions of the Programme ("T&Cs") (a copy of which is available at www.ha.org.hk/ppp/hdppp). In the event of conflict between this Form and the T&Cs, the T&Cs shall prevail.

The Hospital Authority prohibits its employees, agents and service providers who are involved in this programme from offering, soliciting or accepting any advantage as defined in the Prevention of Bribery Ordinance (Cap. 201) in connection with this programme. Hence, programme participants and their families should not offer any advantage to them.

(A) Patient's Information

Surname:	Given name:	Date of birth:
HKID No.:		Sex:
Contact phone no. : _____ (Home) _____ (Mobile)		

(B) To be completed by Patient

☐ I am an Eligible Person[#] for public charges of medical fees provided by HA hospitals / clinics.

[#] Definition of Eligible Persons:

- holders of Hong Kong Identity Card issued under the Registration of Persons Ordinance (Chapter 177), except those who obtained their Hong Kong Identity Card by virtue of a previous permission to land or remain in Hong Kong granted to them and such permission has expired or ceased to be valid;
- children who are Hong Kong residents and under 11 years of age; or
- other persons approved by the Chief Executive of the Hospital Authority.

I have received the T&Cs. I have read and understood the T&Cs, and have made the following decision:

☐ I apply to participate in the Programme. I agree to HA / the Community HD Centre whom I will attend (Community HD Centre) to use and make available my personal data to HA / Community HD Centre (as the case may be) and to appropriate government departments / agencies / authorities etc. for the purpose of my participation in the Programme and to verify my identity / status for eligibility to participate and for charging and related purposes.

☐ I am eligible to enjoy the same fee waiver arrangements as for the HA services. Please choose ONE of the options below:

- ☐ **Comprehensive Social Security Assistance.**
- ☐ **Certificate Holder for Full or Partial Waiver of Medical Charges.**
- ☐ **Civil Service Eligible Person.**
- ☐ **HA Eligible Person.**
- ☐ **Old Age Living Allowance Recipient aged 75 or above.**
- ☐ **Level 0 Voucher Holder of the Residential Care Service Voucher for the Elderly.**

☐ I do not wish to participate in the Programme.

(C) Choice of Community HD centres

Preference on community HD centres (**Please indicate in order of preference by 1-13 in the brackets of the community haemodialysis centre(s) you opt to receive haemodialysis treatment, with 1 as the first choice and 13 as the last choice. A **minimum of three choices** are required*):

[] Fresenius Kidney Care Dialysis Center (Wan Chai)	Address: 20/F, Sunshine Plaza, 353 Lockhart Road, Wan Chai, Hong Kong
[] St. Paul's Hospital Renal Dialysis Centre	Address: 4/F, Block B, St. Paul's Hospital, 2 Eastern Hospital Road, Causeway Bay, Hong Kong

[] Hong Kong Baptist Hospital East Kowloon Medical Centre Haemodialysis Centre	Address: 9-11/F, Hong Kong Baptist Hospital East Kowloon Medical Centre, 8 Yan Yip Street, Kwun Tong, Kowloon
[] Lock Tao Nursing Home	Address: 83 Princess Margaret Road, Homantin, Kowloon
[] St. Teresa's Hospital Haemodialysis Unit	Address: 4/F, Main Block, St. Teresa's Hospital, 327 Prince Edward Road, Kowloon
[] TWGHs Haemodialysis Centre	Address: Tung Wah Group of Hospitals Haemodialysis Centre, 5B-TW, 5/F, Kwong Wah Hospital, 25 Waterloo Road, Yau Ma Tei, Kowloon
[] Lions Kidney Education Centre and Research Foundation - Chan Wong Sau Wah Memorial Renal Dialysis Centre & Day Dialysis Centre	Address: Flat A & B on G/F and 1/F, Tai Hing Building, 132 Un Chau Street, Sham Shui Po, Kowloon
[] Yan Chai Hospital Lobo Law Foundation Renal Dialysis Centre	Address: Shop 131B, 131C & 131D, G/F, Podium A, Riviera Gardens, 1-7 Yi Hong Street, Tsuen Wan, N.T.
[] Hong Kong Kidney Foundation Ltd (Jockey Club Dialysis Centre)	Address: G/F, 123-130 Tak Wo House, Wo Che Estate, Shatin, N.T.
[] CUHK Medical Centre Yau Ying Sum Haemodialysis Centre	Address: 3/F, CUHK Medical Centre, 9 Chak Cheung Street, Shatin, New Territories, Hong Kong
[] Lions Kidney Educational Centre and Research Foundation Day Dialysis Centre (Tai Po)	Address: Shop A & B, G/Floor, Cranstown Building, no. 13 & 15 Sui On Street, Tai Po, N.T.
[] Fresenius Kidney Care Dialysis Center (Yuen Long)	Address: 8/F, HSBC Building Yuen Long, 150-160 Castle Peak Road, Yuen Long, N.T.
[] Fresenius Kidney Care Dialysis Center (Tuen Mun)	Address: 1/F, Tuen Mun Eye Centre, 4 Tuen Lee Street, Tuen Mun, N.T.

(D) Patient Consent

- I agree to be referred to the “Haemodialysis Public Private Partnership Programme” (the Programme) to the community haemodialysis centre (the Centre) to receive haemodialysis treatment. I understand that the Centre is independent of the Hospital Authority (HA) and is not operated by HA.
- I understand I have the option to refuse haemodialysis but I am willing to undergo haemodialysis at the Centre and to undertake the patient's responsibility for this therapy.
- I have been advised that I have end stage renal disease and I understand that haemodialysis treatment is one form of life-sustaining therapies for me, and it must be maintained regularly as instructed by the Nephrologists. The Nephrologist at HA has fully explained to me the nature, purpose, risks, possible and likely consequences or complications as well as alternative methods of treatment including but not limited to peritoneal dialysis, transplantation and non-dialytic treatment.
- I understand that to make haemodialysis treatment effective, I must follow the instructions in maintaining a proper diet and comply with the medication regime.
- I understand that for the purpose of the haemodialysis treatment, I must undergo an arteriovenous fistula operation, and that the fistula may become non-functional, at which point of time the Nephrologist will suggest that I undergo angioplasty, re-operation, or any other form of intervention that is deemed necessary in order to continue haemodialysis.
- I understand the precautions for the arteriovenous fistula, and I am aware of the risks related to the fistula including bleeding.
- I understand chronic renal failure may cause anaemia and I may have to receive blood transfusion or other pharmacological treatment from time to time.
- For the purpose of or in connection with the haemodialysis treatment at the Centre under the Programme, I understand and consent to the administration of such treatment, medication or procedure as may be considered necessary or advisable by caregivers at the Centre. I understand that possible side effects including but not limited to death, cardiac arrest, adverse drug reactions, respiratory problems, damage to arteries or veins, headaches, pain and discomfort are risks associated with haemodialysis treatment.
- I also consent to any emergency medical care and treatment that may arise out of or in relation to the haemodialysis treatment at the Centre or that may be considered necessary by caregivers at the Centre. Such emergency care and

treatment may include my transfer from the Centre to HA. I understand the possibility that during the period of transfer from the Centre to HA my condition might change and I accept such risks.

10. I understand and agree that if any sign or symptom of severe medical illness that may pose risks to me or the safety of other users of the Centre (e.g. infectious disease, delirium) is present before, during or after the haemodialysis treatment under the Programme, the Centre will provide immediate treatment/management and shall transfer me back to HA as soon as possible. I understand the possibility that during the period of transfer from the Centre to HA my condition might change and I accept such risks.
11. I understand and agree that if I suffer from any form of illness or condition which may adversely affect the process or result of haemodialysis in the Centre, or any other conditions that render continuing haemodialysis in the Centre not appropriate, HA has the right to withdraw me from the Programme and change to other forms of treatment for me, including but not exclusive to peritoneal dialysis or non-dialytic treatments.
12. I understand and agree that if for any reason I voluntarily withdraw or refuse to continue participating in the Programme, I will be reassessed by Nephrologists of HA for appropriate treatment in HA which may not necessarily be haemodialysis.
13. I have read and understand the document entitled "Haemodialysis Public Private Partnership Programme Terms and Conditions" provided with this document and I agree to comply with all the terms and conditions of this document and the Programme.

By signing this form for participation in the Programme, I agree to notify HA immediately upon any changes to any information or status provided on this form.

Patient's Signature:	Date:
----------------------	-------

.....

For Internal Use Only

☐ The Patient is accepted into the Programme.

Patient HD Service ID No.: _____

eHR No.: _____

☐ The Patient is not accepted into the Programme

Reason: _____

Staff Name: _____

Staff Signature: _____

Post: _____

Date: _____

Haemodialysis Public Private Partnership Programme (HDPPP)

Terms and Conditions (T&Cs)

1. The objective of the Haemodialysis Public Private Partnership Programme (the “Programme”) is to offer an additional choice for eligible and suitable end stage renal disease patients to receive chronic haemodialysis (“HD”) treatment in qualified community HD centres (the “Centre(s)”) operated by entities independent of the Hospital Authority (the “HA”) as an alternative to having HD in HA hospitals (the “Hospital”). HA will continue to provide clinic follow-up, investigations (including blood tests, imaging, etc.) and medications to patients enrolled into the Programme.
2. Subject to availability of funding, HA may invite participation by HA patients who 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 (“Eligible Persons”). Current definition of Eligible Persons is as follows:
 - holders of Hong Kong Identity Card issued under the Registration of Persons Ordinance (Chapter 177), except those who obtained their Hong Kong Identity Card by virtue of a previous permission to land or remain in Hong Kong granted to them and such permission has expired or ceased to be valid;
 - children who are Hong Kong residents and under 11 years of age; or
 - other persons approved by the Chief Executive of the Hospital Authority.
3. If any enrolled patient ceases to be an Eligible Person at any time after his/ her enrolment in the Programme, he/she shall notify HA and he/she shall not be entitled to receive any haemodialysis treatment in the Centre under the Programme during the period when he/she is not an Eligible Person. If a HA Patient is not an Eligible Person on the day of the relevant HD session, any services which may be provided by the Centre to such HA patient shall be considered as the private arrangement between the Centre and such HA patient and at the HA patient’s own cost.
4. The Programme is partially subsidized by HA, and before each HD session, the enrolled patients are required to pay the Centre the same gazette fees and charges as charged by HA for its day procedure and treatment at Renal Clinic, subject to the extent of waiver granted by HA (if any). This fee may be adjusted any time in the future by HA. If a patient who is not eligible for a waiver under paragraph 5 does not pay such fee to the Centre, the Centre may refuse to provide haemodialysis to him/her under the Programme or may pursue the outstanding fee directly from the patient, and HA reserves the rights to immediately terminate his/her participation in the Programme. The patient shall take full responsibility of paying such fee to the Centre and HA will not be responsible for any unpaid fee assigned to him/her under the Programme. Patients could seek assistance from the Hospital if they encounter any financial difficulty.
5. Patients who are eligible for a waiver under the criteria set out in HA’s website relating to the Programme (<https://www.ha.org.hk/ppp/hdppp>) (as amended from time to time at HA’s sole discretion) may be entitled to partial or full waiver of the fee when he/she participates in the Programme. Civil servants, pensioners, HA staff or their eligible dependants are entitled to free medical benefits when receiving HD treatment in HA and they will also be exempt from the fee for each HD treatment session they obtain from the Centre under the scope of the Programme. In such situations, HA will also pay the Centre the amount that has been waived.
6. The enrolled patients are requested to inform the Hospital/HA as soon as possible if there is any change with their waiver statuses. Should a patient fail to inform the Hospital/HA the change in his/her waiver status in time and the information in HA’s record is inconsistent and not updated, the patient has to pay the HD session fees to the Centre according to HA’s record until the latter is successfully updated.
7. If a haemodialysis treatment session is prematurely terminated because of medical reasons, the enrolled patient will need to pay the same fee as a completed session.
8. Any services outside the scope of the Programme which are provided to an enrolled patient by the Centre will be strictly between the patient and the Centre. HA will not be liable for any fee or bear any responsibility in relation to any such services or treatment.
9. The Programme is a scheme with limited quota. Eligible and suitable patients are selected at the sole discretion of HA. Eligible and suitable patients may need to go through a draw lots exercise before enrolling into the Programme.
10. The enrolled patients will be allocated, subject to availability, to the Centre(s) according to their preferences as indicated on the application forms. Requests for re-allocation to other Centre(s) will not be considered once a patient has started HD treatment at an allocated Centre.
11. If the assigned Centre is to be relocated, HA will individually assess and discuss with the Centre each patient’s situation, and arrive at a mutually agreed arrangement.
12. The prescription of the HD treatment (including the number of HD sessions per week) is formulated by Nephrologists in the Hospital.
13. The enrolled patients are requested to be punctual for each HD treatment appointment at the Centre. If a patient is late for more than 30 minutes, the Centre may refuse to provide the HD treatment at the original timeslot and arrange another timeslot instead.
14. The enrolled patients shall enroll into the Hong Kong Government’s (“HKG”) Electronic Health System (“eHealth”) and to give their sharing consent to the Centre to obtain and share their data contained in the eHealth in accordance with the eHealth Ordinance. The patients shall agree to have their personal data and medical records provided to HA and the Centre for sharing, storage and analysis for the continuation of care and other related purposes, including service quality improvement of the Programme.

15. The enrolled patients will be requested to sign and endorse the medical record after receiving each HD treatment at the Centre for archive by the Centre. The record will be used by the Hospital/HA and the Centre for service management and follow up purposes.
16. The enrolled patients shall not damage, interfere with or inappropriately use any facilities or equipment, or intentionally disturb other users of the Centre. The Centre may pursue compensation directly from them for damage arising from such behavior, and HA can immediately terminate their participation in the Programme.
17. The enrolled patients shall obtain instructions from the Centre staff in advance about the arrangements of HD treatment under adverse weather conditions and pay attention to any notice/bulletin in the Centre regarding such arrangements. In the event of such bad weather conditions the patients shall contact the Centre directly.
18. The enrolled patients can approach the Centre staff directly if they have any enquiry about the services provided by the Centre under the Programme.
19. If at any time any of the following conditions becomes applicable to an enrolled patient, HA reserves the right to terminate his/her participation in the Programme and refer the patient back to the Hospital for further assessment by Nephrologists to determine the subsequent mode of therapy, which may not necessarily be HD:
 - i. Failure to comply with the instructions and procedures of receiving HD in the Centre, or any form of misbehavior that adversely affect other users or poses risks to the staff of the Centre;
 - ii. Physical incapacitation, cognitive inability or other medical conditions that renders continuing HD in the Centre not appropriate;
 - iii. Vascular access problems which are irrecoverable.
20. The enrolled patients are requested to inform the Hospital/HA as soon as possible if they have received kidney transplantation outside Hong Kong during their participation in the Programme.
21. If an enrolled patient decides to withdraw or refuse to continue participating in the Programme, he/she will inform HA and the Centre at least eight weeks in advance.
22. HA may by written notice terminate the participation of an enrolled patient in the Programme forthwith if he/she ceases to be an Eligible Person and the Centre will be notified accordingly. On termination, the enrolled patient may be referred back to the Hospital for further treatment/ assessment.
23. The Programme may be terminated at which time the enrolled patients may be referred back to the Hospital and reassessed by Nephrologists for appropriate treatment, which may not necessarily be HD.
24. The enrolled patients may be invited to participate in research conducted by HA or third party researchers engaged by HA to study the effectiveness and other aspects of the Programme and the public-private collaboration on shared care or health care services.
25. Enrolled patients participating in the Programme is subject to these T&Cs, which may be amended by HA at its discretion from time to time by giving not less than 30 days' prior written notice to the enrolled patients.
26. Notices and communications to enrolled patients may (without prejudice to any other method of giving notice in writing) be given (i) by letter sent by normal post or by Short Message Service (SMS) to the postal address or mobile number of such held on HA's records, or (ii) by posting on HA's website relating to the Programme on www.ha.org.hk/ppp/hdppp. HA may also issue from time to time new and/or additional requirements, whether procedural or otherwise, which when issued and notified to enrolled patients in accordance with this paragraph 26, shall become part of these T&Cs.