



醫院管理局
HOSPITAL
AUTHORITY

16 November 2018

Our Ref: HA 820/171/1

To: Radiology Department of Private Hospitals

Dear Colleagues,

Public-Private Interface on Provision of Radiological Imaging Service 2018

The Hospital Authority (HA) has been inviting all private hospitals to join the initiative of Public-Private Interface on provision of radiological imaging service since 2008 and obtained a positive feedback in return. In view of the growing demand for healthcare services in the public sector, the HA will keep on exploring opportunities to work with the private sector in the provision of patient care. With the joint effort of the two sectors, the patients will benefit with more choices and quality services.

2. To provide more choices for patients, a list of private providers for radiological imaging service is made available to HA's patients (upon request) to facilitate the referral of patients to receive the service. This referral list lists all private radiological imaging service providers, with the following basic provisions, who indicate their willingness to be included in the list and provide the necessary service details:

- ◇ Holding valid licenses issued by the Radiation Board for its irradiating apparatuses;
- ◇ Possessing radiologist(s) currently included in the Specialist Register in the specialty of radiology in accordance with Section 20K of the Medical Registration Ordinance (Cap. 161, the Laws of Hong Kong); and
- ◇ All radiologists and radiographers working in the hospital's Radiology Department hold valid Annual Practising certificates.

3. If you are interested to be included or wish to update previous particulars in the list, please fill in the attached application form which should be returned to Ms. Fan LEE by post to Room 521, 5th Floor, Hospital Authority Building, 147B Argyle Street, Kowloon. The application form is also available from the Provision of Radiological Imaging Service of HA's website (www.ha.org.hk/ppp/provisionradi). We usually update the list every three months, so if you reply by early January, April, July or October, the revised list will be refreshed in March, June, September and December respectively. Please note that HA will not be liable for any errors in the information provided by the private providers. Private hospitals requesting to be included in the said list shall have the ultimate responsibility for the accuracy and necessary updating for the information they provide. You are most welcome to contact Ms. LEE at 2300 8746 for any further information you may require.

4. We look forward to working with you. Thank you for your attention.

Yours sincerely,

Dr. K M Choy
for Chief Executive
Hospital Authority

Encl.

Application Form

Referral of Patients to Private Radiological Imaging Service (Private Hospital)

To: Hospital Authority
Room 521, 5th Floor,
Hospital Authority Building,
147B Argyle Street, Kowloon.
(Attn: Ms. Fan LEE)

Dear Madam,

I would like to receive referrals of patients from the Hospital Authority (HA) to obtain radiological imaging service in this hospital. Please find the details of our hospital as follows:

A. Details of the Hospital

Name of Hospital: (English) _____

(Chinese) _____

Address of Hospital: (English) _____

(Chinese) _____

Telephone Number: _____

Fax Number: _____

Names of Radiologist(s)
of the Hospital's Radiology
Department: _____

Contact Person: _____

Contact Number: _____

B. Availability of Services

Modalities	Approximate Price Range	
	Plain	Plain and Contrast
1. CT Scan		
Brain		
Head / Neck		
Thorax / Abdomen		
Spine (per region)		
Whole Spine		
Extremity (per region)		
2. MRI		
Brain		
Head / Neck		
Thorax / Abdomen		
Spine (per region)		
Whole Spine		
Extremity (per region)		
3. PET-CT Scan		
Whole body		
Whole body and brain		
Brain only		
Cardiac only		

Modalities	Approximate Price Range
4. Ultrasound Scan	
Ultrasound	
5. Plain X-Ray	
Chest	
Cervical Spine	
Lumbar Spine	
Shoulder	
Hip	
Knee	
6. Breast Imaging	
Mammography	
Ultrasound Breast	
Mammography & U/S Breast	
Image-guided Biopsy(e.g. for FNA)	
7. Fluoro / Contrast X-Ray	
IVU	
Ba Swallow	
Ba Meal	
Ba Meal + Follow Through	
Ba Enema	

Declaration

I understand that the information given in this application can be used for preparing a referral list for patients from HA. I confirm that the radiological imaging unit of this hospital possesses the following:

1. Valid licenses issued by Radiation Board for the irradiating apparatuses;
2. Radiologist(s) currently included in the Specialist Register in the specialty of radiology in accordance with Section 20K of the Medical Registration Ordinance (Cap. 161, the Laws of Hong Kong); and
3. Valid Annual Practising certificates for all radiologists and radiographers working in the unit.

I also undertake if there is any future change that results in the radiological imaging unit of this hospital not having any of the above, I shall notify HA immediately. In submitting the application, I also understand that HA will not be liable for any errors in the information provided by this hospital. This hospital has the ultimate responsibility for the accuracy and necessary updating for the information it provides.

Signature : _____

Name : _____
(in BLOCK letters)

Position : _____

Date : _____