



醫院管理局  
HOSPITAL  
AUTHORITY

16 November 2018

Our Ref: HA 820/171/1

To: All Registered Radiologists

Dear Colleagues,

**Public-Private Interface on Provision of Radiological Imaging Service 2018**

The Hospital Authority (HA) has been inviting all registered radiologists in private practice 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 facilities 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 facilities, with the following basic provisions, that 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 facility hold valid Annual Practising certificates.

3. If a private centre that you are affiliated with is interested to be included or if it wishes to update previous particulars in the list, it will need to fill in the attached application form which should be returned to Ms. Fan LEE by post to Room 521, 5<sup>th</sup> 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](http://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 facilities. For facilities 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 Facilities)**

To: Hospital Authority  
Room 521, 5<sup>th</sup> 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 my facility. Please find the details of my facility as follows:

**A. Details of the Facility**

Name of Facility: (English) \_\_\_\_\_

(Chinese) \_\_\_\_\_

Address of Facility: (English) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Chinese) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Names of Radiologist(s)  
of the Facility: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**B. Availability of Services**

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

Modalities	Approximate Price Range
<b>4. Ultrasound Scan</b>	
Ultrasound	
<b>5. Plain X-Ray</b>	
Chest	
Cervical Spine	
Lumbar Spine	
Shoulder	
Hip	
Knee	
<b>6. Breast Imaging</b>	
Mammography	
Ultrasound Breast	
Mammography & U/S Breast	
Image-guided Biopsy(e.g. for FNA)	
<b>7. Fluoro / Contrast X-Ray</b>	
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 my facility 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 facility.

I also undertake if there is any future change that results in the practice 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 facility which has the ultimate responsibility for the accuracy and necessary updating for the information it provides.

Signature of Radiologist in-charge: \_\_\_\_\_

Name of Radiologist in-charge: \_\_\_\_\_

(in BLOCK letters)

Date: \_\_\_\_\_