



# THE PRINCE PHILIP DENTAL HOSPITAL

Serial No.: \_\_\_\_\_  
( Office Use Only )

## Application Form for Electronic Health Record Sharing System (eHRSS) Account

### **Part I: User Requested** (to be completed by Applicant)

This is a request to:  create a new account  update an existing account

#### **Personal Particulars:**

HKID Card/ Other Identification Document No.\* : \_\_\_\_\_

Surname : \_\_\_\_\_ Given Name : \_\_\_\_\_

Mobile Phone No. : \_\_\_\_\_ Dental Council Reg. No. : \_\_\_\_\_

Email Address : \_\_\_\_\_

#### **Undertakings**

(a) I have read the following two documents and agree to abide by the policies outlined therein and its subsequent revised versions issued by the Government or the Hospital from time to time:

i. "Code of Practice for user using eHRSS"

(For Healthcare professional) <https://www.ehealth.gov.hk/en/healthcare-provider-and-professional/resources/code-of-practice/healthcare-professionals.html>

(For Admin Staff) <https://www.ehealth.gov.hk/en/healthcare-provider-and-professional/resources/code-of-practice/management-executives-adminstrative-technical-staff.html>

ii. Regulations Governing Use of Computers and Portable Electronic Storage Devices (i.e. Section E6 of the Hospital Human Resources Manual)

(b) I agree that I shall only use the assigned user account for access to the Government's eHRSS pertaining to patients of The Prince Philip Dental Hospital or related matters of the Hospital.

Name:	Post:	Staff No.(if any):	Unit/ Clinic:	Signature:	Date:
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### **Part II: Approval** (to be completed by HA1/ SHA1/ Comptroller)

The application is approved by

Name of HA1/ SHA1/ Comptroller*:	Signature:	Date:
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### **Part III: Creation of eHRSS User Account** (to be completed by ITO)

eHRSS User Account \_\_\_\_\_ is opened by

Name of Operator:	Post:	Signature:	Date:
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Account Verification (by eHRSS Registration Office) Received on: \_\_\_\_\_

### **Part IV: Suspension of eHRSS User Account** (to be completed by ITO)

eHRSS User Account is suspended by

Name of Operator:	Post:	Signature:	Date:
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\* Delete whichever is not applicable