

# Introduction of CENO On-line

Centre for Health Protection  
Department of Health

## Role of CENO

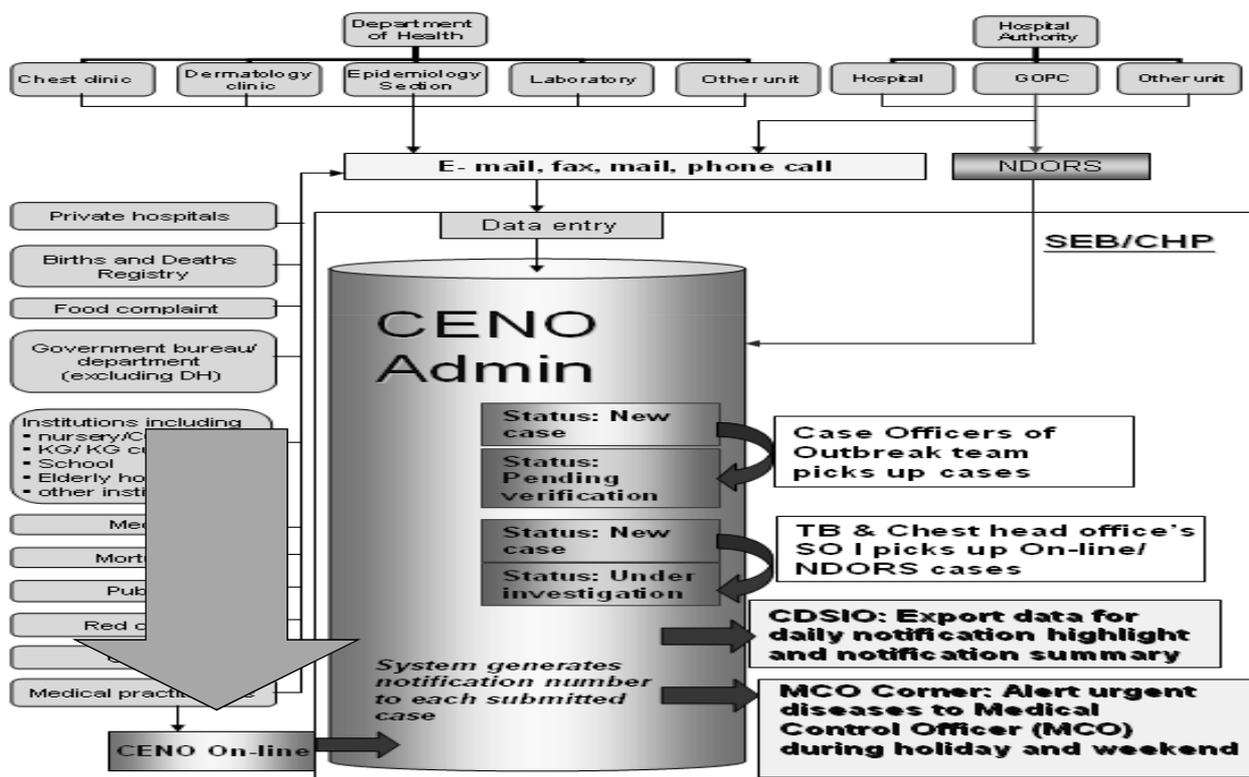
Central Notification Office (CENO) is set up at the Centre for Health Protection (CHP) for the following purposes:

- To receive and facilitate reporting of communicable diseases of public health concern;
- To monitor notification and reporting pattern at real time;
- To facilitate initiation of rapid responses as necessary.

There are seven ways to report notification to CENO:

- Fax
- Phone
- Mail
- E-mail
- Electronic systems (NDORS, CENO On-line, eHR-HKMA)

# CENO System Overview



## 47 Statutorily Notifiable Diseases

- Acute poliomyelitis
- Amoebic dysentery
- Anthrax
- Bacillary dysentery
- Botulism
- Chickenpox
- Chikungunya fever
- Cholera
- Community-associated methicillin-resistant *Staphylococcus aureus* infection
- Creutzfeldt-Jakob disease
- Dengue fever
- Diphtheria
- *Escherichia coli* O157:H7 infection
- Enterovirus 71 infection
- Food poisoning
- *Haemophilus influenzae* type b infection (invasive)
- Hantavirus infection
- Influenza A (H2), Influenza A (H5), Influenza A (H7) or Influenza A (H9)
- Japanese encephalitis
- Legionnaires' disease
- Leprosy
- Leptospirosis
- Listeriosis
- Malaria
- Measles
- Meningococcal infection (invasive)
- Mumps
- Paratyphoid fever
- Plague
- Psittacosis
- Q fever
- Rabies
- Relapsing fever
- Rubella and congenital rubella syndrome
- Scarlet fever
- Severe Acute Respiratory Syndrome
- Smallpox
- *Streptococcus suis* infection
- Tetanus
- Tuberculosis
- Typhoid fever
- Typhus and other rickettsial diseases
- Viral haemorrhagic fever
- Viral hepatitis
- West Nile virus infection
- Whooping cough
- Yellow fever

## Other communicable diseases of topical public health concern

- Acute flaccid paralysis
- Brucellosis
- Cryptosporidiosis
- Severe paediatric enterovirus infection (other than EV71 and poliovirus)
- Severe paediatric influenza-associated complication/death
- *Vibrio vulnificus* infection

## Other diseases of public health concern

- Chinese medicine-related Adverse Event
- Heavy Metal Poisoning
- Unusual clustering of communicable diseases

# Institutional Outbreaks

- Respiratory Tract Infections
- Gastroenteritis
- Hand-foot-mouth Disease
- Head Lice Infestation
- Scabies
- Acute Conjunctivitis

## Central Notification Office (CENO)



**CENO @ CHP**

### **CENO On-line**

[ceno.chp.gov.hk](http://ceno.chp.gov.hk)

**Fax 2477 2770**

**Tel 2477 2772**

**Email [diseases@dh.gov.hk](mailto:diseases@dh.gov.hk)**

**Mail 3/F, 147C Argyle St.**

Outside office hours, report urgent cases to Medical Control Officer (71163300 call 9179)



## **CENO On-line**

- **Web-based platform – Facilitate notification of infectious diseases to CHP**
- **Secured platform - Secure Socket Layer (SSL)**
- **Built – in address checking function**
- ✓ **Enable to search residential building and fill in the form automatically**
- ✓ **High quality of geographical data**

## **CENO On-line**

- **Archive of your reported cases**
- **Interactive - you can check the status of case investigation in real-time**
- **A set of personal username and password was set to registered medical practitioners in an opt-out manner**
- **Thus far, there nearly 1000 doctors activated their accounts**

Home

CENO On-line user

• Login

Login ID:

Password:

Login

• Forget password

• User guide

• New application

Resources

• Case definition

• FAQ

• Notification forms

• Links

Contact us

Welcome

Central Notification Office (CENO) to centralize CENO On-line and password based notification

What to report

- (a) Statutory
- (b) Other communicable
- (c) Poisoning
- (d) Suspected
- (e) Unusual

NB Anonymous Health Service

How to report

Notification

CENO On-line

Fax

Telephone

CENO On-line users who have forgotten their login ID and/or password may apply for access to CENO On-line web-based notification system by completing this application form and then sending it together with a photocopy of their current annual practising certificate to the Central Notification Office, 3/F., 147C Argyle Street, Kowloon. Upon receiving the application, CENO will send an email to the applicant the date of sending the password / login ID, or any other verification procedures required.

FORGET PASSWORD OR FOR CENO On-line USER TO APPLY

(Please tick the appropriate box, and type or write in block letters using a black pen)

- I am a CENO On-line user but have forgotten my password
- I am a CENO On-line user but have forgotten my login ID
- I am a CENO On-line user but have forgotten my HKID No.
- I am a CENO On-line user but have forgotten my Medical Registration Number

I would like to apply for resumption of access to the CENO On-line web-based notification system. A photocopy of my current annual practising certificate reply to my email address as follows.

My email address for correspondence with CENO: \_\_\_\_\_

Surname: \_\_\_\_\_ Other names: \_\_\_\_\_

Login ID: \_\_\_\_\_ HKID No.: \_\_\_\_\_

Work district: \_\_\_\_\_ Medical Registration Number: \_\_\_\_\_

Name of hospital/organization/institution/practice: \_\_\_\_\_

Work Address: \_\_\_\_\_

Declaration

I confirm that information given above is correct and complete. I authorize Central Notification Office of Centre for Health Protection to verify this from any source.

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

Statement of purpose of collecting your personal data

The personal data we collect from you in this application form will be used for the following purposes:

- Verification of eligibility for services
- Distribution of CENO On-line user login ID and password
- Organization of activities related to epidemiological surveillance
- Preparation of statistics

Provision of your personal data is voluntary. If you choose not to supply all personal data as requested, we cannot process your application.

The personal data you provide are mainly for use within the Department of Health, but they may also be disclosed to other Government bureaux, departments or organizations for the purposes mentioned above, if required. The data may only be disclosed to parties where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

Under the Personal Data (Privacy) Ordinance, you have the right to request access to, and to request correction of, your personal data.

The CENO will handle your written request for personal data access in relation to CENO On-line registration.

Registered medical practitioners who have not previously received CENO On-line login ID and password may apply for access to CENO On-line web-based notification system by completing this application form and then sending it together with a photocopy of their current annual practising certificate to the Central Notification Office, 3/F., 147C Argyle Street, Kowloon. Upon receiving the application, CENO will send an email to acknowledge receipt, and inform the applicant the date of sending the password / login ID, or any other verification procedures required.

NEW APPLICATION FORM FOR CENO On-line USER ACCOUNT

(Please type or write in block letters using a black pen)

I am a registered medical practitioner in Hong Kong and have never received CENO On-line login ID and password before. I would like to apply for access the CENO On-line web-based notification. A photocopy of my current annual practising certificate is enclosed. I understand that CENO will reply to my email address as follows.

My email address for correspondence with CENO: \_\_\_\_\_

Surname: \_\_\_\_\_ Other names: \_\_\_\_\_

HKID No.: \_\_\_\_\_ Contact tel. no.: \_\_\_\_\_

Medical Registration Number: \_\_\_\_\_

Declaration

I confirm that information given above is correct and complete. I authorize Central Notification Office of Centre for Health Protection to verify this from any source.

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

Statement of purpose of collecting your personal data

The personal data we collect from you in this application form will be used for the following purposes:

- Verification of eligibility for services
- Distribution of CENO On-line user login ID and password
- Organization of activities related to epidemiological surveillance
- Preparation of statistics

Provision of your personal data is voluntary. If you choose not to supply all personal data as requested, we cannot process your application.

The personal data you provide are mainly for use within the Department of Health, but they may also be disclosed to other Government bureaux, departments or organizations for the purposes mentioned above, if required. The data may only be disclosed to parties where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

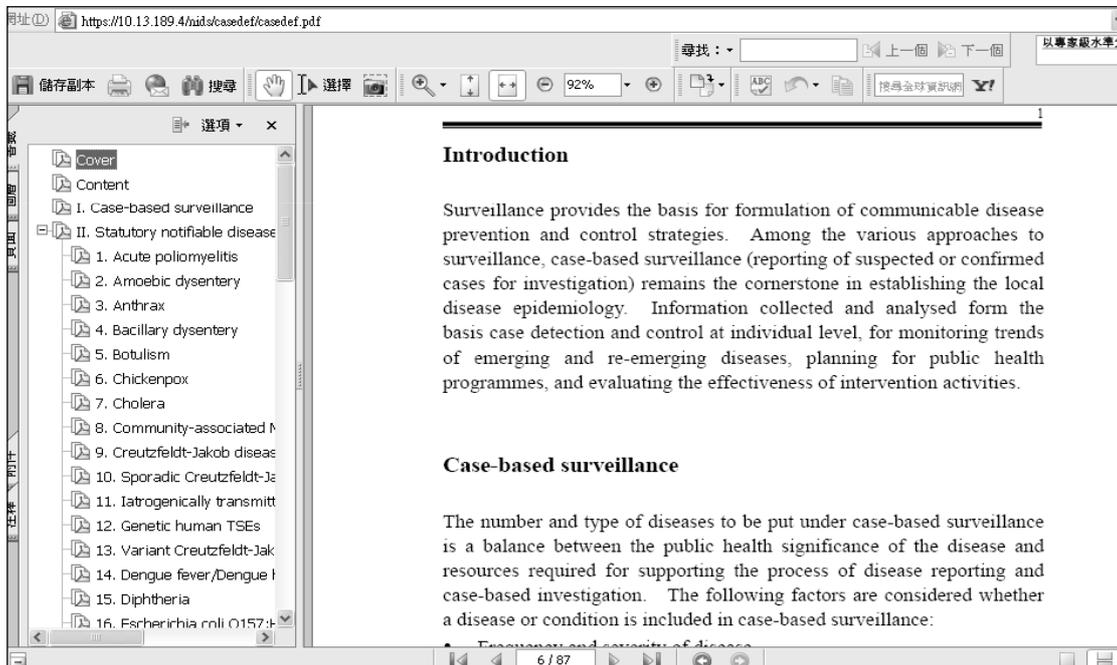
Under the Personal Data (Privacy) Ordinance, you have the right to request access to, and to request correction of, your personal data.

The CENO will handle your written request for personal data access in relation to CENO On-line registration.

On public holidays, any urgent notification should be made to the Medical Control Officer.

# CENO On-line

## ■ Case definitions of 47 statutory notifiable diseases



# CENO On-line

## First-time account activation

Address <https://ceno.chp.gov.hk/index2.jsp>

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CENO On-line  
Central Notification Office & E-notification

Home Welcome to CENO On-line!

**CENO On-line user**

- Login
- Forget password
- User guide
- New application

**Resources**

- Case definition
- FAQ
- Notification forms
- Links

Central Notification Office (CENO) has been set up under the Centre for Health Protection (CHP) to centralize communicable diseases notifications and monitoring in Hong Kong. CENO On-line is literally CENO on the internet. In this website, using designated login ID and password, registered medical practitioners can access the secure and convenient web-based notification system to report cases online.

**What to report?**

- (a) Statutory notifiable diseases
- (b) Other communicable diseases of public health concern
- (c) Poisoning related to heavy metal or traditional Chinese medicine
- (d) Suspected institutional outbreaks
- (e) Unusual clustering of communicable diseases

N.B. Anonymous HIV/AIDS reporting is handled by AIDS Unit, Special Preventive Programme, Public Health Services Branch of CHP, Department of Health, Hong Kong. Please click [here](#) for details.

**How to report?**

Notification channels		Remarks
CENO On-line	<a href="http://www.chp.gov.hk/ceno">www.chp.gov.hk/ceno</a>	Available to registered medical practitioners only. Login ID and password are required for access.
Fax	24 772 770	<a href="#">Notification forms</a> can be downloaded from <a href="#">the CHP website</a> .

### Step 1

Go to CENO On-line Website “[ceno.chp.gov.hk](https://ceno.chp.gov.hk)” and login using assigned ID and password.

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CENO On-line  
Central Notification Office & E-notification

Home > Registration

**Message for first-time user**

Welcome! You have successfully logged in the web-based notification system. Please complete the registration as a CENO On-line user by taking the following steps:

1. Read the statement of purposes of personal data collection,
2. Read and accept the terms and conditions,
3. Input your personal information in an e-form, and change your password.

Registration step 1: Please read the statement of purposes of personal data collection, and then click “next”.

**Statement of purposes of personal data collection**

Personal data provided by doctors to CENO On-line will be used for the following purposes:

- Verification of eligibility for services
- Management of CENO On-line user accounts
- Notification and investigation of statutory notifiable diseases and other diseases of public health concern
- Organization of activities related to epidemiological surveillance
- Preparation of statistics, carrying out research or teaching

Registration and provision of personal data for registration as a CENO On-line user are voluntary. If you do not accept the terms and conditions or do not provide adequate personal data, then the registration procedure cannot be completed and we cannot provide the web-based notification service to you.

The personal data you provide are mainly for use within the Department of Health, but they may also be disclosed to other Government bureaux, departments or organizations for the purposes mentioned above, if required. The data may only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

Under the Personal Data (Privacy) Ordinance, you have the right to request access to, and to request correction of, your personal data. The CENO will handle your written request for personal data access in relation to CENO On-line registration and notification.

Next

### Step 2

Read the statement of purposes for collection of personal information, and then click “Next”.



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Registration step 2 : Please read the terms and conditions. You may wish to print a copy of this page. You can proceed to the next step if you accept the terms and conditions. If you do not accept, you will be logged out.

**Terms and conditions**

1. Central Notification Office (CENO) may revise the terms, conditions and notices at any time to reflect changes in services. I understand that CENO reserves the right to make such changes without prior notice, and I can have access to the update terms, conditions and notices. I understand that continued use of CENO On-line after a change has been made is my acceptance of the change.
2. I agree to provide true and accurate personal information, and I authorize CENO to verify my personal information.
3. I agree to inform CENO of any changes in personal information through editing my profile in CENO On-line.
4. I understand that I have the responsibility to ensure the accuracy, integrity and quality of information I report in the CENO On-line web-based notification system.
5. I agree to use the CENO On-line web-based notification system only for lawful purposes, and in a manner that does not infringe the rights of, or restrict or inhibit the use of the system by any third party. Such restriction or inhibition includes, without limitation, conduct which is unlawful, or which may harass or cause distress or inconvenience to any person, and the transmission of obscene or offensive content or disruption of normal flow of dialogue within the website.
6. I understand that I have the responsibility to exercise reasonable care and diligence in keeping the login ID and password in secrecy, should not disclose the login ID or password to a third party, and ensure that I do not knowingly or accidentally share, provide or facilitate unauthorized use of them.
7. I understand that if I forget my password and/or login ID, I shall be denied access to web-reporting and records of my previous notifications, until I have provided CENO with adequate personal information and supporting documents to process my request for resumption of service.
8. I agree to inform CENO immediately if my login ID and password have been disclosed to a third party, lost or stolen, and unauthorized transactions may have been conducted.

**Step 3**  
 Read the terms and conditions carefully.  
 Print a copy if you wish.  
 If you understand and agree to the terms and conditions, please click "I accept" to proceed to the next step.



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\* indicates required field

Login ID : **testing2**

Current Password\* :

Medical Registration Number\* : **M10002**

Specialist Registration Number :

Name : **Cheung Siu Yan**

New Password :   
Choose a password that is between 6 and 25 alphanumeric characters.

Confirm New Password :   
Re-enter password for confirmation.

Contact telephone no.\* : **21252297**  
You may fill in more than one contact telephone no. We may contact you for case investigation.

Fax no. :

Hong Kong Identity Card Number :   
() is not required. e.g. 223456A

Email :

Work District\* : **Sham Shui Po**

Type of Practice\* : **Private practice**

Name of hospital / organization / institution / practice :

Work Address :   
If more than one, please fill in all work addresses.

Specialty\* : **Gynaecological Oncology**

**Mandatory items**

**Submit your information**

**Step 4**  
 Input your personal information as specified in the e-form, change your password, and then "Submit".

# Making Notification



**HP** 衛生防護中心  
Centre for Health Protection

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**CENO On-line**  
Central Notification Office & E-notification

Name : **Dr. Cheung Siu Yan**

Phone : **21252297**

Name of hospital/ organization/  
institution/ practice :

Work district : **Sham Shui Po**

**Main Menu**

1. Form: [Tuberculosis Notification](#)
2. Form: [Notification of Infectious Diseases other than Tuberculosis](#)
3. Form: [Report on Poisoning or Communicable Diseases Not Specified in the Prevention and Control of Disease Ordinance](#)
4. Select Form by Disease

**Step 1**  
Choose a notification form

**Particulars of Infected Person**

Name in English	Name in Chinese	Age	Sex	<input type="radio"/> I.D. Card / <input type="radio"/> Passport No.
<input type="text" value="CHAN"/> <input type="text" value="TAI MAN"/>	<input type="text" value="陳大文"/>	<input type="text" value="18"/>	<input type="text" value="Male"/>	<input type="text" value="A1234567"/> <p><small>( ) is not required, e.g. Z123456A</small></p>

Residential Address  ?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="HOPEWELL CENTRE"/>	<input type="text"/>	<input type="text" value="27127123"/>
Flat/Rm	Floor	Block	Building	Estate	Home
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Wan Chai"/>	<input type="text"/>	<input type="text"/>
Street No.	Street		District	Geocode	Mobile

Name and address of workplace / school  ?

<input type="text" value="ABC COMPANY"/>					
Name of Place of Work / School Name					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="IFC"/>	<input type="text"/>	<input type="text"/>
Flat/Rm	Floor	Block	Building	Estate	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Central &amp; Western"/>	<input type="text"/>	<input type="text"/>
Street No.	Street		District	Geocode	Office / school / others

Job title / Class attended

**Step 2**  
Fill in patient's information to facilitate the outbreak team investigation.

Patient's name, living/working district, and disease must be entered. (i.e. Mandatory Fields).

<input type="radio"/> Acute poliomyelitis	<input type="radio"/> Hantavirus infection	<input type="radio"/> Relapsing fever
<input type="radio"/> Amoebic dysentery	<input type="radio"/> Influenza A(H2) <input type="radio"/> Influenza A(H5) <input type="radio"/> Influenza A(H7) <input type="radio"/> Influenza A(H9)	<input type="radio"/> Rubella <input type="radio"/> congenital rubella syndrome
<input type="radio"/> Anthrax	<input type="radio"/> Japanese encephalitis	<input type="radio"/> Scarlet fever
<input type="radio"/> Bacillary dysentery	<input type="radio"/> Legionnaires' disease	<input type="radio"/> Severe Acute Respiratory Syndrome
<input type="radio"/> Botulism	<input type="radio"/> Leprosy	<input type="radio"/> Smallpox
<input checked="" type="radio"/> Chickenpox	<input type="radio"/> Leptospirosis	<input type="radio"/> <i>Streptococcus suis</i> infection
<input type="radio"/> Chikungunya fever	<input type="radio"/> Listeriosis	<input type="radio"/> Tetanus
<input type="radio"/> Cholera	<input type="radio"/> Malaria	<input type="radio"/> Typhoid fever
<input type="radio"/> Community-associated methicillin-resistant <i>Staphylococcus aureus</i> infection	<input type="radio"/> Measles	<input type="radio"/> Typhus <input type="radio"/> other rickettsial diseases
<input type="radio"/> Creutzfeldt-Jakob disease	<input type="radio"/> Meningococcal infection (invasive)	<input type="radio"/> Viral haemorrhagic fever
<input type="radio"/> Dengue fever	<input type="radio"/> Mumps	<input type="radio"/> Viral hepatitis
<input type="radio"/> Diphtheria	<input type="radio"/> Paratyphoid fever	<input type="radio"/> West Nile virus infection
<input type="radio"/> Enterovirus 71 infection	<input type="radio"/> Plague	<input type="radio"/> Whooping cough
<input type="radio"/> <i>Escherichia coli</i> O157:H7 infection	<input type="radio"/> Psittacosis	<input type="radio"/> Yellow fever
<input type="radio"/> Food poisoning	<input type="radio"/> Q fever	
<input type="radio"/> <i>Haemophilus influenzae</i> type b infection (invasive)	<input type="radio"/> Rabies	

**Notified Under the Prevention of Spread of Infectious Diseases Regulations by**  
**Dr. Cheung Siu Yan (Gynaecological Oncology, Ward / Unit:** )

**Telephone Number:**  **Fax Number:**

Remarks:

**Step 3**  
 When form has been filled in, click "Continue" button.

 <b>衞生防護中心</b> <small>Centre for Health Protection</small>		<b>FORM 2</b> <b>PREVENTION AND CONTROL OF DISEASE ORDINANCE</b> <small>(Cap. 599)</small> <b>Notification of Infectious Diseases other than</b>			
<b>Confirmation page</b>					
<b>Particulars of Infected Person</b>					
Name in English	Name in Chinese	Age	Sex	<input type="radio"/> I.D. Card / <input checked="" type="radio"/> Passport No.	
CHAN TAI MAN	陳太文	18	Male	A1234567	
Residential address				Telephone No.	
HOPEWELL CENTRE, Wan Chai, Hong Kong				27127123 (Home)	
Name and address of workplace / school					
ABC COMPANY IFC, Central & Western, Hong Kong					
Job title / Class attended					
Name and address of food premises (applicable if the case is possibly related to a food premises)					
persons known to be affected. Date of consumption: (dd-mm-yyyy)					
Hospital / Clinic sent to (if any)				Hospital / A&E No.	
1.				1.	
2.				2.	
3.				3.	
Disease checked below on (dd-mm-yyyy)					
Acute poliomyelitis	Hantavirus infection	Relapsing fever			
Amoebic dysentery	Influenza A(H2) Influenza A(H5) Influenza A(H7) Influenza A(H9)	Rubella congenital rubella syndrome			
Anthrax	Japanese encephalitis	Scarlet fever			
Bacillary dysentery	Legionnaires' disease	Severe Acute Respiratory Syndrome			
Botulism	Leprosy	Smallpox			
Y Chickenpox	Leptospirosis	<i>Streptococcus suis</i> infection			

**Step 4**  
 Review information on Confirmation Page. Click "Submit" button or "Modify" button as appropriate.

 <b>衛生防護中心</b> Centre for Health Protection		<b>FORM 2</b> <b>PREVENTION AND CONTROL OF DISEASE ORDINANCE</b> (Cap. 599) Notification of Infectious Diseases other than Tuberculosis		 <b>CENO On-line</b> Central Notification Office & E-notification	
Thank you for your notification, the <b>Notification Number 11000080</b> is assigned for this case, you may print a copy for record purpose. Should you have any questions, please contact us at 2477 2772.					
Particulars of Infected Person					
Name in English	Name in Chinese	Age	Sex	<input type="radio"/> I.D. Card / <input checked="" type="radio"/> Passport No.	
CHAN TAI MAN	陳太文	18	Male	A1234567	
Residential address				Telephone No.	
HOPEWELL CENTRE, Wan Chai, Hong Kong				27127123 (Home)	
Name and address of workplace / school					
ABC COMPANY IFC, Central & Western, Hong Kong					
Job title / Class attended					
Name and address of food premises (applicable if the case is possibly related to a food premises)					
				persons known to be affected. Date of consumption: (dd-mm-yyyy)	
Hospital / Clinic sent to (if any)				Hospital / A&E No.	

**Step 5**  
 A Notification Number will be assigned to a successful submission as shown.

You may print a hard copy of notification record for reference.

\* If the reported disease is a "urgent disease", a message will pop up to remind you to call MCO

## Listing Reported Cases

 <b>衛生防護中心</b> Centre for Health Protection		 <b>CENO On-line</b> Central Notification Office & E-notification	
Name : <b>Dr. Cheung Siu Yan</b> Phone : <b>21252297</b>			
Name of hospital/ organization/ institution/ practice : Work district : <b>Sham Shui Po</b>			
<b>Main Menu</b>			
1.	Form: <a href="#">Tuberculosis Notification</a>		
2.	Form: <a href="#">Notification of Infectious Diseases other than Tuberculosis</a>		
3.	Form: <a href="#">Report on Poisoning or Communicable Diseases Not Specified in the Prevention and Control of Disease Ordinance</a>		
4.	Select Form by Disease <input type="text"/>		
<input type="button" value="Logout"/>		<input type="button" value="Edit Profile"/> <input checked="" type="button" value="Report Status"/>	

**Step 1**  
 Click "Report Status" button on the Main Menu page.



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CENO On-line  
Central Notification Office & E-notification

Dr. Cheung Siu Yan (M10002)

Tuberculosis Notification					
Notification No.	Notification Date (d-m-y h:m)	Patient Name	Age / Sex	Case Status	Means of Notification
Notification of Infectious Diseases other than Tuberculosis					
Notification No.	Notification Date (d-m-y h:m)	Patient Name	Age / Sex	Case Status	Means of Notification
11000080	16-03-2011 14:50	CHAN TAI MAN (陳大文)	18 / Male	New	
Report on Poisoning or Communicable Diseases Not Specified in the Prevention and Control of Disease Ordinance					
Notification No.	Notification Date (d-m-y h:m)	Patient Name	Age / Sex	Case Status	Means of Notification

Main Menu

Reported case

Case status

**Step 2**

You can view the submitted e-notification form by clicking the hyperlink of the corresponding Notification No.

## Five case status

-- which can be seen in CENO On-line

<b>New</b>	<b>Case newly reported by medical practitioner</b>
<b>Pending verification</b>	<b>Case received by CHP, pending verification by investigation team</b>
<b>Under investigation</b>	<b>Under investigation and surveillance</b>
<b>Completed</b>	<b>Investigation and surveillance completed</b>
<b>Deleted</b>	<b>Case deleted (e.g. duplicated report, does not fulfill surveillance case definition or diagnosis excluded.)</b>



# Scenario 1

## -- Food poisoning

- I have seen three patients suffering from food poisoning after sharing a suspicious meal. How can I report this food poisoning outbreak in CENO On-line?

Particulars of Infected Person					
Name in English		Name in Chinese		Age	Sex
<input type="text" value="WONG"/> <small>Surname</small>	<input type="text" value="MEI MEI"/> <small>Other Name</small>	<input type="text" value="王美美"/>	<input type="text" value="40"/>	<input type="text" value="Female"/>	<input type="radio"/> I.D. Card / <input type="radio"/> Passport No.
Residential Address <small>Check Address</small> ?					Telephone No.
<input type="text" value="112"/> <small>Flat/Rm</small>	<input type="text"/> <small>Floor</small>	<input type="text"/> <small>Block</small>	<input type="text" value="Block 5"/> <small>Building</small>	<input type="text" value="City Garden"/> <small>Estate</small>	<input type="text"/> <small>Home</small>
<input type="text"/> <small>Street No.</small>	<input type="text"/> <small>Street</small>	<input type="text" value="Eastern"/> <small>District</small>	<input type="text"/> <small>Geocode</small>	<input type="text" value="91239123"/> <small>Mobile</small>	<input type="text"/> <small>Office / school / others</small>
Name and address of workplace / school <small>Check Address</small> ?					
<input type="text"/> <small>Name of Place of Work / School Name</small>					
<input type="text"/> <small>Flat/Rm</small>	<input type="text"/> <small>Floor</small>	<input type="text"/> <small>Block</small>	<input type="text"/> <small>Building</small>	<input type="text"/> <small>Estate</small>	
<input type="text"/> <small>Street No.</small>	<input type="text"/> <small>Street</small>	<input type="text"/> <small>District</small>	<input type="text"/> <small>Geocode</small>		
Job title / Class attended					
<input type="text"/>					
Name and address of food premises (Applicable if the case is possibly related to a food premises) <small>Check Address</small> ?					
<input type="text" value="ABC壽司店"/> <small>Name of food premises</small>					<input type="text" value="4"/> <small>Number of persons known to be affected</small>
<input type="text"/> <small>Flat/Rm</small>	<input type="text"/> <small>Floor</small>	<input type="text"/> <small>Block</small>	<input type="text"/> <small>Building</small>	<input type="text"/> <small>Estate</small>	<input type="text" value="13-3-2011"/> <small>Date of consumption</small>
<input type="text" value="123"/> <small>Street No.</small>	<input type="text" value="NATHAN ROAD"/> <small>Street</small>	<input type="text" value="Yau Tsim Mong"/> <small>District</small>	<input type="text"/> <small>Geocode</small>		<input type="text"/> <small>(dd-mm-yyyy)</small>

### Step 1

Fill in patient's information, name and address of food premises, number of persons affected, and date of consumption

<input type="radio"/> Creutzfeldt-Jakob disease	<input type="radio"/> Meningococcal infection (pneumonia)	<input type="radio"/> Viral haemorrhagic fever
<div style="border: 1px solid black; padding: 5px;"> <p><b>Microsoft Internet Explorer</b></p> <p>Please enter the Address section for food poisoning according to the place and date of consumption of the suspected meal and no. of persons affected. For other details, please enter in the Remark section (e.g. suspected food items)</p> <p style="text-align: center;">確定</p> </div>		
<input type="radio"/> Escherichia coli O157:H7 infection	<input type="radio"/> Psittacosis	<input type="radio"/> Yellow fever
<input checked="" type="radio"/> Food poisoning	<input type="radio"/> Q fever	
<input type="radio"/> Haemophilus influenzae type b infection (invasive)	<input type="radio"/> Rabies	
<p>Notified Under the Prevention of Spread of Infectious Diseases Regulations by</p> <p>Dr. Cheung Siu Yan (Gynaecological Oncology, Ward / Unit: <input type="text"/>)</p> <p>Telephone Number: <input type="text" value="21252297"/> Fax Number: <input type="text"/></p> <p>Remarks:</p> <p>SUSPECTED FOOD : 三文魚壽司.  OTHER PATIENTS' INFORMATION :  (1) CHAN CHI HAN , E987654(3) , 45/M, 90007123.  (2) CHAN KA MING, Z123456(7) , 20/M, 95679888.  (3) CHAN WING YEE, Y765432(1) , 10/F, 97776333.]</p> <p style="text-align: center;"> <input type="button" value="Main Menu"/> <input type="button" value="Continue"/> <input type="button" value="Reset"/> </p>		

## Step 2

For other details, please enter in the Remark section (e.g. suspected food and other patients' information)

## Scenario 2

### -- Influenza A

## Are doctors required to report Influenza A cases to CENO?

- Doctors are required by law to report suspected or confirmed cases of Influenza A(H2), Influenza A(H5), Influenza A(H7) and Influenza A(H9)
- Generally no need to report cases of seasonal human influenza infection [e.g. Influenza A(H3N2), Influenza A(H1N1) or Influenza B].
- However, if a cluster of influenza cases occurring and institutional outbreak is suspected, please also report to CENO using notification form "Report to Department of Health on poisoning or communicable diseases other than those specified in the Quarantine and Prevention of Disease Ordinance"




Name : **Dr. Cheung Siu Yan**  
 Phone : **21252297**

Name of hospital/ organization/  
 institution/ practice :  
 Work district : **Sham Shui Po**

Main Menu	
1.	Form: <a href="#">Tuberculosis Notification</a>
2.	Form: <a href="#">Notification of Infectious Diseases other than Tuberculosis</a>
3.	Form: <a href="#">Report on Poisoning or Communicable Diseases Not Specified in the Prevention and Control of Disease Ordinance</a>
4.	Select Form by Disease <input type="text"/>

### Step 1

Choose "Report on Poisoning or Communicable Diseases Not Specified in the Prevention and Control of Diseases Ordinance"

**Particulars of Affected Person**

Name in English	Name in Chinese	Age	Sex	<input type="radio"/> I.D. Card / <input type="radio"/> Passport No.
CHAN <small>Surname</small>	TAI MAN <small>Other Name</small>	陳大文	6	Male
Residential Address <input type="button" value="Check Address"/> ?				Telephone No.
1 <small>Flat/Rm</small>	10 <small>Floor</small>	SHEUNG SHING HOSUE <small>Building</small>	UPPER NGAU TAI <small>Estate</small>	23112311 <small>Home</small>
<input type="text"/> <small>Street No.</small>	<input type="text"/> <small>Street</small>	Kwun Tong <small>District</small>	<input type="text"/> <small>Geocode</small>	<input type="text"/> <small>Mobile</small>
Name and address of workplace / school <input type="button" value="Check Address"/> ?				Office / school / others
ABC PRIMARY SCHOOL <small>Name of Place of Work / School Name</small>				
<input type="text"/> <small>Flat/Rm</small>	<input type="text"/> <small>Floor</small>	<input type="text"/> <small>Block</small>	<input type="text"/> <small>Building</small>	<input type="text"/> <small>Estate</small>
2 <small>Street No.</small>	WATERLOO ROAD <small>Street</small>	Kowloon City <small>District</small>	<input type="text"/> <small>Geocode</small>	
Job title / Class attended				
1A				

### Step 2

Fill in patient's information and name of school

Disease checked below  Suspected /  Confirmed on  (dd-mm-yyyy)

Suspected Outbreak  
no. of persons affected:

Infectious Disease  
 Chinese medicine-related Adverse Event  
 Heavy Metal Poisoning  
 Other Poisoning

Diseases and Conditions that are of public health concern:  
Influenza-like illness

Please specify:

Remark: For occupational infection or poisoning specified in Schedule 2 of the Occupational Safety and Health Ordinance, please notify Labour Department as appropriate. Details can be found on the website <http://www.labour.gov.hk>

**Reported by**  
Dr. Cheung Siu Yan (Gynaecological Oncology, Ward / Unit: )  
Telephone Number:  Fax Number:

Remarks:  
2 STUDENTS HAVE SIMILAR SYMPTOMS IN THE SAME SCHOOL.

### Step 3

Choose Suspected Outbreak, no. of person affected, and disease

For other details, please enter in the Remarks section

Click "Continue" and "Submit" the Notification

## Scenario 3 -- Tuberculosis

**HP** 衛生防護中心  
Centre for Health Protection

**C E N O** CENO On-line  
Central Notification Office & E-notification

Name : Dr. Cheung Siu Yan  
Phone : 21252297

Name of hospital/ organization/  
institution/ practice :  
Work district : Sham Shui Po

**Main Menu**

- Form: [Tuberculosis Notification](#)
- Form: [Notification of Infectious Diseases other than Tuberculosis](#)
- Form: [Report on Poisoning or Communicable Diseases Not Specified in the Prevention and Control of Disease Ordinance](#)
- Select Form by Disease

### Step 1

Choose Tuberculosis Notification

Particulars of Infected Person						
Name in English		Name in Chinese		Age	Sex	<input type="radio"/> I.D. Card / <input type="radio"/> Passport No.
chan	tsai man	陳大文	65	Male	e1234567 <small>( ) is not required. e.g. 2123456A</small>	
Residential Address: <input type="checkbox"/> Check Address		Telephone No.				
1		Block a	Telford Gardens	21232123		
Flat/Rm	Floor	Block	Estate	Home		
		Kwun Tong	Geocode	Mobile		
Street No.		Street		District		
<input checked="" type="checkbox"/> Lung	<input type="checkbox"/> Meninges		Smear	Culture	PCR test	Smear
<input type="checkbox"/> Pleura	<input checked="" type="checkbox"/> Bone & Joint	Positive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Lymph node	<input type="checkbox"/> Urinary system	Negative	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Miliary	<input type="checkbox"/> Genital system	Unknown	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Other(s) (please specify)		Not done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Duration of stay in Hong Kong :		Disposal				
65 Years		<input type="radio"/> Treatment started on <input type="text"/> (dd-mm-yyyy)				
History of past treatment for TB:		<input type="radio"/> On observation				
<input checked="" type="radio"/> Yes <input type="radio"/> No		<input checked="" type="radio"/> Referred to TB Chest Hospital/Clinic/Private Practitioner				
If yes, YEAR first receiving treatment:		<input type="radio"/> Died on <input type="text"/> (dd-mm-yyyy)				
(e.g. 2001)						
<b>Notified under the Prevention of the Spread of Infectious Diseases Regulations by</b> <b>Dr. Cheung Siu Yan (Gynaecological Oncology, Ward / Unit: <input type="text"/>)</b>						
Telephone Number: 21252397		Fax Number: <input type="text"/>				
(Please TICK whichever is applicable)						
<input checked="" type="checkbox"/> "I will arrange for examination of contacts myself."						
<input type="checkbox"/> "Please arrange for examination of contacts."						
Further Remarks:						
<input type="text"/>						
<input type="button" value="Main Menu"/>		<input type="button" value="Continue"/> <input type="button" value="Reset"/>				

## Step 2

Fill in the patient's information and clinical diagnosis, then click "Continue" and "Submit" the notification



**If you have any enquiry about notification of infectious diseases, please phone CENO at 2477 2772 during office hours.**

# Q & A

### A Introduction

- ◆ The Government launched the Elderly Health Care Voucher Pilot Scheme (HCVS) in 2009, to provide five health care vouchers of \$50 each to elders aged 70 or above annually, to partially subsidise their use of private primary healthcare (PHC) services.
- ◆ The vouchers can be used, by a voucher recipient of a validated account, to settle the service fees of an enrolled healthcare service provider who can redeem the vouchers in arrears on a monthly basis. However, health care vouchers cannot be used to purchase drugs at pharmacies or other medical items
- ◆ Healthcare service providers who wish to participate in the Elderly Health Care Voucher Pilot Scheme should register with the Department of Health in advance. The Department of Health will issue them with the Elderly Health Care Voucher Pilot Scheme logo, to be displayed outside their practices for identification. They will also be issued with a username, a personal password and a security token for accessing the eHealth System.
- ◆ The healthcare service providers practising in private sector eligible to enroll in the Elderly Health Care Voucher Pilot Scheme are: medical practitioners, registered Chinese medicine practitioners, dentists, chiropractors, registered nurses, enrolled nurses, physiotherapists, occupational therapists, radiographers and medical laboratory technologists.
- ◆ Enrolment and scheme related documents and can be downloaded from the following webpage: [http://www.hcv.gov.hk/eng/pro\\_enrolment.htm](http://www.hcv.gov.hk/eng/pro_enrolment.htm)

### B Login to eHealth System

#### Step 1

Shortcut of 'eHealth System' located on desktop:



Double click the icon to access the 'eHealth System'.

#### Step 2

eHealth System Training



Click

the 'Service Provider Login'.

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## Proficiency Training for eHealth Professionals - Workshop

### Step 3

A screenshot of the eHealth System Training login page. The page has a header with the "eHealth System Training" logo and a stethoscope graphic. Below the header is a navigation menu on the left with items like "User Manual", "Useful Link", "FAQs", "Contact Us", "Easy Guide", "Download Area", and "Release Notes". The main content area contains a login form with fields for "Service Provider ID / Username", "Password", and "Token Passcode". There are radio buttons for "Service Provider" (selected) and "Data Entry Account". A "Login" button is at the bottom, circled in red. Red arrows labeled A, B, and C point to the input fields. A "Forgot Password" link is next to the username field. An image of a token device is shown on the right with a "Token Passcode" label. The top right corner has text: "Text Only Version 繁體 繁體 醫健通 ehealth 香港特別行政區政府 HSAR GOVT".

Refer to the information on Supplementary Document, input:

- A. Service Provider ID
- B. Password
- C. Token Passcode

Click to login.

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## Proficiency Training for eHealth Professionals - Workshop



### Step 4

A screenshot of the eHealth System Training user interface. The page header includes the "eHealth System Training" logo, a stethoscope image, and language selection options for "繁體" and "English". The user's name "HO, SIU SANG" is displayed, along with "Inbox" and "Logout" buttons. A vertical "Menu" on the left lists various services: Claim, Record Confirmation, Claim Transaction Management, eHealth Account Rectification, Monthly Statement, My Profile, User Manual, Release Notes, Useful Link, FAQs, Contact Us, Easy Guide, and Download Area. The main content area shows "Login Information" with the last successful login on 03 Mar 2011 at 16:33. A warning message states: "Your password has not been changed for 388 days. To better safeguard the system security, you are advised to change your password now." Below this is a "Task List" section with a red heading "List of Outstanding Temporary eHealth Account Pending Rectification" and a "GO" button. The text below the heading reads: "You have 1 unrectified eHealth account(s). You are reminded to rectify the details in this/these eHealth account(s) immediately. Unless an eHealth account is rectified, the claim(s) under the account, if any, cannot be reimbursed."

When the login is successful, the home page above will be displayed.

You can click on the links at the top right corner to switch the displayed language.

### C Temporary eHealth Account Creation

#### Step 1



The screenshot shows the 'eHealth System Training' interface for user 'HO, SIU SANG'. The 'Claim' menu item is highlighted with a red circle and an arrow. The 'Login Information' section shows the last successful login on 03 Mar 2011 and a password change notification. The 'Task List' section indicates one unrectified eHealth account.

Click 'Claim' on the menu.

#### Step 2



The screenshot shows the 'Claim' page with a table of practices. The first practice, 'Sheung Kin Chinese Medicine Clinic (1)', is highlighted with a red circle and an arrow. The table lists two practices, both with 'Health Care Voucher Scheme'.

Please select Practice	
Sheung Kin Chinese Medicine Clinic (1)[XXX-000-000XXXXXX] [Shop A, G/F, 10 Hei Lok Street, MONGKOK, KOWLOON] - Health Care Voucher Scheme	
Sheung Hong Chinese Medicine Clinic (2)[XXX-000-000XXXXXX] [1/F, Kin Lok Building, 8 Sheung Hay Street, WAN CHAI, HONG KONG] - Health Care Voucher Scheme	

Select a location if you have multiple practices.

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### Step 3



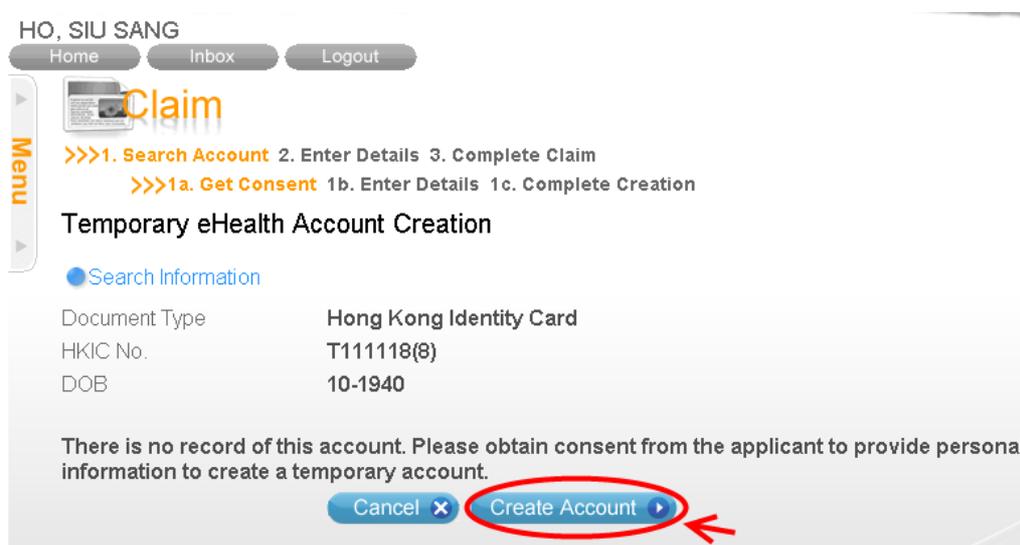
Input the information of 'Voucher Recipient A' on Supplementary Document:

A. HKIC No.

B. Date of Birth

Click 'Search' to continue.

### Step 4



System shows that there is no matching record exists, select 'Create Account'.

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### Step 5



Input the information of 'Voucher Recipient A':

- A. Surname
- B. Given Name
- C. Chinese Commercial Code (CCC)
- D. Select Gender
- E. Issue Date

Click 'Next' to continue.

### Step 6



Based on the CCC input, system will show the Chinese Name.

Verify the Chinese Name and press 'Confirm'.

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## Proficiency Training for eHealth Professionals - Workshop

### Step 7

Home    Inbox    Logout

### Claim

>>>1. Search Account    2. Enter Details    3. Complete Claim  
1a. Get Consent >>>    1b. Enter Details    1c. Complete Creation

#### Confirm Details

Account Information

Document Type    Hong Kong Identity Card  
Name    LI, HONG LAN (李香蘭)  
DOB    10-1940  
Gender    Female  
Date of Issue    14-12-04  
HKIC No.    T111118(8)

I declare that the information given in this return is true, correct and complete. I have obtained consent from the applicant for the collection and use of his/her personal information for creating an eHealth account, administration and monitoring of respective Schemes related to such account, including but not limiting to a verification procedure by electronic means with the data kept by the Immigration Department.

Back    Confirm

Check the declaration and click 'Confirm' to continue.

### Step 8

Home    Inbox    Logout

### Claim

>>>1. Search Account    2. Enter Details    3. Complete Claim  
1a. Get Consent    1b. Enter Details >>>    1c. Complete Creation

Temporary eHealth Account has been created!

Account Information

Reference No.    C11303-19-4  
eHealth Account Creation Time    03 Mar 2011 16:55  
Document Type    Hong Kong Identity Card  
Name    LI, HONG LAN (李香蘭)  
DOB    10-1940  
Gender    Female  
Date of Issue    14-12-04  
HKIC No.    T111118(8)

Proceed to Claim    Next Creation

Temporary eHealth Account has been created now.

Click 'Proceed to Claim' to continue.

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## Proficiency Training for eHealth Professionals - Workshop

### Step 9

1. Search Account >>> 2. Enter Details 3. Complete Claim

#### Enter Details

##### Account Information

Document Type: Hong Kong Identity Card  
Name: LI, HONG LAN (李香蘭) Date of Birth / Gender: 10-1940 / Female  
HKIC No.: T111XXX(X) Date of Issue: 14-12-04

##### Claim Information

Practice: Sheung Kin Chinese Medicine Clinic (1)  
Scheme: Health Care Voucher Scheme  
Service Date: 03-03-2011  
Available Voucher: 10 (@\$50)  
No. of Unit Redeemed:  1  2  3  4  5  Other  
Total Amount: \$100  
Reason for Visit: Management of acute episodic condition (A)  
Chinese Medicine therapy (internal or external application) (B)

Select the number of unit to be redeemed (Total Amount will be updated automatically).

Choose the reason for visit from the drop down menu:

A. Management of acute episodic condition

B. Chinese Medicine therapy (internal or external application)

### Step 10

##### Account Information

Document Type: Hong Kong Identity Card  
Name: LI, HONG LAN (李香蘭) Date of Birth / Gender: 10-1940 / Female  
HKIC No.: T111XXX(X) Date of Issue: 14-12-04

##### Claim Information

Practice: Sheung Kin Chinese Medicine Clinic (1)  
Scheme: Health Care Voucher Scheme  
Service Date: 03-03-2011  
Available Voucher: 10 (@\$50)  
No. of Unit Redeemed:  1  2  3  4  5  Other  
Total Amount: \$100  
Reason for Visit: Management of acute episodic condition  
Chinese Medicine therapy (internal or external application)  
Buttons: Cancel, Claim

Review all the information and press 'Claim'.

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## Proficiency Training for eHealth Professionals - Workshop

### Step 11

#### Account Information

Document Type **Hong Kong Identity Card**  
Name **LI, HONG LAN (李香蘭)** Date of Birth / Gender **10-1940 / Female**  
HKIC No. **T111XXX(X)** Date of Issue **14-12-04**

#### Claim Information

Scheme **Health Care Voucher Scheme**  
Service Date **03 Mar 2011**  
Practice **Sheung Kin Chinese Medicine Clinic (1)**  
Bank Account No. **XXX-000-000XXXXXX**  
Service Type **Registered Chinese Medicine Practitioners**  
Reason for Visit **Management of acute episodic condition  
- Chinese Medicine therapy (internal or external application)**  
No. of Unit Redeemed **2 (\$100)**

 **Print "full version" of consent form**  中文  English 

I hereby confirm that I have rendered health care service to the service recipient and the service fee charged to the service recipient is reduced by the amount claimed accordingly. I also confirm that the service recipient has signed the required consent form and the information as shown is correct.

[Back](#) [Confirm](#)

Please choose this option for printing the consent form for each transaction.

**Not to print**

If you choose this option, you need "pre-printed forms" which can be downloaded from the ["Download Area"](#).

**Print the "full version"**

**Print the "condensed version"**

If you choose this option, you need to show the consent to transfer personal data to the recipients before obtaining their consent for use of subsidy/vouchers. The forms for the respective schemes can be downloaded from the ["Download Area"](#).

[Cancel](#) [Select](#)

The printer icon can be used to change the printing settings/options for printing the consent form. Click 'Print "full version" of consent form' to preview.



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## Proficiency Training for eHealth Professionals - Workshop



### Step 13

(請沿線撕下)

---

醫療券使用紀錄

致： 李香蘭

應診的醫療服務提供者： 何小生

到診日期： 2011年03月03日

到診前醫療券數目： 10 **A**

該次診症使用的醫療券數目： 2 **B**

醫療券餘數： 8 **B**

(此部份由電腦印發，無須簽署。)

Receipt for the Voucher Recipient:

- A. Number of health care voucher used in this visit
- B. Number of health care voucher remains

### Step 14

● Account Information

Document Type	Hong Kong Identity Card	Date of Birth / Gender	10-1940 / Female
Name	LI, HONG LAN (李香蘭)	Date of Issue	14-12-04
HKIC No.	T111XXX(X)		

● Claim Information

Scheme	Health Care Voucher Scheme
Service Date	03 Mar 2011
Practice	Sheung Kin Chinese Medicine Clinic (1)
Bank Account No.	XXX-000-000XXXXXX
Service Type	Registered Chinese Medicine Practitioners
Reason for Visit	Management of acute episodic condition - Chinese Medicine therapy (internal or external application)
No. of Unit Redeemed	2 (\$100)

Print "full version" of consent form    中文    English

I hereby confirm that I have rendered health care service to the service recipient and the service fee charged to the service recipient is reduced by the amount claimed accordingly. I also confirm that the service recipient has signed the required consent form and the information as shown is correct.

Back    Confirm

Select the declaration checkbox, before clicking 'Confirm'.

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## Proficiency Training for eHealth Professionals - Workshop



### Step 15

The screenshot shows the 'eHealth System Training' interface. At the top, the user is identified as 'HO, SIU SANG' with navigation buttons for 'Home', 'Inbox', and 'Logout'. A 'Claim' section is active, showing a progress bar with three steps: '1. Search Account', '2. Enter Details', and '3. Complete Claim'. A green checkmark icon and a message box state: 'Claim completed! Please record the Transaction No. to Consent Form.' Below this, the 'Account Information' section displays details for a Hong Kong Identity Card holder: LI, HONG LAN (李香蘭), born 10-1940, female, HKIC No. T111XXX(X), issued 14-12-04. The 'Claim Information' section shows a transaction number 'TV11303-10-1' (highlighted with a red box and an arrow), transaction time '03 Mar 2011 17:00', scheme 'Health Care Voucher Scheme', service date '03 Mar 2011', practice 'Sheung Kin Chinese Medicine Clinic (1)', bank account 'XXX-000-000XXXXXX', service type 'Registered Chinese Medicine Practitioners', and reason for visit 'Management of acute episodic condition - Chinese Medicine therapy (internal or external application)'. At the bottom, a table shows the number of units: 10 before redemption, 2 (\$100) redeemed, and 8 remaining. Two buttons are visible: 'Next Claim' (circled in red with an arrow) and 'Claim For Same Patient'.

(Before redeem)	(Redeem)	(Remain)
10	2 (\$100)	8

The claim process has been completed and a transaction number was generated. Please remember to write the transaction no. on the consent form! Press 'Next Claim' to return to the home page.

## D Claiming process for Validated Voucher Account

### Step 1



The screenshot shows a user interface for a healthcare professional. At the top, the user is identified as 'HO, SIU SANG' with navigation buttons for 'Home', 'Inbox', and 'Logout'. A 'Claim' banner is visible, followed by a progress indicator: '>>>1. Search Account 2. Enter Details 3. Complete Claim'. The 'Search Account' section displays the selected practice as 'Sheung Kin Chinese Medicine Clinic (1)' and the scheme as 'Health Care Voucher Scheme'. Below this, there is a 'Pre-filled Consent No.' field with the value 'PXXXXX-' and a 'GO' button. A 'Document Type' section contains several radio button options: 'Hong Kong Identity Card' (selected), 'Certificate of Exemption', 'Hong Kong Birth Certificate (Established)', 'Hong Kong Re-entry Permit', 'Non-Hong Kong Travel Documents', and 'Certificate Issued by the Births and Registry for adopted children'. A prompt reads 'Please input information OR read Smart ID Card to search eHealth Account'. Two input fields are provided: 'HKIC No.' labeled 'A' and 'Date of Birth' labeled 'B', both with red arrows pointing to them. A 'Search' button is circled in red, and a 'Read Card and Search' button is also visible.

Input the information of 'Voucher Recipient B' on Supplementary Document:

A. HKIC No.

B. Date of Birth

Click 'Search' to continue.

# Systematic Training Programme and Certification for Healthcare and IT Practitioners



## Proficiency Training for eHealth Professionals - Workshop

### Step 2



1. Search Account >>> 2. Enter Details 3. Complete Claim

#### Enter Details

**Account Information**

Document Type	Hong Kong Identity Card	Date of Birth / Gender	12-08-1936 / Female
Name	CHONG, LO TOU (莊老道)	Date of Issue	12-09-08
HKIC No.	T111XXX(X)		

**Claim Information**

Practice: Sheung Kin Chinese Medicine Clinic (1)

Scheme: Health Care Voucher Scheme

Service Date: 03-03-2011

Available Voucher: 13 (@\$50)

No. of Unit Redeemed:  1  2  3  4  5  Other

Total Amount: \$50

Reason for Visit:

A validated eHealth account was found.

Select the number of unit to redeem, state the reason for visit and press 'Claim' to continue.

### Step 3

**Account Information**

Document Type	Hong Kong Identity Card	Date of Birth / Gender	12-08-1936 / Female
Name	CHONG, LO TOU (莊老道)	Date of Issue	12-09-08
HKIC No.	T111XXX(X)		

**Claim Information**

Scheme: Health Care Voucher Scheme

Service Date: 03 Mar 2011

Practice: Sheung Kin Chinese Medicine Clinic (1)

Bank Account No.: XXX-000-000XXXXXX

Service Type: Registered Chinese Medicine Practitioners

Reason for Visit: Preventive  
- Preventive care with Chinese medicine (internal or external application)

No. of Unit Redeemed: 3 (\$150)

中文  English

I hereby confirm that I have rendered health care service to the service recipient and the service fee charged to the service recipient is reduced by the amount claimed accordingly. I also confirm that the service recipient has signed the required consent form and the information as shown is correct.

Review the information and click 'Print "full version" of consent form'.

# Systematic Training Programme and Certification for Healthcare and IT Practitioners



## Proficiency Training for eHealth Professionals - Workshop

### Step 4

#### Account Information

Document Type: Hong Kong Identity Card  
Name: CHONG, LO TOU (莊老道) Date of Birth / Gender: 12-08-1936 / Female  
HKIC No.: T111XXX(X) Date of Issue: 12-09-08

#### Claim Information

Scheme: Health Care Voucher Scheme  
Service Date: 03 Mar 2011  
Practice: Sheung Kin Chinese Medicine Clinic (1)  
Bank Account No.: XXX-000-000XXXXXX  
Service Type: Registered Chinese Medicine Practitioners  
Reason for Visit: Preventive  
- Preventive care with Chinese medicine (internal or external application)  
No. of Unit Redeemed: 3 (\$150)

I hereby confirm that I have rendered health care service to the service recipient and the service fee charged to the service recipient is reduced by the amount claimed accordingly. I also confirm that the service recipient has signed the required consent form and the information as shown is correct.

Print "full version" of consent form    中文    English

Back    Confirm

After previewing the consent form, click and declaration checkbox and then 'Confirm'.

### Step 5

Health System Training

Home    Inbox    Logout

Claim

1. Search Account 2. Enter Details >>> 3. Complete Claim

Claim completed! Please record the Transaction No. to Consent Form.

#### Account Information

Document Type: Hong Kong Identity Card  
Name: CHONG, LO TOU (莊老道) Date of Birth / Gender: 12-08-1936 / Female  
HKIC No.: T111XXX(X) Date of Issue: 12-09-08

#### Claim Information

Transaction No.: **TV11303-11-3**  
Transaction Time: 03 Mar 2011 17:03  
Scheme: Health Care Voucher Scheme  
Service Date: 03 Mar 2011  
Practice: Sheung Kin Chinese Medicine Clinic (1)  
Bank Account No.: XXX-000-000XXXXXX  
Service Type: Registered Chinese Medicine Practitioners  
Reason for Visit: Preventive  
- Preventive care with Chinese medicine (internal or external application)

No. of Unit	(Before redeem)	(Redeem)	(Remain)
	13	3 (\$150)	10

Next Claim    Claim For Same Patient

Transaction has been completed and the transaction number is shown.

Click the 'home' button to return to the home page.

### E Rectify Temporary eHealth Account

Information of temporary eHealth accounts will be validated with Immigration Department. If the validation is completed successfully, the temporary eHealth accounts will become validated eHealth accounts and the related claims, if any, can be reimbursed. If the validation failed, the temporary eHealth account will be marked as 'Validation Failed' and service provider is required to rectify the incorrect information.

#### Step 1



The screenshot displays the eHealth System Training interface. At the top, the user is identified as 'HO, SIU SANG' with 'Inbox' and 'Logout' buttons. A vertical 'Menu' on the left contains several options: 'Claim', 'Record Confirmation', 'Claim Transaction Management', 'eHealth Account Rectification' (highlighted with a red box and arrow), 'Monthly Statement', and 'My Profile'. The main content area features a 'Login Information' section with 'Last Successful Login: 03 Mar 2011 16:33' and 'Last Failure Login: --'. Below this is a warning message: 'Your password has not been changed for 388 days. To better safeguard the system security, you are advised to change your password now.' The 'Task List' section is titled 'List of Outstanding Temporary eHealth Account Pending Rectification' (highlighted with a red arrow) and states: 'You have 1 unrectified eHealth account(s). You are reminded to rectify the details in this/these eHealth account(s) immediately. Unless an eHealth account is rectified, the claim(s) under the account, if any, cannot be reimbursed.' A red 'GO' button with a right-pointing arrow is circled in red and also highlighted with a red arrow.

Alert is displayed on home page if there is any pending rectification required.

Either click the 'Go' button or select 'eHealth Account Rectification' on the menu.

## Proficiency Training for eHealth Professionals - Workshop

### Step 2



HO, SIU SANG  
Home Inbox Logout

### eHealth Account Rectification

eHealth Account Record

eHealth Account Rectification List **Validation Failed**

Document Type	Identify Document No.	Date of Issue	Name	DOB	Gender	Reference No.	Transaction No.	Record Status
HKIC	T111XXX(4)	15-09-2006	MO, NGOR (巫我)	01-09-1925	Female	C10208-93-7	TV10208-45-3	Validation Failed

Page 1 of 1 (1 items)

'Validation Failed' transaction is found.

Click the 'HKIC no.' for details.

### Step 3



Home Inbox Logout

### eHealth Account Rectification

#### Rectify eHealth Account Information

Reference No. C10208-93-7

Document Type Hong Kong Identity Card

HKIC No. T111218(4)

Date of Birth 01-09-1925

Name in English MO, NGOR  
(Surname) (Given name)

Chinese Commercial Code 1566 2053 Chinese Name

Name in Chinese 巫我

Gender  Female  Male

Date of Issue 15-09-06

Creation Method Manual Input

Transaction No. TV10208-45-3

Back Save View Transaction

Verify the information of 'Voucher Recipient C' carefully and make necessary amendment(s).

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### Step 4



Home    Inbox    Logout

### eHealth Account Rectification

**Rectify eHealth Account Information**

Reference No.	C10208-93-7
Document Type	Hong Kong Identity Card
HKIC No.	T111218(4)
Date of Birth	1925
Name in English	MO NGOR
	(Surname) (Given name)
Chinese Commercial Code	1566 2053 [ ] [ ] [ ] [ ] <a href="#">Chinese Name</a>
Name in Chinese	巫我
Gender	<input checked="" type="radio"/> Female <input type="radio"/> Male
Date of Issue	15-09-06
Creation Method	Manual Input
Transaction No.	TV10208-45-3

[Back](#) [Save](#) [View Transaction](#)

Press 'Save' after corrections have been completed.

### Step 5



### eHealth Account Rectification

**Confirm Information Rectified**

Document Type	Hong Kong Identity Card
HKIC No.	T111218(4)
Name	MO, NGOR (巫我)
DOB	1925
Gender	Female
Date of Issue	15-09-06

[Back](#) [Confirm](#)

Please review information displayed and 'Confirm'.

# Systematic Training Programme and Certification for Healthcare and IT Practitioners

## Proficiency Training for eHealth Professionals - Workshop

### Step 6



Details will be verified by Immigration Department.  
Click 'Home' to return to home page.

### Step 7



Previous alert is not displayed anymore.

## **F Related Links of Health Care Voucher**

Elderly Health Care Voucher Pilot Scheme <http://www.hcv.gov.hk>

eHealth System Login <https://apps.hcv.gov.hk>

Health Care Voucher Unit, Department of Health

Tel: 3582 4102

Fax: 3582 4115

Email: [hcvu@dh.gov.hk](mailto:hcvu@dh.gov.hk)

Illustrations are screen captures from eHealth System,  
courtesy of the Health Care Voucher Unit, Department of Health,  
The Government of the Hong Kong Special Administrative Region