

Colorectal Cancer Screening Programme
Subsidy Redemption Form for Provision of Colonoscopy Services

Undertaking and Declarations

1. Under the Programme, I understand that I will receive Government's subsidy for receiving a standard package of colonoscopy service ("Standard Package") which includes
 - (a) one pre-procedural consultation in which the enrolled Colonoscopy Specialist (CS) would assess my fitness for colonoscopy, explain the procedure, risks and complications, reach a mutual agreement with me on the management plan in case complications arise, seek my informed consent for the procedure and prescribe for bowel preparation;
 - (b) colonoscopy examination as a day case including conscious sedation, consumables for removal of polyp e.g. clips, hot biopsy forceps or snare; and
 - (i) where the colonoscopy examination is successful and polyp(s) is/are detected and removed during the examination, the histopathology report featuring the pathology result of the removed polyp(s); and
 - (ii) where the colonoscopy examination is not successful, repeated colonoscopy examination;
 - (c) post-procedural consultation(s) which can be optional depending on the result of colonoscopy examination and the clinical need for explaining the result, making referral and other post-procedural clinical care as appropriate.
2. In circumstance where colonoscopy is not successful, apart from the option of repeating colonoscopy as in Paragraph 1 (b)(ii), I understand the enrolled CS may refer me for Computed Tomography Colonography which its charges will be fully paid by the Government.
3. I understand that the Standard Package shall not include (a) overnight stay in hospital, (b) monitored anesthetic care or general anesthesia. If I need this service, I shall pay it out of my own pocket.
4. Depending on my choice of enrolled CS, I may need to pay a co-payment fee as published in the Prevent Colorectal Cancer website (www.ColonScreen.gov.hk) and the mini-poster at the Health Care Institution and acknowledge that the co-payment fee may be different with respect to the colonoscopy result where polyp is removed or not removed, even though the Government has provided a subsidy for the standard package of colonoscopy service under the Programme.
5. In the following scenario, I understand that the enrolled CS will make referral for further clinical management under the usual care pathway outside the Programme, for instance receiving clinical care in institutes under the Hospital Authority or in the private sector, which will not be subsidised under the Programme:
 - (a) Colonoscopy examination is successful but detected polyp(s) is/are not completely removed
 - (b) Complication arising from the colonoscopy examination including but not limited to bleeding, infection, severe reaction to sedation, bowel perforation
 - (c) Colorectal cancer or other lesion is detected after the colonoscopy examination.
6. Under the Programme, I understand that the enrolled CS shall be professionally accountable for all related clinical care and management including but without limitation to seeking informed consent, explaining the risks and complications of undergoing colonoscopy examination, reaching mutual agreement on the management plan in case complications arise. I understand that the Government has no responsibilities and obligations in this context.
7. I understand that if I withdraw from or exit the Programme; or withdraw from eHRSS, the enrolled CS will no longer be able to access to and has no further obligation to inform me of my examination results. Thus, I will be at risk of missing significant examination results.
8. I hereby agree to transfer and release to the Government, its agents, or other persons authorised by the Government (a) my personal data, (b) my correspondence address, (c) my contact telephone number and (d) any information (including but not limited to the clinical information) related to the Programme for the use by the Government for the purposes as set out in the "Statement of Purpose". My personal data includes:-
 - In the case of HKIC holder, my HKIC number, name (in English and Chinese), sex, date of birth, date of issue of HKIC;
 - In the case of Certificate of Exemption holder, my HKIC number, name (in English and Chinese), sex, date of birth, Serial number, Reference number, issue date as shown on the Certificate of Exemption.My correspondence address and contact telephone number refer to those captured under the eHRSS.

9. I note that the Government may contact me by calling my contact telephone number or/and sending correspondence to my correspondence address for the purposes as set out in the “Statement of Purpose”
10. I agree to authorise the enrolled CS to read my name (in English and Chinese), sex, HKIC number, date of birth and date of issue stored in the chip embodied in the HKIC for the purposes as set out in the “Statement of Purpose”.
11. I agree that my personal data and any information collected and stored in the Colorectal Cancer Information Technology System under the Programme will be transferred onto the eHRSS for access by healthcare providers whom I have given consent under the eHRSS.
12. I understand this Form (including these Undertaking and Declarations) shall be governed by and construed in accordance with the laws of Hong Kong Special Administrative Region and I, and the Government shall irrevocably submit to the exclusive jurisdiction of the Hong Kong Special Administrative Region.
13. I have read this form (including these Undertaking and Declarations) carefully and fully understood my obligations and liability under these Undertaking and Declarations.
(For illiterate participant: This form including these Undertaking and Declarations has been read over and explained to me and I fully understood my obligations and liability.)
14. I declare that the information provided in this Form is factually correct.
15. I understand that I should observe the Prevention of Bribery Ordinance (Cap. 201) and should not offer to, solicit or accept from any person any advantage as defined in the Ordinance.

Statement of Purpose

Purpose of Data Collection

Any information, including the personal and clinical data as well as contact details provided under the Programme will be used by the Government for one or more of the following purposes:

- a. Administration, monitoring, auditing and evaluation of the Programme including but not limited to processing subsidy payment, providing necessary health care service and continuity of care to participant, sending reminder(s) for colorectal cancer screening, and investigation of incidents and complaints;
- b. Statistical, programme monitoring, evaluation and research purposes; and
- c. Any other legitimate purposes as may be required, authorised or permitted by law.

The provision of any information, including the personal data is voluntary. However, if insufficient information is provided, you may not be able to participate in the Programme.

Classes of Transferees

The personal data you provided are mainly for use within the Government but they may also be disclosed by the Government to other persons, organisations, and third parties for any of the purposes stated in paragraphs (a) to (c) above, if required.

Access to Personal Data

You have a right to request access to and correction of your personal data under sections 18 and 22 and Data Protection Principle 6, Schedule 1 of the Personal Data (Privacy) Ordinance (Cap. 486). The Department of Health may impose a fee for complying with a data access request. Request for access to or correction of the personal data should be made in writing to:-

Programme Office, CRC Screening Programme, Department of Health
19/F, Kwun Tong View, 410 Kwun Tong Road, Kwun Tong, Kowloon
Tel no.: 3565 6288

Enquiries

Enquiries regarding the personal data provided, including the making of access and corrections, should be addressed to:-
Programme Office, CRC Screening Programme, Department of Health
19/F, Kwun Tong View, 410 Kwun Tong Road, Kwun Tong, Kowloon
Tel no.: 3565 6288