



**Department of Health**  
**Breast Cancer Screening Pilot Programme**  
**Participant Consent Form**

**Part 1 Personal particulars of participant**

|                                     |
|-------------------------------------|
| Name (English and Chinese):         |
| Hong Kong Identity Card (HKIC) No.: |
| Contact No.:                        |
| Date of Birth:                      |
| Correspondence Address:             |
| BCSPP Enrolment Reference No.:      |

**Part 2 Undertaking and Declarations**

1. I hereby consent to participate in the Breast Cancer Screening Pilot Programme ("Programme").
2. Under the Programme, I understand that:-
  - a. Breast cancer screening will be provided by the non-governmental organisations ("NGOs") service providers designated by the Government of the Hong Kong Special Administrative Region ("Government"), including but not limited to mammography ("MMG") and breast ultrasound scanning ("USG") service providers (collectively, "Service Providers");
  - b. The Service Providers shall be professionally accountable for all related clinical care and management. The Government bears no responsibility and obligation in relation to the related clinical care and management;
  - c. I will receive subsidy from the Government for the following services:-
    - i. MMG;
    - ii. USG (if indicated); and
    - iii. Follow up MMG or/and USG (if indicated)
  - d. No screening test, including MMG and USG adopted in the Programme, is 100% accurate, which means:
    - i. I may suffer from breast cancer even if the screening result is negative, of which I would be informed by the Service Providers. Hence, I should still be aware of any symptoms of breast cancer and seek prompt medical advice accordingly. I am fully aware of the importance of repeated screening at regular intervals; OR
    - ii. I may not suffer from breast cancer even if the screening result is positive. I understand that if the result of breast cancer screening is positive, the Service Providers will inform me and explain its implication, subsequent investigation (such as tissue biopsy) and refer me for further management if necessary;
  - e. If referral to other institutions for further management is required, the Government will not provide any subsidy for such clinical care.
  - f. The Government will not provide any subsidy for Magnetic Resonance Imaging (MRI) service which is not covered under the Programme.

3. I may need to pay the co-payment fees or deposits required by the chosen Service Providers.
4. I understand that if I withdraw from the Programme, or withdraw from Electronic Health System (eHealth), the Service Providers will no longer be able to access to and have no further obligation to inform me of my screening results. Thus, I will be at risk of missing significant screening results.
5. I hereby agree to provide to the Government, the Service Providers and their respective agents (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 or/and the Service Providers 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), date of birth, and issue date;
- In the case of Certificate of Exemption holder, my HKIC number, name (in English and Chinese), date of birth, Serial number, Reference number, and issue date as shown on the Certificate of Exemption;

My correspondence address and contact telephone number refer to those captured under the eHealth.

6. I note that the Government, the Service Providers or their respective agents 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".
7. I agree to the Government, Service Providers or their respective agents to access my name (in English and Chinese), HKIC number, date of birth and date of issue stored in the chip embodied in the HKIC and any information related to the Programme for the purposes as set out in the "Statement of Purpose".
8. I acknowledge that my personal data and any information related to the Programme will be collected and stored by the Service Providers, and transferred and released to the Government for the purposes as set out in the "Statement of Purpose".
9. I agree that my personal data and any information collected and stored in the Information Technology System under the Programme will be transferred onto the eHealth for access by healthcare providers whom I have given consent under the eHealth.
10. I consent to and authorise the Government to (i) obtain from the Hospital Authority clinical information related to the diagnosis and management of my breast condition and (ii) use such information for the purpose of evaluating the Programme. My consent given under this paragraph shall survive the expiration of the term of the Programme.
11. I confirm that I am not providing services under the Programme to myself as an enrolled PCD or radiologist.
12. I understand that this consent (including these Undertaking and Declarations) shall be governed by and construed in accordance with the laws of the Hong Kong Special Administrative Region and I agree to submit to the exclusive jurisdiction of the courts of the Hong Kong Special Administrative Region.
13. I have read this consent (including these Undertaking and Declarations) carefully and fully understood my obligations and liability under these Undertaking and Declarations.  
(For illiterate participant: This consent including these Undertaking and Declarations has been read over and explained to me and I fully understand my obligations and liability.)
14. I declare that the information provided in this Consent 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 said Ordinance.
16. I understand that by signing the consent form, I agree to accept all the terms in this Consent Form unconditionally.
17. I confirm that I have enrolled in the eHealth. I hereby consent to participate in the Breast Cancer Screening Pilot Programme ("Programme").

Signature of participant (or finger print if illiterate): \_\_\_\_\_

Complete only if the participant is illiterate

This document has been read and explained to the participant in my presence.

\_\_\_\_\_  
Name of witness

\_\_\_\_\_  
HKIC No. of witness

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Date

Date of enrolment: \_\_\_\_\_

## **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 and the Service Providers for one or more of the following purposes:

- a. Processing the enrolment of participants into the Programme including but not limited to a verification procedure with the data kept by the Immigration Department;
- b. Administration, monitoring, auditing and evaluation of the Programme including but not limited to providing necessary health care service and continuous care to participants, sending reminders for breast cancer screening participants, and investigation of incidents and complaints;
- c. Statistical, Programme monitoring, evaluation and research purposes; and
- d. 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 and the Service Providers 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 (d) above, if required. The use and transfer of any such personal data is subject to the Personal Data (Privacy) Ordinance (Cap. 486).

### ***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 Government and the Service Providers 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, Breast Cancer Screening Pilot Programme, Department of Health

Address: 19/F, Kwun Tong View, 410 Kwun Tong Road, Kwun Tong, Kowloon.

Tel no.: 3586 3088

### ***Enquiries***

Enquiries regarding the personal data provided, including the making of access and corrections, should be addressed to

➤ Programme Office, Breast Cancer Screening Pilot Programme, Department of Health

Address: 19/F, Kwun Tong View, 410 Kwun Tong Road, Kwun Tong, Kowloon

Tel no.: 3586 3088