

香港特別行政區政府  
衛生署  
私營醫療機構規管辦事處

香港太古城  
太古灣道 14 號 4 樓 402 室



THE GOVERNMENT OF THE HONG KONG  
SPECIAL ADMINISTRATIVE REGION  
DEPARTMENT OF HEALTH  
OFFICE FOR REGULATION OF  
PRIVATE HEALTHCARE FACILITIES  
RM 402, 4/F, 14 TAIKOO WAN ROAD  
TAIKOO SHING, HONG KONG

本署檔號 Our Ref.: DH/ORHI/18/25/22

來函檔號 Your Ref.:

電話 Tel.: (852) 3107 2939

圖文傳真 Fax: (852) 2117 0436

**By post**

23 September 2019

Dear Doctor/Dentist/Operator,

**Briefings on the Private Healthcare Facilities Ordinance – Second Round**

The Department of Health (DH) is organising another round of briefing sessions on the Private Healthcare Facilities Ordinance (PHFO), with content equivalent to the first round in August and September 2019.

The PHFO, passed in November 2018, provides for a new regulatory regime for private healthcare facilities (PHFs), including (1) hospitals, (2) day procedure centres (ambulatory facilities where high-risk medical procedures are being performed), and (3) clinics. The PHFO aims to further protect the safety and rights of patients, and promote the continuous development of the healthcare system in Hong Kong. It will replace the existing Hospitals, Nursing Homes and Maternity Homes Registration Ordinance and Medical Clinics Ordinance in due course.

**Under the Ordinance, all premises where registered medical practitioners and/or dentists practise are required to have either a licence or a letter of exemption from DH.**

The briefings aim to introduce to you the implementation of the PHFO and the application procedures for licence / exemption, as well as to provide a platform for interactive discussions. You may wish to refer to the enclosed registration form for the details of four briefing sessions on the Hong Kong Island and Kowloon in October and November. You may also access the presentation materials and other useful information on the PHFO through the QR code in the registration form enclosed. For enquiry on registration, please contact us at 3107 2939.

Yours faithfully,

(Dr Jeff LEE)  
for Director of Health

我們要建設一個健康的香港 並立志成為國際知名的公共衛生監管機構

*We build a healthy Hong Kong and aspire to be an internationally renowned public health authority*

**Please return the registration form by fax (2117 0436)  
or by email ([orphf.pds@dh.gov.hk](mailto:orphf.pds@dh.gov.hk)) on or before 4 October 2019**

**Briefings on the Private Healthcare Facilities Ordinance  
Registration Form** (Please  the appropriate box(es))

**Contact person:** Miss/Ms/Mr/Dr\* (\*delete as appropriate) \_\_\_\_\_  
Surname First name

**Contact telephone number:** \_\_\_\_\_

**Email address (for sending confirmation email):** \_\_\_\_\_

Session	Details	Participant(s)
<input type="checkbox"/> 1	<b>10 October 2019 (Thursday)</b> <b>1:30pm</b> Registration <b>2:00-4:00pm</b> Briefing & QA Session  Leighton Hill Community Hall 133 Wong Nai Chung Road, Happy Valley	Name (surname, first name): <input type="checkbox"/> Doctor <input type="checkbox"/> Dentist <input type="checkbox"/> Others: _____ ----- Name (surname, first name): <input type="checkbox"/> Doctor <input type="checkbox"/> Dentist <input type="checkbox"/> Others: _____
<b>NOTE: Simultaneous interpretation is provided for English speaking participants in this session</b>		Please indicate the number of participants requiring simultaneous interpretation: _____
<input type="checkbox"/> 2	<b>15 October 2019 (Tuesday)</b> <b>1:30pm</b> Registration <b>2:00-4:00pm</b> Briefing & QA Session  Henry G. Leong Yaumatei Community Centre 60 Public Square Street, Yau Ma Tei	Name (surname, first name): <input type="checkbox"/> Doctor <input type="checkbox"/> Dentist <input type="checkbox"/> Others: _____ ----- Name (surname, first name): <input type="checkbox"/> Doctor <input type="checkbox"/> Dentist <input type="checkbox"/> Others: _____
<input type="checkbox"/> 3	<b>12 November 2019 (Tuesday)</b> <b>2:30pm</b> Registration <b>3:00-5:00pm</b> Briefing & QA Session  Leighton Hill Community Hall 133 Wong Nai Chung Road, Happy Valley	Name (surname, first name): <input type="checkbox"/> Doctor <input type="checkbox"/> Dentist <input type="checkbox"/> Others: _____ ----- Name (surname, first name): <input type="checkbox"/> Doctor <input type="checkbox"/> Dentist <input type="checkbox"/> Others: _____
<input type="checkbox"/> 4	<b>21 November 2019 (Thursday)</b> <b>1:30pm</b> Registration <b>2:00-4:00pm</b> Briefing & QA Session  Yau Tong Community Hall 38 Ko Chiu Road, Yau Tong	Name (surname, first name): <input type="checkbox"/> Doctor <input type="checkbox"/> Dentist <input type="checkbox"/> Others: _____ ----- Name (surname, first name): <input type="checkbox"/> Doctor <input type="checkbox"/> Dentist <input type="checkbox"/> Others: _____

**Notes:**

1. All briefing sessions will be conducted in Cantonese (simultaneous interpretation is available for session 1).
2. Seats are subject to availability.
3. A confirmation email will be sent to successful applicants.
4. No food or drinks will be served at the briefings.
5. CME and CPD application are in progress.
6. Personal data collected in this form are used only for registration arrangements and record purpose.



English



中文

Information on the briefing session  
can be downloaded at  
[www.orphf.gov.hk](http://www.orphf.gov.hk)

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