香港特別行政區政府
衞生署
私營醫療機構規管辦事處

香港鰂魚涌太古灣道 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
QUARRY BAY, HONG KONG

本署檔號 Our Ref.: (60) in 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

8 July 2019

Dear Doctor/Dentist/Operator,

Briefings on the Private Healthcare Facilities Ordinance

The Private Healthcare Facilities Ordinance ("the Ordinance"), 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 Ordinance 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.

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 the Department of Health (DH). With a view to introducing to you the implementation of the Ordinance and the application procedures, as well as providing a platform for interactive discussions, you are invited to join the briefing sessions organised by DH in various venues on the Hong Kong Island, Kowloon, and the New Territories, starting August 2019. You may wish to refer to the enclosed registration form for the details of six briefing sessions in August and September (details on sessions after September to be announced in due course).

For enquiry, please contact Ms Annie CHEUNG at 3107 2939.

Yours faithfully,

(Dr Jeff LEE)
for Director of Health

Notes:
1. All briefing sessions will be conducted in Cantonese.
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.

Please return the registration form by fax (2117 0436)
or by email (orphf.pds@dh.gov.hk) on or before 31 July 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)
☐ 1	**10 August 2019 (Saturday)** **2:30pm** Registration **3:00-5:00pm** Briefing & QA Session HK Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road	Name (surname, first name): ☐ Doctor ☐ Dentist ☐ Others: _____ Name (surname, first name): ☐ Doctor ☐ Dentist ☐ Others: _____
☐ 2	**16 August 2019 (Friday)** **1:30pm** Registration **2:00-4:00pm** Briefing & QA Session Leighton Hill Community Hall 133 Wong Nai Chung Road, Happy Valley	Name (surname, first name): ☐ Doctor ☐ Dentist ☐ Others: _____ Name (surname, first name): ☐ Doctor ☐ Dentist ☐ Others: _____
☐ 3	**24 August 2019 (Saturday)** **1:30pm** Registration **2:00-4:00pm** Briefing & QA Session Princess Alexandra Community Centre 60 Tai Ho Road, Tsuen Wan	Name (surname, first name): ☐ Doctor ☐ Dentist ☐ Others: _____ Name (surname, first name): ☐ Doctor ☐ Dentist ☐ Others: _____
☐ 4	**5 September 2019 (Thursday)** **1:30pm** Registration **2:00-4:00pm** Briefing & QA Session Long Ping Community Hall Long Ping Estate, Yuen Long	Name (surname, first name): ☐ Doctor ☐ Dentist ☐ Others: _____ Name (surname, first name): ☐ Doctor ☐ Dentist ☐ Others: _____
☐ 5	**16 September 2019 (Monday)** **1:30pm** Registration **2:00-4:00pm** Briefing & QA Session Henry G. Leong Yaumatei Community Centre 60 Public Square Street, Yau Ma Tei	Name (surname, first name): ☐ Doctor ☐ Dentist ☐ Others: _____ Name (surname, first name): ☐ Doctor ☐ Dentist ☐ Others: _____
☐ 6	**28 September 2019 (Saturday)** **2:30pm** Registration **3:00-5:00pm** Briefing & QA Session Yuen Chau Kok Community Hall 35 Ngan Shing Street, Sha Tin	Name (surname, first name): ☐ Doctor ☐ Dentist ☐ Others: _____ Name (surname, first name): ☐ Doctor ☐ Dentist ☐ Others: _____

Personal data collected in this form are used only for registration arrangements and record purpose