**香港藥學服務基金**

**配安心藥房**

**收集個人資料之前 致申請人的通知書**

向香港藥學服務基金配安心藥房提供個人資料之前, 請先細閲本通知書。

收集資料的目的

香港藥學服務基金配安心藥房會參考你所提供的資料, 處理及跟進有關「癌症藥物資助計劃–Halaven®」的申請及審批你的平均個人每月財政狀況事宜, 亦可能就上述申請向任何適當有關人等查詢你的醫療記錄及任何有關資料。向配安心藥房提供你的個人資料, 純屬自願。如你未能提供足夠資料, 配安心藥房可能無法處理你的申請。

轉移資料與其他人

你所提供的資料, 只會供藥房在工作上有需要知道該等資料的職員使用。除此之外, 在未得你的事先同意前，藥房職員不會向其他方面披露該等資料。

查閲及更正個人資料

你有權就藥房備存有關你的個人資料提出查閲及更正要求, 但已達成使用的目的後而刪除的個人資料除外。查閲或更正資料要求應以書信提出申請。

對你申請的查詢丶查閱及更正個人資料的要求

請確保你所提供的資料正確無誤。 如你對所提交的申請有任何查詢, 或對所提供的資料有任何更改, 請聯絡本藥房藥劑師 (聯絡電話: 2979-0380)。

其他

你在傳遞個人資料時, 有機會在過程中被第三者竊取。你如因此引致損失, 本藥房將不會負責。

配安心藥房只會保存你的個人資料至「癌症藥物資助計劃–Halaven®」完畢。

本人已經閱讀丶明白及同意 <香港藥學服務基金配安心藥房收集個人資料之前 致申請人的通知書> 的資料。

申請人簽署: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 日期: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

申請編號：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (由本基金會填寫)

**香港藥學服務基金**

**「癌症藥物資助計劃 –Halaven® 」申請表**

**Hong Kong Pharmaceutical Care Foundation**

**Cancer Drug Financial Assistance Program- Halaven®**

**Application Form**

申請日期 **Application Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

申請人資料 **Applicant Personal Particulars**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 必須填寫**Mandatory:** | | | | | | |
| 姓名Name (英文English): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | (中文Chinese): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 香港身份證號碼HKID card no.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 性別Sex: | | 女性Female 男性Male | |
| 出生日期Date of Birth (日DD/月MM/年YYYY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| 聯絡電話Tel. No.(住宅home): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 手提mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 地址Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| 職業Occupation: | 在職人士 Employed | 職業類別 Job Type: | | | | 文職Clerical |
|  |  | (請在職人士填寫此欄) | | | | 工人Labor |
|  |  |  | | | | 家庭主婦Housewife |
|  |  |  | | | | 專業人士Professional |
|  |  |  | | | | 其他Other:\_\_\_\_\_\_\_\_\_\_ |
|  | 自僱人士Self-employed |  | | | |  |
|  | 待業/失業Unemployed |  | | | |  |
|  | 退休人士Retired |  | | | |  |
| 婚姻狀況  Marital status: | 未婚Single  離婚/分居Divorced/Separated | 已婚Married  其他Other | | | | 喪偶Widowed |
| 所屬醫院 Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 專科部門 Specialty: | | | | 外科Surgical  內科Medical  腫瘤科Oncology |
| 轉介主診醫生 Name of referred doctor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| 病人狀況 乳癌患者 Breast cancer  Patient status: 脂肪肉瘤患者 Unrescetable liposarcoma | | | | | | |
| 是次申請為: ☐ 首次 ☐ 第\_\_\_\_\_\_\_次 | | | | | | |
| 資助款項將以支票形式發出。支票抬頭的收款人姓名:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |

**每月個人收入Monthly individual Income**

*(*包括定期收取的酬金、佣金、租金收入等 *Including allowance received regularly, commission, rental income)*

|  |  |  |
| --- | --- | --- |
| **申請人資料**  **Particulars of applicant** | | |
| 姓名  Name | 職業(如適用) / 收入來源  Occupation / sources of income  (if applicable) | 平均每月入息(港元)  Average income/month (HK$) |
|  |  |  |
|  |  |  |
|  |  |  |
|  | 個人平均每月總入息:  TOTAL average monthly income: |  |
|  |  |  |

*\**過去*12*個月內，個人平均每月總入息最高限額必須不超過港幣六萬元。詳情請參閱附件一。

*\* The maximum average monthly individual income must not exceed HK$60,000 in the past 12 months. Please refer to Appendix 1.*

**其他資料Other Information**

您有否申請其他有關Halaven® 的經濟援助計劃?

Did you apply other cancer drug financial assistance programme of Halaven® ?

沒有 No

有 (請註明有關其他經濟援助計劃詳情)

Yes (please state details of other cancer drug financial assistance programme) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

您有否購買任何賠償藥費開支的保險？

Do you have insurance coverage on your medication cost?

沒有 No

有 (請註明保險公司賠償的藥費開支詳情)

Yes (please state details of medication cost covered by your insurance company) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

如申請人為待業或失業人士，請寫下失業原因或提供相關的失業證明文件：

If the applicant is unemployed, please state reasons of unemployment or provide documentary proof of unemployment:

|  |
| --- |
|  |

**聲明Declaration**

|  |
| --- |
| 本人批准香港藥學服務基金查閱本人提供的資料，以確保所有資料均為完整及正確無誤，並可以電話或郵件就此項計劃與本人聯絡。本人聲明上述填報資料及所提供的相關證明文件均屬真確無誤。有關本人申請此項計劃的資料如有所更改，本人需主動聯絡香港藥學服務基金。本人了解在申請此項計劃所提供的一切資料，只作評核申請資格處理及改善此項計劃的用途。本人了解申請人可隨時取消有關申請，並拒絕香港藥學服務基金進一步查閱本人的資料。本人了解香港藥學服務基金有權要求申請人提供進一步資料和證明文件、約見申請人及其家人，或聯絡申請人的主診醫生或醫療保險公司，索取進一步資料，而贊助藥廠亦有權隨時停止提供此藥物的經濟資助。本人了解香港藥學服務基金保留審批申請的最終決定權，並可以拒絕任何申請而無須給予任何理由。  I give Hong Kong Pharmaceutical Care Foundation (HKPCF) permission to check my information to make sure it is true and complete and contact me by mail or phone about the Program. I declare that all the information in this application, including all copies of documents proving my income is true and complete. I will contact HKPCF if any of my information relevant to this application changes. I understand that the Program will only use my information to decide if I qualify to participate in the Program, administer or improve the Program. I understand that I can at any time withdraw from the Program, and cancel my permission to HKPCF for further validation of my information provided. I understand that HKPCF may request further information and supporting documents from applicant, interview applicant and household members, contact applicant’s doctor-in-charge or medical insurance agents for more information and drug sponsors can change or stop the sponsorship at any time for any reason. I understand that HKPCF shall vet all applications; reserves the right for final decision and to decline any application without providing any reason.  申請人簽署Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 日期Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**注意事項 Important Notice**

**請在遞交此申請表前，檢查你是否 Before you mail this application, make sure you:**

□ 已填妥本申請表格 Completed application form

□ 附上香港身份證副本 Attach photocopy of your HKSAR identity card

□ 附上醫院管理局所發出的有效**Halaven®**藥費收據副本 Attach photocopy of Hospital Authority issued Halaven drug receipt

□ 附上收入證明文件副本 Attach photocopy of income proof

|  |  |
| --- | --- |
| 在職人士  Employed | 申請時過去12個月的薪金證明文件丶銀行存摺丶銀行月結單上所顯示的薪金總額丶僱員合約等, 並包括每月收取的酬金、佣金、租金收入等  Total income shown on salary record, bank passbook, bank statement or employment letter in the past 12 months from the date of application, including allowance received regularly, commission, rental income etc. |
| 自僱人士  Self-employed | 最近期的報稅記錄／入息申報  The most recent tax return/ income declaration |
| 失業人士  Unemployed | 失業證明文件（如離職證明）Proof of Unemployment ( eg. proof of departure) |

**請郵寄或親身遞交至：**

香港藥學服務基金

香港九龍茘枝角長沙灣道889號華創中心 7樓703-4室1號房

(信封面請註明「申請癌症藥物資助計劃 –Halaven® 」)

**Please Mail or submit in person to:**

Hong Kong Pharmaceutical Care Foundation

Room 1, Workshop 3 & 4, 7th Floor CRE Centre, 889 Cheung Sha Wan Road, Kowloon, Hong Kong (Please mark “Application for Cancer Drug Financial Assistance Program- Halaven® ” on the envelope)

**申請人須知︰**

* 如有需要，香港藥學服務基金有權要求申請人提供進一步資料和證明文件、約見申請人及其家人，或聯絡申請人的主診醫生或醫療保險公司，索取進一步資料。
* 申請人獲核實合乎申請資格後，可於12個月內申請藥物資助。申請人須於12個月後再次遞交相關證明文件，重新進行資格審核。
* 申請人的個人入息如有任何改變, 必須主動通知配安心藥房, 並提供進一步資料
* 香港藥學服務基金必定根據《個人資料(私隱)條例》所載的保障資料原則嚴謹行事，確保申請人的個人資料絕對保密。
* 香港藥學服務基金保留審批申請的最終決定權，並可以拒絕任何申請而無須給予任何理由。

**Notes to Applicants:**

* HKPCF may request further information and supporting documents from applicant, interview applicant and household members, contact applicant’s doctor-in-charge or medical insurance agents for more information.
* Qualified applicants are required to re-submit proof of financial status every 12 months for assessment of further reimbursement eligibility.
* The qualified applicant must notify SafeMed Dispensary about any income change and provide further details.
* All personal information collected will be treated in strictest confidence and in accordance to the Personal Data (Privacy) Ordinance.
* HKPCF reserves the right to make the final decision and to decline any application without providing reason.

**附件一Appendix 1**

資助計劃的經濟審核標準: 由申請日期起計, 過去12個月內的個人平均每月總入息不超過港幣6萬元。

|  |  |  |  |
| --- | --- | --- | --- |
| **藥名** | **可獲資助的用藥年期** | **病人可獲的藥費資助 (港元)** | **每年資助額上限 (港元)** |
| **Halaven®** | 整個療程\* | $1,490/每瓶**Halaven®** | $101,320# |

\*可獲資助的用藥年期**:** 由配安心藥房發出的「藥物資助審核通知書」上的批准日期起計, 最多四個月之前發出的藥物單據至完成整個療程為止

#每年資助額上限: 由申請人遞交的第一張藥物收據上的收據日期起計12個月內的資助總額

* 申請人需要先在醫院繳費處繳交**Halaven®** 藥費並取得購買**Halaven®的收據**, 然後再循列出的申請方法申請藥物資助。
* 申請批核成功後, 申請人就每瓶已支付的**Halaven®** , 可獲取$1,800的藥物資助款項