

**Consent and Authorization
to collect, use, disclose and/or transfer of personal information**

**Re: Voluntary Medical Surveillance Programme for Pneumoconiosis and
Mesothelioma (the “Program”)**

I, [_____], holder of [identification document type and number _____] hereby expressly give my consent to Quality HealthCare Medical Services Limited (“QHS”) to its collection, use, disclosure of the following information (the “**Information**”) and the transfer of the Information by QHS to the Pneumoconiosis Compensation Fund Board (the “**Board**”), hospitals, Employees' Compensation Division of the Labour Department, other medical organisations and/or such service providers as shall be assigned by the Board (collectively the “**Recipient**”) for the following purposes (the “**Purposes**”).

The Information

My medical records, films, test reports, personal particulars and all other information given by me to QHS for or in connection with the services provided by QHS under the Program, whether in electronic form or otherwise.

The Purposes

- (1) Conducting a long-term medical surveillance programme for the client
- (2) Preparing and conducting by QHS and/or any of the Recipient the health educational seminars and material during the continuance of the Program and thereafter
- (3) Preventing Pneumoconiosis, Mesothelioma and other occupational disease
- (4) Handle compensation claims related to occupational disease
- (5) Statistical and/or research purposes

Note: All information will not be disclosed to worker’s present and/or previous employers

I understand that I may withdraw the above consent at any time during and after the continuance of the Program. In the event that I have decided to withdraw the above consent, I will give QHS an advance notice in writing stating the intended date of withdrawal which shall become effective at the expiry of 14 days from QHS’s receipt of the said notice of withdrawal.

Unless QHS has received a notice of withdrawal of the above consent from me, QHS and the Recipient may use the Information for the Purposes without any reference to me.

Date : _____

Signature of client