

**LETTER OF AUTHORIZATION**

To: The Hong Kong Medical Association (the HKMA)

1. I, the undersigned, am a current member of MPS joined through the HKMA
2. I hereby give consent to the HKMA to disclose and transfer to the following hospital(s) (please ✓ the box(es)) my information on Membership Grade and MPS Membership Valid Period.

<input type="checkbox"/>	Canossa Hospital	<input type="checkbox"/>	Hong Kong Baptist Hospital
<input type="checkbox"/>	CUHK Medical Centre	<input type="checkbox"/>	Hong Kong Sanatorium & Hospital
<input type="checkbox"/>	Evangel Hospital	<input type="checkbox"/>	Matilda International Hospital
<input type="checkbox"/>	Gleneagles Hospital Hong Kong	<input type="checkbox"/>	St. Paul's Hospital
<input type="checkbox"/>	Hong Kong Adventist Hospital – Stubbs Road	<input type="checkbox"/>	St. Teresa's Hospital
<input type="checkbox"/>	Hong Kong Adventist Hospital – Tsuen Wan	<input type="checkbox"/>	Union Hospital

3. The above authorization may be revoked by me by sending an advance notice of not less than 30 days in writing to the HKMA. Any notice so sent shall be addressed to the following address/fax/email of the HKMA:

[The Hong Kong Medical Association

5/F Duke of Windsor Social Service Building

15 Hennessy Road, Wan Chai,

Hong Kong.

Fax: 2865 0943

Email: [mps@hkma.org](mailto:mps@hkma.org)]

Signature: \_\_\_\_\_

Name of Signatory: \_\_\_\_\_

HKID No.: \_\_\_\_\_

MPS Membership No.: \_\_\_\_\_

HKMA No.: \_\_\_\_\_

MCHK No.: \_\_\_\_\_

Date: \_\_\_\_\_

If you have submitted the Letter of Authorization before, the re-submission shall replace and supersede in its entirety the prior Letter of Authorization.

Please submit the signed form to The Hong Kong Medical Association by fax: 2865 0943 or by email: [mps@hkma.org](mailto:mps@hkma.org)