

Application for Duplicate Medical Record/X-ray Film

醫療記錄/X-光片複本申請須知

1. All medical records are written in English. This hospital does not provide translation service.
醫療記錄是以英文書寫, 本院並無提供翻譯服務。
2. Application forms can be obtained from Enquiry Office at G/F, Main Building or Rehabilitation Building, Kowloon Hospital at 147A Argyle Street, Kowloon. The duly completed application form can be returned by mail. Please state “Application for Duplicate Medical Record / X-ray Film” on the envelope.
申請表格可在九龍醫院正座 或 康復大樓地下詢問處索取。填妥後, 可親自交回或郵寄九龍亞皆老街 147 號 A 九龍醫院收, 信封面註明「申請醫療記錄 / X-光片複本」。
3. For easy retrieval of relevant medical record, please state clearly the Data Subject (Patient)’s Hong Kong Identity Card Number and the required information.
請正確填寫資料當事人(病人)身份證號碼及所需的資料, 以便翻查記錄。
4. The applicant must produce in person the original or a true copy of his/her identity document.
申請人必須親身出示其身份證明文件或提交真確副本。
5. If the applicant is not the Data Subject (Patient), a written consent of the Data Subject (Patient) is required and the applicant must also produce in person the original or a true copy of the Data Subject (Patient)’s identity document.
申請者若非資料當事人(病人)本人, 必須取得資料當事人(病人)簽署同意書及出示其身份證明文件或提交真確副本。
6. If the applicant is the Data Subject (Patient)’s parent, authorised person or person appointed by courts in Hong Kong, please produce in person the original or provide a true copy of the documentary evidence to support the relationship.
如申請人是資料當事人(病人)之父母, 授權人或獲香港法院任命之有關人士, 請出示能證明申請人與資料當事人(病人)之間關係的證明文件或提交真確副本。
7. An initial processing fee of HK\$76.00 will be levied, including first 10 pages. Charges for duplication of medical records exceeding 10 pages is HK\$1.00 per page and charges for duplication of X-ray film/disc is HK\$230 for each copy (with effect from 18 June 2017). Cheque, remittance and money order shall be addressed to “Hospital Authority”.
申請人需繳交港幣七十六元初步處理費(包括十張紙費用), 超出十張紙的影印費為港幣一元一張, 而X-光片複本 / 光碟之每張收費為港幣二百三十元 (生效日期為二零一七年六月十八日)。所有支票、匯票及本票, 抬頭請寫明支付「醫院管理局」。
8. No refund of the initial processing fee will be made even if the application is withdrawn before the duplicate medical records / X-ray films are ready.
即使在醫療記錄 / X-光片複本發出前撤銷申請, 所繳付之初步處理費亦不會發還。
9. If the applicant failed to submit sufficient documents, we will refuse to comply with the Data Access Request and refund the Processing Fee.
如申請人未能提交足夠文件, 本院將會拒絕有關申請, 而所付之初步處理費, 將會給予發還。
10. When the duplicate medical records / X-ray films are prepared, the applicant will be informed to collect the duplicate copies at the Medical Records Office at 1/F, Main Building, KH. If mailing service is required, please specify in the application form.
當有關醫療記錄 / X-光片複本準備好, 本院會通知申請人到醫療紀錄部(九龍亞皆老街 147 號 A 九龍醫院正座一樓)領取所需之複本。如需郵遞服務, 請在申請時一併提出。
11. A reminder letter will be sent to the applicant’s provided address by mail if the duplicate medical records / X-ray films are not collected within 6 months after being informed. If the reminder letter sent by mail is undelivered and returned by the Post Office or no reply receives, the duplicate medical records / X-ray films will be disposed 3 months after the reminder letter issued out by mail without any further or prior notice.
若被通知可以領取有關資料後的六個月仍未領取, 催函會寄遞至申請人提供的地址。若催函因未能寄遞而被郵局退回或沒有收到任何回覆, 有關資料會於催函寄遞發出三個月後銷毀, 事前不會另行通知。

Application for Medical Report

醫療報告申請須知

1. All medical reports are written in English. This hospital does not provide translation service. The format of medical report is decided by the doctor. Attached forms provided by applicant may not be applicable.
醫療報告以英文簽發，本院並無翻譯服務。報告的形式由負責撰寫醫生決定，附來表格未必適合填寫。
2. Application forms can be obtained from Enquiry Office at G/F, Main Building or Rehabilitation Building, Kowloon Hospital at 147A Argyle Street, Kowloon. The duly completed application form can be returned in person or by mail. Please state “Application for Medical Report” on the envelope.
申請表格可在九龍醫院正座 或 康復大樓地下詢問處索取。填妥後，可親自交回或郵寄九龍亞皆老街 147 號 A 九龍醫院收，信封面註明「申請醫療報告」。
3. The application form may be a photocopy.
申請表格可影印多份使用。
4. For easy retrieval of relevant medical record, please state clearly the patient’s Hong Kong Identity Card Number and the required information.
請正確填寫病人身份證號碼及所需資料，以便翻查記錄。
5. The applicant must produce in person the original or a true copy of his/her identity document.
申請人必須親身出示其身份證明文件或提交真確副本。
6. If the applicant is not the patient, a written consent of the patient is required and the applicant must also produce in person the original or a true copy of the patient’s identity document.
申請人若非病者本人，必須取得病人簽署同意書及出示病人之身份證明文件或提交真確副本。
7. If the applicant is the patient’s parent, authorised person or person appointed by courts in Hong Kong, please produce in person the original or provide a true copy of the documentary evidence to support the relationship.
如申請人是病人之父母，授權人或獲香港法院任命之有關人士，請出示能證明申請人與病人之間關係的證明文件或提交真確副本。
8. A charge between HK\$895 and HK\$3,580 (with effect from 18 June 2017) will be levied, depending on the type and number of reports required. Cheque, remittance or money order shall be addressed to “Hospital Authority”.
報告之收費由港幣八百九十五元起至三千五百八十元（生效日期為二零一七年六月十八日），按所屬類別及專業而定。所有支票、匯票及本票請寫明支付「醫院管理局」並加劃線。
9. No refund of the fee paid for a medical report will be made even if the application is withdrawn before the medical report is issued.
即使在醫療報告發出前撤銷申請，所繳付的費用亦不會發還。
10. If a medical report is required on a particular date but it is unlikely that the report can be released on or before the specific date required, then the application will be rejected and the application together with remittance enclosed will be returned to the applicant.
在一般情形下，「本院不可能保證醫療報告在某限期內可發出」。如果申請人要求在指定日期發出醫療報告，本院可能會拒絕有關申請，而所付之費用，將退還申請人。
11. When the medical report is prepared, it will be sent to the applicant by registered mail. If applicant want to collect the report in person, please state in the application.
在普通情形下，院方會以掛號郵件寄出醫療報告，如要親自領取，請在申請時一併提出。
12. A reminder letter will be sent to the applicant’s provided address by mail if medical report is not collected within 6 months after being informed. If the reminder letter sent by mail is undelivered and returned by the Post Office or no reply receives, medical report will be disposed 3 months after the reminder letter issued out by mail without any further or prior notice.
若被通知可以領取醫療報告後的六個月仍未領取，催函會寄遞至申請人提供的地址。若催函因未能寄遞而被郵局退回或沒有收到任何回覆，醫療報告會於催函寄遞發出三個月後銷毀，事前不會另行通知。

Deceased Patient's Medical Report / Medical Records Application Form

親屬申請死者的醫療報告 / 醫療記錄表格

1. Particulars of Deceased 死者資料

(a) Name : _____ (English) _____

姓名 Surname 姓氏 Forename 名字 (英文) Chinese 中文姓名

(b) Sex : *Male / Female Age: _____ Date of Birth: _____

性別 : *男 / 女 年齡 出生日期

(c) Nature of Identity Document and Number :

身份證明文件類別及號碼 _____

Please produce in person the original or provide a true copy of the Deceased's identity document and Death Certificate. Please attach a copy of the Deceased's birth certificate if under 18 years of age.

請親身出示死者的身份證明文件及死亡證明書正本或提交真確副本。如死者年齡未滿十八歲，請附上其出生證明書副本。

2. Nature of Application 申請性質

(a) ☐ Deceased's Medical Records 死者的醫療記錄

(b) ☐ Deceased's Medical Report 死者的醫療報告

subject to hospital's normal charges for medical report / records

有關收費請參照醫療報告 / 醫療紀錄申請須知

Particulars 詳情

(c) ☐ Period: From _____ to _____

期間： 由 至

(d) ☐ Specialty:
專科： _____

(e) ☐ Purpose (Please Specify):
用途 (請註明)： _____

* delete whichever is inappropriate 請刪去不適用

3. Particulars of Applicant

申請人資料

Name: _____

姓名

Address: _____

地址

Telephone No.: _____

電話號碼

HKID No.: _____

身份證號碼

Relationship with the Deceased: _____

與死者關係

Please produce in person the original or provide a true copy of the identity document of the Applicant.

請親身出示申請人的身份證明文件正本或提交真確副本。

Please also attach a true copy of the documentary evidence to support the relationship between the Applicant and the Deceased.

請一併附上能證明申請人與死者之間關係的證件真確副本。

4. Declaration 聲明

I, the Applicant, declare as follows: (Please tick the appropriate box)

本申請人現聲明如下: (請在適當方格加上「✓」號)

(a) ☐ I have applied for or I have been appointed by the Court as the personal representative or one of the personal representatives to administer the Deceased's estate.

本人已經向法院申請或已經被法庭委任為死者的唯一或其中一位遺產代理人，管理死者的遺產。

(Please provide the relevant documents 請附上有關文件)

(b) ☐ I am entitled to be the personal representative of the Deceased or I can act for and on behalf of all persons who may be entitled to apply for the administration of the Deceased's estate.

本人有權申請成為死者的遺產代理人或本人可作為及代表所有有權申請承辦死者的遺產的人士。

申請人簽署 Signature of the Applicant:

日期 Date:

For Official Use Only

☐ The deceased's and recipient's *HKID card/ Passport number(s)* has/have been checked against the original by (_____)

☐ The deceased's and recipient's *HKID card/ Passport number(s)* has/have been checked against the copy (original not seen) by (_____)