

## 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

### Personal Information Collection Statement 收集個人資料聲明

Please read the following **BEFORE** you provide any personal data to us:

在向本院提供任何個人資料之前，請先閱讀以下內容：

#### 1. Purpose of Collection 收集資料的目的

The personal data collected from this form will be used by the Hospital Authority ("HA"), including public hospitals / institutions managed by HA, for the purposes of processing and responding to this application.

醫院管理局 (下稱「醫管局」)，包括由醫管局管理的公立醫院 / 醫療機構，會把表格所收集的個人資料，作為處理及回覆本申請之用。

When you provide the personal data to us, please make sure that the data is accurate and complete. If you fail to provide us with the information required or if the information provided is inaccurate or incomplete, our ability to process your application may be affected and your application may therefore be declined.

當你提供個人資料給我們時，請確保資料準確和完整。如你未能提供所需的資料，或資料不準確或不完整，我們處理是次申請的能力或會受影響，而是次申請或因此被拒絕。

#### 2. Disclosure of Personal Data 透露個人資料

Please also note that your personal data collected may be made available to:

- appropriate persons in the HA, for the purposes of processing and responding to your application; and
- third parties where such disclosure is permitted or required by law or is in the public interest.

請留意你的個人資料可能會提供予：

- 醫管局內的適當人士，以處理及回覆本申請之目的；及
- 在法律容許或要求的情況下或出於公共利益的情況下的第三方

We will obtain your consent before using your personal data for any other purposes.

我們將會在得到你的同意後，才使用你的個人資料作為其他目的。

#### 3. Data Access / Correction Requests 查閱 / 改正資料要求

If you wish to access / correct your personal data held by HA, you may do so under Personal Data (Privacy) Ordinance. Please submit your request to relevant data controller during office hours at:

In-person: Admission, G/F, Block A, Alice Ho Miu Ling Nethersole Hospital, 11 Chuen On Road, Tai Po, N.T.

By Mail: Health Information & Records, Alice Ho Miu Ling Nethersole Hospital, 11 Chuen On Road, Tai Po, N.T.

如果你希望根據《個人資料（私隱）條例》要求查閱 / 改正醫管局持有的你的個人資料，請在辦公時間內向有關的資料控制員遞交申請：

親臨遞交：新界大埔全安路11號雅麗氏何妙齡那打素醫院A座地下入院處

郵寄遞交：新界大埔全安路 11 號雅麗氏何妙齡那打素醫院醫療資訊及紀錄部

#### 4. Enquiries 查詢

For enquiries concerning this application, please contact Medical Report Team of our Health Information & Records Office at 2689 3352.

有關本申請的查詢，應致電 2689 3352 聯絡本院醫療資訊及紀錄部醫療報告組。

## 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

Name 姓名: (English 英文) \_\_\_\_\_ (Chinese 中文) \_\_\_\_\_

Gender 性別: ☐ Male 男 ☐ Female 女 Age 年齡: \_\_\_\_\_ Date of Birth 出生日期: \_\_\_\_\_

Nature of Identity Document and No.: ☐ HKID Card 香港身份證 Doc. No. 證件號碼: \_\_\_\_\_

☐ Other ID Doc. 其他證件: \_\_\_\_\_ Doc. No. 證件號碼: \_\_\_\_\_

# 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 REQUEST 申請性質

#### Deceased's Medical Report 死者的醫療報告

☐ Medical Report 醫療報告 ☐ Insurance Claims Form 保險表格 ☐ Attendance Records 應診紀錄

☐ Sick Leave Certificate 病假證明書 / ☐ Attendance Certificate 到診證明書 From 由 \_\_\_\_\_ To 至 \_\_\_\_\_

☐ Others (please specify) 其他 (請註明) \_\_\_\_\_

#### Deceased's Medical Records 死者的醫療記錄

Medical Record 醫療紀錄		
<input type="checkbox"/> A&E Records 急症室紀錄	<input type="checkbox"/> Hospitalisation Records 住院紀錄	<input type="checkbox"/> Discharge Summary 出院總結
<input type="checkbox"/> Consultation Records 覆診紀錄	<input type="checkbox"/> Laboratory Reports 化驗報告	<input type="checkbox"/> Endoscopy Records 內視鏡紀錄
<input type="checkbox"/> Others (please specify) 其他 (請註明) _____		

Diagnostic Imaging 診斷造影		
<input type="checkbox"/> X-Ray X 光	<input type="checkbox"/> Images (Disc) 影像 (光碟)	<input type="checkbox"/> Report 報告
<input type="checkbox"/> CT Scan 電腦掃描	<input type="checkbox"/> Images (Disc) 影像 (光碟)	<input type="checkbox"/> Report 報告
<input type="checkbox"/> MRI Scan 磁力共振掃描	<input type="checkbox"/> Images (Disc) 影像 (光碟)	<input type="checkbox"/> Report 報告
<input type="checkbox"/> Ultrasound Scan 超聲波掃描	<input type="checkbox"/> Images (Disc) 影像 (光碟)	<input type="checkbox"/> Report 報告

#### Request Details 申請詳情

Period 期間: From 由 \_\_\_\_\_ To 至 \_\_\_\_\_

Specialty 專科: ☐ Accident & Emergency 急症科 ☐ Medicine 內科 ☐ Surgery 外科 ☐ Orthopaedics & Traumatology 骨科

☐ Paediatrics & Adolescent Medicine 兒科及青少年科 ☐ Intensive Care Unit 深切治療部 ☐ Psychology 精神科

☐ Ophthalmology & Visual Sciences 眼科 ☐ Ear Nose & Throat 耳鼻喉科 ☐ Clinical Psychology 臨床心理科

☐ Others (please specify) 其他 (請註明) \_\_\_\_\_

Purpose (Please specify) 用途 (請註明): \_\_\_\_\_

### 3. PARTICULARS OF APPLICANT 申請人資料

Name 姓名: (English 英文) \_\_\_\_\_ (Chinese 中文) \_\_\_\_\_

Gender 性別: ☐ Male 男 ☐ Female 女 Telephone No. 電話號碼: \_\_\_\_\_

HKID Card No. 香港身份證號碼: \_\_\_\_\_ OR 或 Passport No. 護照號碼: \_\_\_\_\_

Address 地址: \_\_\_\_\_

#### Does the deceased have a personal representative appointed? 死者是否已委任遺產代理人?

☐ Yes, please complete Part 4. 是，請填寫第四部。 ☐ No, please complete Part 5. 否，請填寫第五部。

# 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。

#### 4. WITH PERSONAL REPRESENTATIVE 遺產代理人

##### (I) CONSENT BY PERSONAL REPRESENTATIVE 遺產代理人的同意書

###### PARTICULARS OF PERSONAL REPRESENTATIVE 遺產代理人資料

Name 姓名: (English 英文) \_\_\_\_\_ (Chinese 中文) \_\_\_\_\_  
Gender 性別: ☐ Male 男 ☐ Female 女 Telephone No. 電話號碼: \_\_\_\_\_  
HKID Card No. 香港身份證號碼: \_\_\_\_\_ OR 或 Passport No. 護照號碼: \_\_\_\_\_

Nature of Personal Representative 遺產代理人類型	Supporting Documents 證明文件
<input type="checkbox"/> Executor with grant of probate 獲授予〈遺囑認證書〉的遺囑執行人	<input type="checkbox"/> Copy of grant of probate 遺囑認證書之副本
<input type="checkbox"/> Administrator appointed by letter of administration 獲〈遺產管理書〉委任的遺產管理人	<input type="checkbox"/> Copy of letter of administration 遺產管理書之副本
<input type="checkbox"/> Executor appointed by the deceased's last valid will (without grant of probate) 死者最後有效遺囑委任之遺囑執行人 (無授予遺囑認證書)	<input type="checkbox"/> Copy of last valid will of the Deceased (including all paragraphs showing that an executor has been appointed under that will) 死者的最後有效遺囑副本 (包括所有顯示該遺囑委任了遺囑執行人的段落)  <input type="checkbox"/> Complete and sign in Part 4(II) 填寫第 4(II)部及簽署

##### CONSENT 同意書

I irrevocably authorise the Applicant to deal with this "Application for Deceased Patient's Medical Report / Medical Records" and to collect the Requested Data.

I declare that the information given in this consent is true, correct and complete to the best of my knowledge, information and belief.

本人向申請人發出不可撤銷授權，准許其代表本人處理本「死者的醫療報告 / 醫療記錄申請」及領取要求資料。  
本人現聲明據本人所知、所悉及所信，本同意書內所填報的一切資料，均屬真實、正確及並無遺漏。

Signature of Personal Representative 遺產代理人簽署: \_\_\_\_\_ Date 日期: \_\_\_\_\_

[APPLICABLE TO EXECUTOR APPOINTED BY DECEASED'S LAST VALID WILL 死者最後有效遺囑委任之遺囑執行人適用]

##### (II) DECLARATION BY EXECUTOR & APPLICANT 遺囑執行人及申請人聲明

I confirm that the copy provided is of the Deceased's last valid will and, to the best of my knowledge, there is no dispute regarding the appointment of the executor.

本人證明所提供的副本為死者的最後有效遺囑，且據本人的認知，對於該遺囑執行人的委任不存在任何爭議。

Signature of Executor 遺囑執行人簽署: \_\_\_\_\_ Date 日期: \_\_\_\_\_

Signature of Applicant 申請人簽署: \_\_\_\_\_ Date 日期: \_\_\_\_\_

#### 5. WITHOUT PERSONAL REPRESENTATIVE 沒有遺產代理人

# Only applicable when (i) no personal representative appointed; and (ii) no known unresolved disputes regarding the administration of the estates.  
只適用於: (i) 死者沒有委任遺產代理人; 及 (ii) 死者沒有任何已知的遺產爭議。

##### (I) CONSENT BY DIRECT RELATIVE OF THE DECEASED 死者直系親屬的同意書

###### PARTICULARS OF DIRECT RELATIVE OF THE DECEASED 死者直系親屬資料

Name 姓名: (English 英文) \_\_\_\_\_ (Chinese 中文) \_\_\_\_\_  
Gender 性別: ☐ Male 男 ☐ Female 女 Telephone No. 電話號碼: \_\_\_\_\_  
HKID Card No. 香港身份證號碼: \_\_\_\_\_ OR 或 Passport No. 護照號碼: \_\_\_\_\_  
Relationship with Deceased 與死者之關係: \_\_\_\_\_

# Please produce in person the original or provide a true copy of the identity document of the direct relative of the deceased.  
請親身出示死者直系親屬的身份證明文件正本或提交真實副本。

# Please also attach a true copy of the documentary evidence to support the relationship between the direct relative and the Deceased.  
請一併附上能證明死者直系親屬與死者之間關係的證件真實副本。

[Continued Part 5 續第五部]

**CONSENT & DECLARATION 同意書及聲明**

I irrevocably authorise the Applicant to deal with this "Application for Deceased Patient's Medical Report / Medical Records" and to collect the Requested Data.

I hereby confirm that:

- a) I have a beneficial interest in the Deceased's Estate;
- b) To the best of my knowledge, the Deceased's estate has no personal representative appointed within the meaning of the Probate and Administration Ordinance;
- c) I **have applied / intend to apply**<sup>1</sup> to the court to be appointed as administrator of Deceased's estate;
- d) To the best of my knowledge, there are no other direct relatives of the Deceased who have a higher priority<sup>2</sup> to be appointed as administrator of the Deceased's estate under Rule 21 of the Non-Contentious Probate Rules applying or intending to apply as administrator; and
- e) To the best of my belief, there will be no objection or dispute from any other person regarding my appointment as administrator of the Deceased's estate.

I declare that the information given in this consent is true, correct and complete to the best of my knowledge, information and belief.

本人向申請人發出不可撤銷授權，准許其代表本人處理本「死者的醫療報告 / 醫療記錄申請」及領取要求資料。

本人特此確認：

- a) 本人對死者遺產有實益權益；
- b) 盡本人所知，死者的遺產沒有委任《遺囑認證及遺產管理條例》定義下的遺產代理人；
- c) 本人 **已向法庭申請 / 打算向法庭申請**<sup>1</sup> 成為死者的遺產管理人；
- d) 盡本人所知，按《無爭議遺囑認證規則》第 21 條所訂明的優先次序<sup>2</sup>，死者沒有其他擁有更高優先權而可被委任成為死者遺產管理人的直系親屬申請或打算申請成為遺產管理人；以及
- e) 盡本人所信，沒有任何人將對本人委任為死者的遺產管理人作出反對或提出爭議。

本人現聲明據本人所知、所悉及所信，本確認書內所填報的一切資料，均屬真實、正確及並無遺漏。

**Signature of Direct Relative of Deceased 死者直系親屬簽署：** \_\_\_\_\_ **Date 日期：** \_\_\_\_\_

Note 1: Delete as inappropriate

Note 2: Including the following which is set out in descending order of priority in terms of being appointed as administrator: (i) the surviving spouse, (ii) children (or, if applicable, children of any child of the Deceased who died before the Deceased), (iii) parents, (iv) siblings (or, if applicable, children of any sibling of the Deceased who died before the Deceased), (v) grandparents, (vi) uncles and aunts (or, if applicable, children of any uncle or aunt of the Deceased who died before the Deceased) of the Deceased.

註 1: 請將不適用的刪去

註 2: 包括以下人士，按其獲委任為遺產管理人的優先次序由高至低排列：(i) 尚存配偶，(ii) 子女 (或死者去世之前的任何已故子女之子女，如適用)，(iii) 父母，(iv) 兄弟姊妹 (或死者的任何已故兄弟姊妹之子女，如適用)，(v) 叔伯舅父及姑媽姨媽 (或死者去世之前的任何已故叔伯舅父及姑媽姨媽之子女，如適用)。

**6. MODE OF COLLECTION 領取方式**

- I would prefer to: ☐ have the medical report / copy of the requested data sent by registered mail to my correspondence address.  
本人希望 醫院將所要求的醫療紀錄的複本，用掛號寄往本人在表格內填報的通訊地址。
- ☐ collect the medical report / copy of the requested data in person.  
親自到醫院領取所要求的醫療紀錄的複本。

**7. CONSENT & DECLARATION BY APPLICANT 申請人同意及聲明**

I, the Applicant, understand and agree that the hospital reserves the right to decline the application notwithstanding the above unless and until I obtain a court order under Order 24 Rule 7A of the Rules of the High Court (Cap 4A) and section 42 of the High Court Ordinance (Cap 4), or Order 24 Rule 7A of the Rules of the District Court (Cap 336H) and section 47B of the District Court Ordinance (Cap 336) requiring disclosure of the deceased's medical records or medical reports.

I, the Applicant, declare that the information given in this form is true, correct and complete to the best of my knowledge, information and belief.

本人明白及同意儘管上述情況，醫院可以保留權利拒絕處理是次申請。除非及直至本人已獲得根據《高等法院規則》(第 4A 章) 第 24 號命令第 7A 條規則及《高等法院條例》(第 4 章) 第 42 條，或根據《區域法院規則》(第 336H 章) 第 24 號命令第 7A 條規則及《區域法院條例》(第 336 章) 第 47B 條法庭命令要求醫院披露死者之醫療紀錄 / 報告。

本人現聲明據本人所知、所悉及所信，本表格內所填報的一切資料，均屬真實、正確及並無遺漏。

**Signature of the Applicant 申請人簽署：** \_\_\_\_\_ **Date 日期：** \_\_\_\_\_

## 收費表 [二零二六年一月一日開始適用]

### 醫療紀錄複本

#### 適用於只申請紙本紀錄

- 處理費 每次申請 100元 (已包含不多於十頁的及郵費)
- 複製費:
  - 第十一頁及以後頁數 每頁1.5元

#### 適用於只申請非紙本紀錄

- 處理費: 每次申請 100元 (已包含郵費)
- 複製費:
  - 診斷造影 (如X光片、電腦掃描片等) 每種造影每張光碟 300 元

#### 適用於同時申請紙本及非紙本紀錄

- 處理費 每次申請 100元 (已包含不多於十頁的及郵費)
- 複製費
  - 第十一頁及以後頁數 每頁1.5元
  - 診斷造影 (如X光片、電腦掃描片等) 每種造影每張光碟 300 元

### 醫療報告 及 證明書

#### 醫療報告

每專科每份報告 1,100元 (最高收費4,400元)

- 醫療報告 / 證明書
- 保險索償表格
- 其他表格 (除在醫院管理局指引中另列明收費的表格外)

#### 重發紀錄 / 紀錄的有效副本

每項紀錄 300元

- 重發到診紙、病假紙、出院總結等
- 出入院證明、死亡日期證明等
- 重發收據、繳費紀錄證明等

#### 從醫院管理局紀錄或資料庫擷取的資料

每項紀錄 300元

## **SCALE OF FEES (Effective from 1 January 2026)**

### **COPIES OF MEDICAL RECORDS**

#### **For Paper Based Record Only**

- **Processing Fee** **HK\$100 per request**  
(inclusive of reproduction charge for not more than 10 pages and postage)
- **Reproduction Charge**
  - 11<sup>th</sup> page and onward **HK\$1.5 per page**

#### **For Non-paper Based Record Only**

- **Processing Fee** **HK\$100 per request**  
(inclusive of postage)
- **Reproduction Charge** **HK\$1.5 per page**
- **Diagnostic Images (e.g. X-ray, CT Scan)** **HK\$300 per disc per modality**

#### **For Paper Based & Non-paper Based Records**

- **Processing Fee** **HK\$100 per request**  
(inclusive of reproduction charge for not more than 10 pages and postage)
- **Reproduction Charge**
  - 11<sup>th</sup> page and onward **HK\$1.5 per page**
  - **Diagnostic Images (e.g. X-ray, CT Scan)** **HK\$300 per disc per modality**

### **MEDICAL REPORTS / CERTIFICATES**

#### **Medical Report**

**HK\$1,100 per report per specialty**  
**(Maximum Capped at HK\$4,400)**

- Medical Reports / Certificates
- Insurance Claim Forms
- Other Forms (Except for forms which prices are specified in Hospital Authority's Policy)

#### **Duplicate Record / Certified Copy**

**HK\$300 per item**

- Second copy of Sick Leave Certificate, Attendance Certificate, Discharge Slip etc.
- Certified Date of Admission and Discharge, Certified Date of Death etc.
- Duplicate copy of receipt, certified payment records etc.

#### **Information extracted/compiled from record or database held by HA**

**HK\$300 per item**