

1. 收費表 [二零一七年六月十八日開始適用]:

醫療報告 / 病人資料

根據醫院管理局政策，每份醫療報告/每個專科最低收費為港幣\$895，最高收費為\$3,580。申請一般病人資料 (死亡日期證明、出入院日期證明、出生日期及時間、到診記錄及補發醫生證明書)，每份收費為港幣\$230。

提供個人資料的「資料複本要求」

處理費	: 每次76元 (已包含不多於十頁的複製費及郵費)
第十一頁及以後頁數的複製費	: 每頁1元
X光片、電腦掃描片、腦電圖等複製費	: 每種造影每張光碟230元
	: 每張底片230元

2. 如在本院即時申請，請將填妥之申請表格交到本院信望愛樓望翼一樓「醫療資訊及病歷檔案處」。經核對資料後，申請人須到信望愛樓愛翼一樓會計部繳費處繳交費用。

3. 如以郵遞申請，請將填妥之表格連同劃線支票(抬頭「靈實醫院」或「醫院管理局」)，寄回九龍將軍澳靈實路八號靈實醫院信望愛樓信翼四樓「醫療資訊及病歷檔案部」收。

4. 申請人必須出示有關證明文件正本及真確副本，以作資料記錄及核實身份，文件包括:

死者及申請人的身份證
死亡證明書
與死者的關係證明文件(例如:結婚證明書或出生證明書)
遺囑認證或遺產承辦書(如適用)

5. 所有已繳付之申請費用概不發還。

6. 本院一般只保留病人六年的住院及專科門診記錄。

7. 如申請醫療報告作為保險賠償用途，請附上有關表格。惟醫生可以書面形式或所提供之表格完成醫療報告。

8. 每份醫療報告需時約八星期才能完成。每份病人資料 (死亡日期證明、出入院日期證明、出生日期及時間、到診記錄及補發醫生證明書)，需時約四星期才能完成。如對報告有修正的要求，必須交回報告之正本。惟報告能否修正，將由本院及醫生作最後決定。

9. 如有任何查詢請致電本院「醫療資訊及病歷檔案部」電話: 2703 8257 傳真: 2703 8059

1. Scale of Fees (applicable from 18 June 2017):

Medical Report / Patient Information

According to the Hospital Authority's policy, a minimum of \$895 per medical report per specialty and subject to a maximum of \$3,580 will be charged. \$230 will be charged for requesting of patient information (Proof of Date of Death, Date of Admission & Discharge, Birth Date & Time, Attendance History, re-issue of Medical Certificate).

Copy Data Request for the Supply of Personal Data:

Processing Fee	: HK\$76 per request (inclusive of reproduction charge for not more than 10 pages and postage)
Reproduction charge for the 11 th page and onward	: HK\$1 per page
Reproduction charge for ECG, EEG or X-ray Film etc.	: HK\$230 per modality per disc HK\$230 per film

2. For requests made in-person, please submit your completed request form to Health Information and Records Service Counter on 1/F, Hope Wing, Trinity Block. After verification, applicant should settle the fee at the Accounting Department Cashier on 1/F, Love Wing, Trinity Block.
3. For application by post, please send the duly completed application form together with a crossed cheque made payable to "Haven of Hope Hospital" or "Hospital Authority" to Health Information and Records Department, 4/F, Faith Wing, Trinity Block, Haven of Hope Hospital, 8 Haven of Hope Road, Tseung Kwan O, Kowloon.
4. All relevant supporting documents' originals and a true copy of the deceased and the applicant should be presented for record and verification of identity. The supporting documents include:

Identity Card (Both the deceased and the applicant)
Death Certificate
Relationship Proof (e.g. Marriage Certificate / Birth Certificate)
Probate or Letter of Administration (if applicable)
5. No refund of the processing fee.
6. The hospital will normally keep in-patient and specialist out-patient records for 6 years.
7. If the reason for request of medical report is "Claim for Compensation / Insurance", please attach the relevant insurance form. Doctor will complete the medical report either in an essay form or in the provided form.
8. Each medical report will be completed in around 8 weeks. Each patient's information (i.e. proof of Date of Death, Date of Admission & Discharge, Birth Date & Time, Attendance History, re-issue of Medical Certificate) will be completed in around 4 weeks. For any amendment request, please submit the original copy for medical report. Please note that such amendment is subject to our doctors' / hospital management's final decision.
9. For further enquiry please contact the "Health Information and Records Department" at Tel: 2703 8257 Fax: 2703 8059.

Deceased Patient's Medical Report / Patient Information / Medical Records Application Form

親屬申請死者的醫療報告 / 病人資料 / 醫療記錄表格

1. Particulars of Deceased 死者資料

(a) Name 姓名: (English 英文) _____ (Chinese 中文) _____

(b) Sex 性別: Male 男 Female 女 Age 年齡: _____ Date of Birth 出生日期: _____

(c) #HKID Card No. 香港身份證號碼: _____ or 或

Passport No. 護照號碼: _____

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

Deceased's Medical Records 死者的醫療記錄

Deceased's Medical Reports 死者的醫療報告

Others 其他: _____

3. Information Requested 索取的資料

(a) Period 期間: From 由 _____ To 至 _____

(b) Specialty 專科: _____

(c) Purpose (Please specify) 用途 (請註明):

4. Particulars of Applicant 申請人資料

Name 姓名: (English 英文) _____ (Chinese 中文) _____

Sex 性別: Male 男 Female 女 #HKID Card No. 香港身份證號碼: _____

Tel No. 電話號碼: _____ ##Relationship with the Deceased 與死者關係: _____

Address 地址: _____

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。

5. Declaration 聲明

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

本申請人現聲明如下: (請在適當方格上加「✓」號)

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.

本人已經向法庭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。

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。

Signature of the Applicant: _____ Date: _____
申請人簽署 日期

PLEASE SELECT COLLECTION METHOD 請選擇資料領取方法

By mail 郵寄

Self-collect during #Office hour

Health Information and Records Service Counter
1/F, Hope Wing, Trinity Block, HHH
#Office Hour : Monday to Friday 8:30am - 5:00pm
Saturday 9:00am - 12:00nn
Sunday and Public Holiday closed

自行在 #辦公時間內到本院索取

靈實醫院信望愛樓望翼一樓
「醫療資訊及病歷檔案處」
#辦公時間：星期一至五早上八時半至下午五時
星期六早上九時至正午十二時
星期日及公眾假期休息



FOR OFFICIAL USE ONLY

此欄只供本院填寫

Checked By: _____

- Patient's HKID Card / Passport Number(s) *original /copy
 Applicant's HKID Card / Passport Number(s) *original /copy
 Patient's and Applicant's document of relationship
(* Marriage / Birth Certificate) *original /copy

* Delete whichever is inappropriate

For A/C Office Use	For HIRD Use
Payment Receipt No.:	Ref. No.:
	

Please tick the appropriate box 請在適當方格加上✓號