

**Medical Report / Patient Information Application Form****醫療報告 / 病人資料申請表**

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. 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 delayed or declined.

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。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,而是次申請或因此延誤或被拒絕。

Please also note that your personal data collected may be made available to: (i) appropriate persons in the HA, for the purposes of processing and responding to your application; and (ii) third parties where such disclosure is permitted or required by law or is in the public interest. We will obtain your consent before using your personal data for any other purposes.

請留意你的個人資料可能會提供予:(i) 醫管局內的適當人士,以處理及回覆本申請之目的及(ii) 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。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。

Please read the "Information Sheet for Medical Report / Patient Information Request" **BEFORE** complete this application form.

請先閱讀『申請醫療報告/病人資料須知』才填寫申請表。

1. Patient Particulars 病人資料:

- (a) Name (English 英文) (Chinese 中文)
姓名
- Surname 姓氏 Forename 名字
- (b) Sex Male 男性 (c) Age Under 18 years of age 未滿十八歲
性別 Female 女性 年齡 18 years of age or over 十八歲或以上
- (d) # * HKID Card No. / Passport No.
香港身份證號碼 / 護照號碼
- (e) Address
地址
- (f) Daytime Telephone No. (g) Any Other Contact No.
日間聯絡電話號碼 其他聯絡電話號碼

If the HKID Card No. is provided, no copy or physical production of the HKID Card is required in case the number provided is accurate and corresponds to the number recorded on HA's database. If not, a true copy of the HKID Card will be required for verification. Alternatively, the HKID Card may be physically produced for verification at our hospital.

若提交香港身份證號碼,而提交的號碼正確及與醫管局資料庫所記錄的號碼相符,無須親身出示香港身份證正本或提交真確副本。否則,須提交香港身份證的真確副本,或親身向本院出示香港身份證正本,以供查核。

If the Passport No. is provided, please produce in person the original or provide a true copy of the Passport of the Patient when submitting this form to our hospital.

若提交護照號碼,請向本院提交此表格時,親身出示病人的護照正本或提交真確副本。

2. Information Requested 索取的資料:**(a) For the Period 期間:**

From 由: _____ To 至: _____

(b) Specialty 專科:

- Medicine 內科 Orthopaedics & Traumatology 矯形及創傷(骨)科
 Others please specify 其他(請列明): _____

(c) Purpose(s) of Request 申請之原因:

- Future medical purpose 日後醫療用途 Insurance claim 申索保險賠償
 Health care 健康護理 Legal proceedings 法律申訴程序
 Personal reference 個人記錄
 Others please specify 其他(請列明): _____

(Cont. 續上) Information Requested 索取的資料：

(d) Nature of Request (Fee is charged PER copy PER specialty)：

申請項目 (收費為 每份 每個 專科計算)：

	1st Issued 首發	Re-issue 重發	Amendment 更正
Medical Certificate (Commonly known as Sick Leave Certificate) 醫生證明書 (俗稱病假紙) (From 由： _____ To 至： _____)	<input type="checkbox"/>	<input type="checkbox"/> (\$300)	<input type="checkbox"/>
Attendance Certificate 到診證明書	<input type="checkbox"/>	<input type="checkbox"/> (\$300)	<input type="checkbox"/>
Discharge Slip (Patient Copy) 出院紙 (病人備本)	<input type="checkbox"/>	<input type="checkbox"/> (\$300)	<input type="checkbox"/>
Medical Report 醫療報告	<input type="checkbox"/> (\$1,100)	/	<input type="checkbox"/>
Insurance Claim Form 保險賠償表格	<input type="checkbox"/> (\$1,100)		<input type="checkbox"/>
TD544 – Application for Parking Certificate for Drivers Who Carry People with Mobility Disabilities TD544 – 司機接載殘疾人士泊車證明書申請表	<input type="checkbox"/> (\$300)		<input type="checkbox"/>
Rehabus – Mobility Impairment Certification 復康巴士 – 行動不便證明書	<input type="checkbox"/> (\$300)		<input type="checkbox"/>
Easy-Access Bus Form 易達巴申請表	<input type="checkbox"/> (\$300)		<input type="checkbox"/>
Civil Service Bureau – Form B: Application for Reimbursement / Direct Payment of Medical Expenses 公務員事務局 – 表格 B：申請發還 / 直接支付醫療費用	<input type="checkbox"/>		<input type="checkbox"/>
* Others please specify 其他 (請列明)： _____	<input type="checkbox"/>		<input type="checkbox"/>
* For charges, please refer to "Information Sheet for Medical Report / Patient Information Request". 收費請參閱『申請醫療報告/病人資料須知』			

Supplementary Information 補充事項：

3. Details of the Relevant Person 有關人士詳情：

(To be completed if a Relevant Person Applies on behalf of the Patient Referred to in Section 1)

如果本申請乃由有關人士代表第一部份所註明的病人提出,則須填寫此部份

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

Surname 姓氏 _____ Forename 名字 _____

(b) Sex Male 男性 Female 女性 (c) Relationship with Patient Authorized Person 獲病人授權的人士
性別 與病人關係 #Others 其他: _____

(d) #*HKID Card No./ Passport No. _____
香港身份證號碼 / 護照號碼

(e) Address _____
地址

(f) Daytime Telephone No. _____ (g) Any Other Contact No. _____
日間聯絡電話號碼 其他聯絡電話號碼

Please produce in person the original or provide a true copy of the identity document of the Relevant Person. If the Patient is under 18 years of age / mentally incapable, please also attach a true copy of the documentary evidence to support the relationship between the Relevant Person and the Patient, e.g., Marriage Certificate, Birth Certificate, Guardianship Order, Court Order, etc. Insufficient documentary proof will lead to delay or rejection.
請親身出示有關人士的身份證明文件正本或提交真確副本。如病人年齡未滿十八歲或因精神狀況而不能處理本身事務,請一併附上能證明有關人士與病人之間關係的證件真確副本,例如:結婚證明書、出生證明書、監護令、法庭命令等。若所交證明文件不足,此項申請將受到延誤或拒絕。

4. Mode of Collection 領取所要求項目的方式：

Please select one of the following choices for collecting of the requested item(s):

請選擇以下一項領取所要求項目的方式：

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Receive the requested item(s) by registered mail .
以掛號郵件 收取所要求項目。 |
| <input type="checkbox"/> | Collect the requested item(s) in person . Please inform me when the item(s) is / are ready for collection.
親自領取 所要求項目，請在可以領取時通知本人。 |

- (1) *If the Patient (or where appropriate, the Relevant Person) fails to indicate the mode of collection, the requested item(s) will be sent to the Patient (or where appropriate, the Relevant Person) by registered mail.*
如果病人(或有關人士)沒有指示領取所要求項目的方式，所要求項目會以掛號郵件寄遞給病人(或有關人士)。
- (2) *If the Patient (or where appropriate, the Relevant Person) receives his requested item(s) by registered mail, no extra charge would be levied. Otherwise, a corresponding charge for the requested mode of delivery may be levied.*
如果病人(或有關人士)以掛號郵件接收所要求項目，則不會產生額外費用。否則，前述機構或會根據所指示的領取所要求項目的方式收取相應費用。
- (3) *The requested item(s) will be sent to the Patient (or where appropriate, the Relevant Person) by registered mail if the Patient (or where appropriate, the Relevant Person) does not collect it within 3 months after the Patient (or where appropriate, the Relevant Person) is informed that the requested item(s) is ready for collection.*
若病人(或有關人士)於被通知可以領取所要求項目後的三個月內，沒有領取資料，所要求項目會以掛號郵件送遞病人(或有關人士)。
- (4) *If the requested item(s) sent is undelivered and returned, the hospital will dispose of it 3 months after it is returned without any further notice to the Patient (or where appropriate, the Relevant Person).*
所要求項目因未能寄遞而被退回，醫院會於退回郵件的三個月後，銷毀有關所要求項目，無須事前另行通知病人(或有關人士)。
- (5) *The institution will not assume responsibility for any unexpected circumstance arise during or after the delivery process. If due to unexpected circumstance the requested item(s) is not delivered to the Patient (or where appropriate, the Relevant Person) but the Patient (or where appropriate, the Relevant Person) still wish to obtain the requested item(s), he / she may be required to submit a fresh request and any appropriate payment should be paid.*
前述機構對運送過程中或後發生的任何意外不承擔責任。若因意外導致未能寄遞至病人(或有關人士)而其仍希望獲取所要求項目，或需要重新申請並繳付有關費用。

Declaration and Signatures 聲明及簽署：

WHERE applicable, the Patient has irrevocably authorized the Relevant Person to deal with this Medical Report / Patient Information Request and to collect the Medical Report / Patient Information on behalf of the Patient. The Patient and (where appropriate) the Relevant Person understand and agree that all applicable fees listed in the "Information Sheet for Medical Report / Patient Information Request" have to be paid prior to collection of the Requested Report / Patient Information.

在適用情況下，病人已向有關人士發出不可撤銷授權，准許其代表病人處理本醫療報告/病人資料申請及領取要求該報告。病人及有關人士(如適用者)明瞭及同意需先繳交所有列於『申請醫療報告/病人資料須知』內適用的收費後，才可領取要求報告/病人資料。

The Patient and (where appropriate) the Relevant Person completely understand the contents of this form and hereby declare that the information given in this form is true, correct and complete to the best of my knowledge, information and belief.

病人及有關人士(如適用者)確認完全明白此表格的內容及現聲明據本人所知、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 Patient:

病人簽署：

Date:

日期

If application by Relevant Person 若由有關人士提交申請：

Signature of Relevant Person

(if applicable):

有關人士簽署(如適用者)：

Date:

日期

FOR OFFICIAL USE ONLY 此欄只供醫管局填寫

[Name of Staff] _____ has checked the following(s) on _____:

- | | | | | |
|--|--------------------------------------|---|-------------------------------------|---|
| <input type="checkbox"/> The Patient's | <input type="checkbox"/> HKID Card / | <input type="checkbox"/> Passport Number(s) against the | <input type="checkbox"/> original / | <input type="checkbox"/> copy (original not seen) |
| <input type="checkbox"/> The Relevant Person's | <input type="checkbox"/> HKID Card / | <input type="checkbox"/> Passport Number(s) against the | <input type="checkbox"/> original / | <input type="checkbox"/> copy (original not seen) |



香港佛教醫院 HONG KONG BUDDHIST HOSPITAL

10 Heng Lam Street, Lok Fu, Kowloon, Hong Kong Tel: (852) 2339 6111 Fax: (852) 2338 3445
九龍樂富杏林街十號 電話: (852) 2339 6111 傳真: (852)2338 3445

Information Sheet for Medical Report / Patient Information Request

申請醫療報告/病人資料須知

Charge 費用

1. According to the Hospital Authority's policy, a minimum of HKD1,100 **PER** medical report (or medical form) **PER** specialty and subject to a maximum of HKD4,400 will be charged.
根據醫院管理局政策，**每份**醫療報告（或醫療表格） / **每個**專科最低收費為港幣 HKD1,100，最高收費為 HKD4,400。
2. The application fee for issuance of a duplicate record, certified copy of a record or information extracted / compiled from record or database held by HA is HKD300 **PER** copy **PER** specialty.
申請重發紀錄、紀錄的核證副本或從醫院管理局紀錄或資料庫擷取 / 彙編的資料之費用：**每份**資料**每個**專科 HKD300。
3. Each application will not be processed unless accompanied by an appropriate application fee. No refund will be made even if the application is withdrawn before the report is issued.
每次申請均須連同適當的申請費提交，否則將不予受理。申請人即使在醫療報告/病人資料發出前撤銷申請，已繳費用，概不發還。
4. The completed application form and supporting document(s) may be submitted in person or by post. For application submitted by post, please send payment of Application Fee in a crossed cheque made payable to the Hospital Authority. "Attention to Medical Records Office" should clearly marked on the envelope. Please do not send cash by post.
填妥之申請表格以及有關證明文件可經郵遞或親自呈交。如選擇郵寄申請，請以劃線支票遞交申請費用，並在支票抬頭寫明「醫院管理局」收。請於信封上註明「醫療紀錄部」收。切勿郵寄現金。
5. If the requested item(s) is / are delivered by registered mail, no extra charge would be levied. Otherwise, a corresponding charge for the requested mode of delivery may be levied.
若所要求項目以掛號郵件接收，則不會產生額外費用。否則，前述機構或會根據所指示的領取所要求項目的方式收取相應費用。

Processing Time 處理時間

6. In general, each medical report / patient information application will be completed **within 8 weeks**. Longer processing time is required for certain specialty, or if multi-specialties or several items are involved.
一般情況下，每份醫療報告（或醫療表格）/病人資料申請會在**八星期內**完成。因應個別專科，或申請涉及多個專科或多個申請項目，處理時間會較長。
7. If a medical report / patient information is required on a particular date but it is unlikely that the report / patient information can be released on or before the specific date required, then the application will be rejected and the application together with any payment made enclosed will be returned to the applicant.
本院不能保證醫療報告（或醫療表格）/病人資料在某限期內可發出。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。
8. For applying Deceased's information, please refer to "Deceased Patient's Medical Information Application Form". Submission of inappropriate application form will lead to delay or rejection.
有關申請死者醫療資料，請參閱『親屬申請死者的醫療資料表格』。若提交不適用的表格，申請將受到延誤或拒絕。

Others 其他事項

9. Each medical report (or medical form) is written in English only.
每份醫療報告（或醫療表格）均只用英文書寫。
10. If the patient is staying in hospital, subject to the consideration by individual specialty, such request may be made only after the patient is discharged.
有關住院病人的申請，視乎個別專科考慮，該等申請或只能待病人出院後才可辦理。
11. For completing any medical forms, the form has to be submitted together with the application form. Hospital reserves the right to provide the medical report in our prescribed format or on your form provided.
有關申請填寫醫療表格，請將該表格連同申請表一併交回。醫院保留權利以另一種形式提供報告。

Please send your application or apply in person at the address below 請將申請寄往 / 親自交到以下地址：

Hong Kong Buddhist Hospital – Medical Records Office

香港佛教醫院 — 醫療紀錄部

East Wing, Block A, G/F, Hong Kong Buddhist Hospital, 10 Heng Lam Street, Lok Fu, Kowloon

九龍樂富杏林街十號 香港佛教醫院 A 座地下東翼

Opening Hours 辦公時間：

Monday to Friday 星期一至星期五	8:45am to 1:00pm, and 2:00pm to 5:30pm 上午八時四十五分至下午一時 及 下午二時至五時三十分
Saturday, Sunday & Public Holiday 星期六，日及公眾假期	Closed 休息
Telephone No. 電話	2339 6126