



## TWGHs Fung Yiu King Hospital 東華三院馮堯敬醫院

Health Information and Records Office 醫療資訊及病歷檔案部

Medical Report Unit 醫療報告組

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### **Information Sheet for Application for the Deceased's Medical Report and Copy of Medical Records**

#### **申請死者的醫療報告及／或醫療記錄複本須知**

1. The application is only applicable to patient who had been treated in our hospital. Applicant must declare (if applicable) and sign under item 6 of this form.  
本申請只適用於曾在本院接受治療期間之病人。申請人必須於本申請表之第6部份作出有關聲明(如適用)及簽署。
2. Applicant should complete the application form and submit together with the following documents:  
申請人必須在申請表內提供有關資料及提交下列有關證明文件：
  - (a) Identity document of the Deceased AND the applicant  
死者及申請人之身份證明文件
  - (b) the Deceased's Death Certificate if the Deceased was not passed away in the Hospital.  
死者之死亡證(如死者並非在本院逝世)
  - (c) Deceased aged under 18: A copy of the Deceased's birth certificate.  
未滿十八歲之死者：出生證明書副本
  - (d) The documentary proof showing the relationship between the Applicant and the Deceased, which can be the birth certificate or the marriage certificate or documents issued by courts appointing Applicant as the personal representative or one of the personal representatives of the Deceased's estate.  
顯示申請人與死者之間關係的證明文件，該證明文件可以是出生證明書或結婚證明書或由法庭委任申請人為死者的唯一或其中一位遺產代理人。
3. Charges 收費:

Copy of Medical Records 索取醫療記錄複本要求

#### **Scale of Fees (Applicable from 18 June 2017) 收費表 [二零一七年六月十八日開始適用]**

Processing Fee 處理費	:	HK\$76	per request (inclusive of reproduction charge for not more than 10 pages and postage) 每次 76 元 (已包含不多於十頁的複製費及郵費)
Reproduction charge for the 11 <sup>th</sup> page and onward 複製費(第十一頁及以後頁數)	:	HK\$1	per page 每頁 1 元 (Note: One page refers to a single side of a paper) (註: 一頁即一張紙的單面)
Reproduction charge of radiological images e.g. X-ray ECG/EEG/C.T. Scan X光片、電腦掃描片、心電圖、腦電圖等複製費	:	HK\$230 HK\$230	per modality per disc 每種造影每張光碟 230 元 per film 每張底片 230 元

After initial processing, we will inform requestor the amount of outstanding reproduction charges payable and the copy data can be collected after payment of such charge. The processing fee is subject to refund for unsuccessful location or retrieval of the medical records.

申請經初步處理後，本部門會以書面通知申請人所需繳付的複製費用餘額，才能領取資料複本。若有關查詢資料要求未能跟進，上述處理費將予以退還。

This amount is non-refundable even if the request is withdrawn subsequently.

如果事後欲取消申請，已繳費用將不會退還。

4. All medical report / patient information will be written in English. The hospital does not provide translation service.  
所有醫療報告/病人資料均用英文書寫。本院並無翻譯服務。
5. Please complete the applicant's details on the claim form or other relevant forms (if any) and submit with the application form. Hospital reserves the right to provide the medical report in our prescribed format or on your form provided.  
有關申請填寫保險公司或其他機構發出之表格，請將已填妥的投保人士／申請人資料之有關表格連同本院之申請表一併交回。醫院保留權利填寫申請人遞交之表格或提供另一種合適的醫療報告形式以供申請人備用。
6. For any amendment request, please submit the original medical report / patient information. Please note that such amendment is subject to our doctors / hospital management's final decision.  
如對報告/資料有修正的要求，必須交回該正本。惟報告/資料能否修正，將由本院及醫生作最後決定。
7. Any person who collects the medical report / patient information in person should produce identity proof and authorization letter (applicable to collector who is not the applicant in item 2 or is a company staff) for verification.  
所有人士親身到取報告/資料時，須出示身份證明文件及由申請人發出的授權書(適用於非申請人本人或公司代表)，以便職員核對資料。
8. Medical report / patient information / copies of medical records will be sent to the applicant's provided address by registered mail if they are not collected within 3 months after being informed. If the registered mail is undelivered and returned by the Post Office, the above medical information will be disposed of 3 months after its return without any further or prior notice.  
醫療報告/病人資料/醫療記錄複本若於被通知可以領取後的三個月仍未被領取，會以掛號郵件送遞至申請人提供的地址。因未能寄遞而被郵局退回的醫療資料，會於三個月後銷毀，事前不會另行通知。
9. Submission of Application 遞交申請表:  
Application can be made in person or by post. For application by post, please send the duly completed application form, relevant supporting documents (if applicable), together with a crossed cheque of the processing fee made payable to "Hospital Authority" to the following office:  
申請人可於辦公時間內親臨本組辦事處或以郵遞方式申請。如以郵遞方式申請，請將填妥表格、有關文件副本(如適用)及處理費的劃線支票(支票抬頭請寫支付「醫院管理局」)，寄回下列地址：
- |   |   |
|---|---|
| <u>Address:</u><br>Medical Report Unit<br>Health Information and Records Office<br>1/F, Block A, 12 Sandy Bay Road, Hong Kong   | <u>地址:</u><br>香港大口環道12號A座1樓<br>醫療資訊及病歷檔案部<br>醫療報告組                |
| <u>Opening hours:</u><br>Monday - Friday: 9 a.m. to 12 noon and 1 p.m. to 5 p.m.;<br>Saturday, Sunday & Public Holidays: Closed | <u>辦公時間:</u><br>星期一至五：上午九時至中午十二時<br>下午一時至下午五時；<br>星期六、星期日及公眾假期：休息 |
10. Under normal circumstances, it will take around eight weeks for application of each report / copy of medical records. Longer processing time is required depending on individual specialty, or if multi-specialties or several claim forms are involved.  
一般情況下，每份醫療報告 / 醫療記錄複本申請完成時間約八星期。因應個別專科，或申請涉及跨專科多份醫療報告 / 表格，處理時間會較長。
11. For enquiries, please call 2974 0210 during opening hours.  
如有任何查詢，請於辦公時間致電 2974 0210。
12. The above details may be subject to change without prior notice  
以上條款，本院或會隨時修訂並不作另行通知。



**APPLICATION FOR THE DECEASED'S MEDICAL REPORT AND/OR COPY OF MEDICAL RECORDS APPLICATION FORM**

**申請死者的醫療報告及/或醫療記錄複本申請表**

(Please read the "Information Sheet for Application for the Deceased's Medical Report and Copy of Medical Records" before making the application, and provide relevant information. 作出申請前，請先參閱「申請死者的醫療報告及/或醫療記錄複本須知」，並提交相關資料。)

FYKH/MRO/  
Deceased ID original / copy  
Death Cert. original / copy  
Applicant ID original / copy  
Relationship doc original / copy  
\$895 \$76  
Checked by \_\_\_\_\_

**1. Particulars of the Deceased 死者資料 :**

- (a) Name in English 英文姓名：(Surname first 姓氏先行) \_\_\_\_\_  
Name in Chinese 中文姓名：\_\_\_\_\_
- (b) Sex 性別： \*Male 男 /Female 女 (c) Age 年齡： \_\_\_\_\_
- (d) Date of Birth 出生日期： \_\_\_\_\_
- (e) \* HKID Card/Passport/Other No. \*香港身份證/護照/其他號碼： \_\_\_\_\_

**2. Particulars of Applicant 申請人資料 :**

- (a) Name in English 英文姓名：(Surname first 姓氏先行) \_\_\_\_\_  
Name in Chinese 中文姓名：\_\_\_\_\_
- (b) Sex 性別： \*Male 男 /Female 女 (c) Age 年齡： \_\_\_\_\_
- (d) \* HKID Card/Passport/Other No. \*香港身份證/護照/其他號碼： \_\_\_\_\_
- (e) Relationship with the Deceased 與死者關係： \_\_\_\_\_
- (f) Address 通訊地址： \_\_\_\_\_  
\_\_\_\_\_
- (g) Daytime Telephone No. 日間聯絡電話號碼： \_\_\_\_\_
- (h) Any other contact number(s) 其他聯絡電話號碼： \_\_\_\_\_

**3. Nature of Request 申請項目 :**

**(I) Particulars 詳情 :**

- (a) Specialty 專科： \_\_\_\_\_
- (b) Period 期間： from 由 \_\_\_\_\_ to 至 \_\_\_\_\_
- (c) Purpose 申請用途： \_\_\_\_\_  
\_\_\_\_\_

**(II) Requested Information 申請資料 :**

- (d)  Medical Report/ Insurance Claim Form of the Deceased (please attach relevant form if any)  
死者的醫療報告/申索保險賠償表格 (如有，請附上適用的保險公司表格)

Contents 內容包括：

- nature of sickness/disability/injury 疾病或傷殘或受傷性質
- nature of operation/treatment 手術/治療的性質
- length of hospitalization 留院日期
- length of sick leave granted 病假日期
- others, please specify 其他〔請註明〕： \_\_\_\_\_

- (e)  Copy of Medical Records of the Deceased 死者的醫療記錄複本

For the following at the Hospital 需要查閱本醫院的下列資料：

**Duplicated Medical Record 醫療記錄複本**

1. Discharge Summary **only 只需** 出院撮要
2. Operations Records **only 只需** 手術記錄
3. Laboratory Report **only 只需** 化驗報告 please specify 請註明: \_\_\_\_\_
4. Out-patient Clinical Notes 門診臨床記錄
5. In-patient Clinical Notes 住院臨床記錄
6. Others (please specify) 其他 (請註明): \_\_\_\_\_

**Duplicated Radiological Image 放射影像複本**

7. Plain X-ray \*Film / CD 平片 X光 \*菲林/光碟
8. C. T. scan \*Film / CD 電腦掃描 \*菲林/光碟
9. M.R.I. scan \*Film / CD 磁力共振掃描 \*菲林/光碟
10. Others (please specify) 其他 (請註明) : \_\_\_\_\_

**Points to note 備註：**

- i. Hospital would provide copy of report with result available for Laboratory Report and/or with report readily available for Radiology Report, at the time of receipt of the application.  
本院只會複印在收到你的申請表時已有結果之化驗報告及/ 或已撰寫的放射報告。
- ii. Hospital's provided out-patient clinical notes and/or in-patient clinical notes will include the relevant medical records of items 1 to 3, if any.  
本院提供的門診臨床記錄及 / 或住院臨床記錄複本當中會包括該臨床其間涉及的第1至第3項醫療記錄 (如有)。
- iii. Hospital would provide copy of document filed in existing patient record.  
本院會複印現存於醫療記錄內的文件。

**4. Details of Recipient of the Report / Copies of Medical Records<sup>e</sup> 醫療報告 / 醫療記錄複本的接收人<sup>e</sup>：**

*(Applicable to medical information not received by Applicant under item 2 of this form)*

只適用於醫療資料非由申請人本人接收)

*(Please refer to Information Sheet no. 7 請參閱申請須知第7項)：*

Name 姓名：\_\_\_\_\_ HKID No. 香港身份證號碼 / Passport No. 護照號碼：\_\_\_\_\_

Tel. No. 聯絡電話號碼：\_\_\_\_\_ Relationship with Patient 與病人關係：\_\_\_\_\_

Address 通訊地址：\_\_\_\_\_

<sup>e</sup> Please attach a copy of the identity document of the recipient to whom this medical information is to be sent if not the applicant him/herself. The authorized recipient when collecting the information should produce identity proof and authorization letter (signed by the requester) for verification by staff.

<sup>e</sup> 如果此資料非由申請人本人接收，請附上接收人的身份證明文件副本。接收人到取死者的資料時須出示身份證明文件及由申請人發出的授權書，以便職員核對資料。

**5. Mode of Collection 領取個人資料的方式：**

The requested items would be sent to you by registered mail unless you check the following box.

除非你選擇以下領取個人資料的方式，否則你所要求的個人資料將會以掛號郵件寄出。

I wish to 本人希望：

- Collect the Personal Data in person. Please inform the applicant / me when the data is ready for collection.  
親自領取所要求的個人資料，請在可以領取資料時通知本人 / 申請者。

**6. Declaration & Signature of Applicant 申請人聲明及簽署：**

**I, the applicant, declares as follows: 本申請人現聲明如下：**

- 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。
- 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。

**I, the applicant declare that the information given in this Form is accurate. I by signing this Form consents to the Hospital disclosing and sending my medical report / patient information/ copies of medical records to the authorized person in item 4 of this Form (if applicable).**

本申請人謹此聲明在本表格內提供的資料準確無訛。本申請人簽署此表格代表同意有關之院方透露及發出其醫療報告 / 病人資料/醫療記錄複本給申請表第4項所填寫之有關人士(如適用)。

Signature of the applicant 申請人簽署	Date 日期
<hr/>	<hr/>

please tick the appropriate box 請在適當空格上加 ✓ 號

\* delete whichever is inappropriate 請刪去不適用者