



**Grantham Hospital**  
**Health Information & Records Office**

G/F, Main Block  
125 Wong Chuk Hang Road  
Aberdeen, Hong Kong  
Tel.: 2518 2203 Fax: 2555 7319  
Opening hours: Monday - Friday: 9 a.m. to 5 p.m.;  
Saturday: 9 a.m. to 1 p.m.;  
Sunday & Public Holidays: Closed  
(Phone Enquiry Only Available from Mon-Fri within opening hours)

**葛量洪醫院**  
**醫療及病歷資訊部**

香港香港仔黃竹坑道125號正座地下  
電話：2518 2203 傳真：2555 7319  
辦公時間：星期一至五：上午九時至下午五時；  
星期六：上午九時至下午一時；  
星期日及公眾假期：休息  
(電話查詢服務只限星期一至五辦公時間內)

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

**申請已故病人的醫療報告及 / 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 and sign under item 5 of this application form.  
本申請只接受於曾在本院接受治療之病人。申請人必須於本申請表之第5項作出有關聲明及簽署。
2. Applicant should complete the application form and submit together with the following documents:  
申請人必須在申請表格內清楚列明所有有關資料及附上下列有關證明文件：
  - (i) Identity Documents of the Deceased and the Applicant.  
死者及申請人之身份證明文件。
  - (ii) Deceased's Death Certificate.  
死者之死亡證。
  - (iii) Documentary evidence to support the relationship between the Deceased and the Applicant.  
證明死者與申請人之間關係的證件。
  - (iv) A court document issued by the court appointing the applicant as the personal representative or one of the personal representatives to administer the Deceased's estate (if applicable)  
法庭委任申請人為死者唯一或其中一位遺產代理人管理死者遺產的法院文件(如適用)。

3. Charges 收費：

**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]**

**(i) Charges for Copy Data Request for the Supply of Personal Data 資料複本要求的收費**

Processing Fee 處理費	: HK\$76	per request 每次76元 (inclusive of reproduction charge for not more than 10 pages and postage) (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 A4 paper) (註：一頁即一張A4紙的單面)
Reproduction charge of radiological images e.g. X-ray, ECG, MRI, C.T. Scan X光片、心電圖、磁力共振、電腦掃描等複製費	: 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 charge 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。

**(ii) Charges for Medical Report 申請醫療報告的收費**

Medical Report / Claim Form: a minimum fee of HK\$895 per specialty per report requested, with a maximum fee of HK\$3,580. Applicant will be informed of the extra charges before the report is processed.

每份由個別診療部門發出的醫療報告基本所需費用為港幣895元，收費最高可達港幣3,580元。如需加收費用，醫院會在提供報告前通知申請人。

4. Please ensure that the insurer's or applicant's details are accurately completed on the claim form and submitted alongside the application form. Hospital reserves the right to provide the medical report in our prescribed format or on your form provided.  
關於填寫保險索償表格或由其他機構發出之表格的申請，申請人有責任確保在其表格上已填妥受保人或申請人的資料，並連同本院申請表一併交回。醫院保留權利填報閣下遞交之表格或提供另一種合適的醫療報告以供閣下備用。
5. Application can be made in person or by post. For application by post, please submit the duly completed application form, relevant supporting document(s) (if applicable), together with a crossed cheque of the processing fee made payable to "Hospital Authority" to "Grantham Hospital, Health Information & Records Office, G/F, Main Block, 125 Wong Chuk Hang Road, Aberdeen, Hong Kong". Please do not send cash by post.  
申請人可於辦公時間親臨「葛量洪醫院 醫療及病歷資訊部」及出示以上文件正本辦理有關手續或一併郵寄填妥的申請表格、支票及以上文件的真確副本寄回「葛量洪醫院醫療及病歷資訊部 香港香港仔黃竹坑道125號正座地下」辦理申請。支票抬頭請寫明支付「醫院管理局」並加劃線。切勿郵寄現金。
6. All copies of identity documents will be used solely for the purpose of this request. They will be destroyed following the completion of this procedure.  
所提交的身份證明文件副本只作此次申請用途。手續完成後，將會全部銷毀。
7. All fees must be paid upon application.  
各項收費須於申請時一併繳交。
8. This amount is non-refundable even if the request is withdrawn subsequently.  
如果事後欲取消申請，此等費用將不會發回。

#### **Other Information 其他資料:**

9. All medical report(s) / 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。
10. For any amendment request, please submit the original medical report(s) / patient information. Please note that such amendment is subject to our doctors / hospital management's final decision.  
如對醫療報告 / 病人資料有修正的要求，必須交回該正本報告 / 資料。惟報告 / 資料能否修正，將由本院及醫生作最後決定。
11. Medical report(s) / patient information will be sent to the address provided in item 2 of this form by registered mail if the medical report(s) / patient information is / are not collected within 3 months after being informed. If the medical report(s) / patient information sent by registered mail is undelivered and returned by the Post Office, the medical report(s) / patient information will be disposed of 3 months after its return without any further or prior notice.  
如醫療報告 / 醫療記錄複本在齊備及通知後三個月內未被領取，本院會以掛號郵件形式將其寄送至申請人第2項提供的通訊地址。因未能送遞而被郵局退回的醫療報告 / 病人資料，會於三個月後銷毀，而不作另行通知。
12. Any person who collects the medical report(s) / copy of medical records in person should produce identity proof and authorization letter (applicable to collector who is not the applicant himself or not the authorized recipient in item 4 of this form) for verification by staff. If the recipient is a limited company such as insurance company, copy of the identity document is not required when submitting the request form. Company staff should produce documentary proof when they collect the information on behalf of the company.  
所有人士親身到取醫療報告 / 病人資料時，須出示身分證文件及由申請人發出的授權書(適用於非申請人本人或非本表格第4項授權接收人)，以便職員核對資料。如若接收人為一有限公司(如保險公司)則提交申請表時不用附上接收人的身份證明文件副本。接收人代表公司到取死者的病歷資料時須出示證明文件。
13. In general, upon receiving the completed application form with required supporting documents, each application will be completed around 8 weeks. Longer processing time is required depending on individual specialty, or if multi-specialties or several claim forms are involved.  
一般情況下，已遞交所需文件之醫療報告 / 醫療記錄複本申請需時約八星期完成。因應個別專科，或申請涉及跨專科多份醫療報告 / 表格 / 證明書，處理時間會較長。
14. The above details may be subject to change without prior notice.  
本院或會隨時修訂以上條款並不作另行通知。

**Application Form for the Deceased’s Medical Report and Copy of Medical Records**

**已故病人的醫療報告及 / 或醫療記錄複本申請表**

(Please read the “Information Sheet for the Deceased’s Medical Report and Copy of Medical Records Application” before making the application, and provide relevant information. 作出申請前，請先參閱“申請已故病人的醫療報告及 / 或醫療記錄複本須知”，並提交相關資料。)

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

- (a) Name in English 英文姓名: (Surname first) \_\_\_\_\_  
 Name in Chinese 中文姓名: (姓氏先行) \_\_\_\_\_
- (b) Sex 性別: \*Male 男 / Female 女 (c) Date of Birth 出生日期: \_\_\_\_\_ (d) Age 年齡: \_\_\_\_\_
- (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) \_\_\_\_\_  
 Name in Chinese 中文姓名: (姓氏先行) \_\_\_\_\_
- (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) Other Contact No(s). 其他聯絡電話號碼: \_\_\_\_\_

**3. Information Requested 索取的資料 :**

- (a) **Specialty 專科** :
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Cardiac Medical Unit<br>心臟內科           | <input type="checkbox"/> Tuberculosis and Chest Medical Unit<br>結核暨胸肺內科        | <input type="checkbox"/> Ophthalmology<br>眼科              |
| <input type="checkbox"/> Geriatric Medical Unit<br>老人科          | <input type="checkbox"/> Rheumatology and Clinical Immunology Unit<br>風濕及臨床免疫科 | <input type="checkbox"/> Palliative Medical Unit<br>紓緩醫學科 |
| <input type="checkbox"/> Others (please specify) 其他(請註明): _____ |  |   |

- (b) **Period 期間**: from 由: \_\_\_\_\_ to 至 \_\_\_\_\_  
(日DD/月MM/年YYYY) (日DD/月MM/年YYYY)

- (c) **Nature of Request: 申請項目** :
- Medical Report 醫療報告 / Insurance Claim Form 保險索償表格**  
(please attach relevant form(s) if any 請附上適用的保險公司表格)  
(claim form submitted 遞交表格數量: \_\_\_\_\_ set(s) 份)

**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
- Others (please specify) 其他(請註明): \_\_\_\_\_

please tick the appropriate 請在適當  內加√號 \* delete whichever is inappropriate 請刪去不適用者

**Duplicated Medical Record 醫療記錄複本**

1. Discharge Summary **only 只需** 出院撮要
2. Operation Record **only 只需** 手術記錄
3. Radiology Report **only 只需** 放射報告 (please specify 請註明): \_\_\_\_\_
4. Investigation Report **only 只需** 檢驗報告 (please specify 請註明): \_\_\_\_\_
5. Laboratory Report **only 只需** 化驗報告 (please specify 請註明): \_\_\_\_\_
6. Out-patient Consultation Summary **only 只需** 門診診症紀錄
7. Out-patient Clinical Notes 門診臨床紀錄
8. In-patient Clinical Notes 住院臨床紀錄
9. Others (please specify) 其他(請註明): \_\_\_\_\_

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

10. Plain X-ray \*Film / CD 普通X光片\*底片 / 光碟
11. C. T. scan \*Film / CD 電腦掃描 \*底片 / 光碟
12. M.R.I. scan \*Film / CD 磁力共振掃描 \*底片 / 光碟
13. 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 in-patient clinical notes will include the relevant medical records of items 1 to 5, if any.  
本院提供的住院臨床紀錄複本當中會包括該臨床其間涉及的第1至第5項醫療記錄(如有)。
- iii. Hospital's provided out-patient clinical notes will include the relevant medical records of items 3 to 6, if any.  
本院提供的門診臨床紀錄複本當中會包括該臨床其間涉及的第3至第6項醫療記錄(如有)。
- iv. 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。

(d) **Purpose (please specify) 申請用途 (請註明) :**

\_\_\_\_\_

**4. Mode of Collection 領取方式 :**

The requested item(s) will be sent to you by registered mail unless you choose to collect in person.  
除非你選擇親臨領取，否則你所要求的資料將會以掛號郵件寄出。

- Collect the requested item(s) in person. Please inform applicant / recipient (if applicable) when the item(s) is/are ready for collection. 親臨領取，請在可以領取時通知申請人 / 接收人 (如適用)。

Name of the Recipient:

接收人姓名： \_\_\_\_\_

HKID Card No.:

香港身份證號碼： \_\_\_\_\_

- Post to the address provided in item 2(f) of this form. 郵寄到表格第2(f)項提供的通訊地址。

- Post to other address:

郵寄到其他地址： \_\_\_\_\_

please tick the appropriate 請在適當  內加√號

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

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

I, the Applicant, declare as follows: 本申請人現聲明如下：

- (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。
- (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。

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

**本人謹此聲明在本表格內提供的資料準確無訛。本人簽署此表格代表同意有關院方透露及發放所申請的醫療報告/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

<b>FOR OFFICAL USE ONLY 此欄只供部門填寫</b>	
The Deceased's [*and Relevant Person's] *HKID Card/Passport Number(s) *has/have been checked against the original / copy (original not seen) by	
(Name of staff and Signature)	(Date):