

For official use onlyPatient ID checked: Original Copy Match with PMIAmount payable: \$ _____ cash cheque
 free of chargeApplicant ID: Original Copy Consent signed
 Birth certificate Relevant person consent signed
 Certificate of marriage Remark/ Others _____Receipt Number: _____
Checked by: _____
Date: _____**Kwai Chung Hospital 葵涌醫院
Patient Information Application Form 病人資料申請表**(Please ✓ where appropriate 請在適當空格上加上「✓」號)**1 Particulars of patient:****病人資料**

(a) Name (English) 姓名 (英文)	_____	(Chinese) (中文)	_____
(b) Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	(c) Age 年齡	(d) Date of birth (dd/mm/yyyy) 出生日期 (日/月/年)	_____
(e) HKID card number 香港身份證號碼	_____	/	Passport number 護照號碼 _____
(f) Address 地址	_____		
(g) Telephone number 聯絡電話號碼	_____	(g) Email address 電郵地址	_____

If the HKID card number 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 number is provided, please produce in person the original or provide a true copy of the passport of the patient when submitting this patient information application form to our hospital.
若提交護照號碼，請在向本院提交本「病人資料申請表」時，親身出示病人的護照正本或提交真確副本。

**2. Request details:
申請詳情**

(a) Nature: 項目	<input type="checkbox"/> Medical certificate 醫生證明書(病假紙)	<input type="checkbox"/> First issue 首次發出 (Never or forget to obtain from doctor) (從未或忘記向醫生索取)	
	<input type="checkbox"/> Attendance certificate 到診證明書		
	<input type="checkbox"/> Discharge slip 出院紙		
	<input type="checkbox"/> Certify true copy (HK\$300 per copy) 核實真確副本 (每份 HK\$300)	<input type="checkbox"/> Re-issue (e.g. due to loss) (HK\$300 per copy) 補發(例如遺失) (每份 HK\$300)	
	<input type="checkbox"/> Date of admission & discharge (HK\$300 per copy) 出入院日期 (每份 HK\$300)		
	<input type="checkbox"/> Attendance and payment record (HK\$300 per copy) 到診及繳費紀錄 (每份 HK\$300)		
	<input type="checkbox"/> Others (please specify) 其他 (請註明) _____		
	<input type="checkbox"/> Clarification (please attach the original document for ease of reference) 澄清事項 (請附上該文件正本以作參考) Please specify 請註明 _____		
(b) Specialty: 所屬病科	<input type="checkbox"/> Psychiatry 精神科	<input type="checkbox"/> Clinical psychology 臨床心理科	<input type="checkbox"/> Occupational therapy 職業治療部
	<input type="checkbox"/> Physiotherapy 物理治療部	<input type="checkbox"/> Dietetic 營養部	<input type="checkbox"/> Speech therapy 言語治療部
	<input type="checkbox"/> Other (please specify) 其他(請註明) _____		

(c) Period: 要求期間	from 由 _____	to 至 _____
(d) Purpose: 用途	<input type="checkbox"/> To employer 呈交僱主 <input type="checkbox"/> Insurance claim 申索保險賠償 <input type="checkbox"/> Employee compensation claims 申索工傷賠償 <input type="checkbox"/> Apply for traffic accident victims assistance (Social Welfare Department) 申請社會福利署交通意外傷亡援助 <input type="checkbox"/> Others (please specify) 其他 (請註明) _____	
(e) Mode of collection: 領取方式	<input type="checkbox"/> In person 親身領取 <input type="checkbox"/> By registered mail 以掛號郵件收取 <input type="checkbox"/> Log in HA Go to download (if applicable) 自行登入 HA Go 下載 (如適用)	

3. Payment method:

付款方法

- By cash / ePayment / credit card at the Central Shroff in person
親臨中央繳費處以現金 / 電子方式 / 信用卡付款
- By crossed cheque made payable to "Hospital Authority" Cheque number
以抬頭為「醫院管理局」的劃線支票付款 支票號碼 _____

4. Particulars of patient's parent / guardian: (for patient under 18 years old or legal guardian)

病人父 / 母 / 監護人資料

(適用於未滿十八歲 或 有監護人的病人)

- (a) Name (English) _____ (Chinese) _____
姓名 (英文) _____ (中文) _____
- (b) HKID card number _____ / Passport number _____
香港身份證號碼 _____ / 護照號碼 _____
- (c) Address _____
地址 _____
- (d) Telephone number _____
聯絡電話號碼 _____
- (e) Relationship with patient _____
與病人關係 _____
- (f) Email address _____
電郵地址 _____

*Please produce in person the original or provide a true copy of the identity document of patient's parent / guardian.
請親身出示病人父 / 母 / 監護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 parent / guardian and the patient.
請一併附上能證明病人父 / 母 / 監護人與病人之關係的證明文件真確副本。*

5. Declaration and signatures:

聲明及簽署

The patient and (where applicable) patient's parent / guardian declare that the information given in this patient information application form is accurate

病人及病人父 / 母 / 監護人 (如適用者) 謹此聲明在本「病人資料申請表」內提供的資料準確無訛。

Signature _____ Date (dd/mm/yyyy) _____
病人簽署 _____ 日期 (日/月/年) _____

If application by patient's parent / guardian:

若由病人父 / 母 / 監護人提交申請

Signature of patient's parent / guardian _____ Date (dd/mm/yyyy) _____
病人父 / 母 / 監護人簽署 _____ 日期 (日/月/年) _____

Notes for application for patient information

申請病人資料須知

1. According to the Hospital Authority's policy, the charge of each re-issued sick leave certificate / certify true copy / date of admission & discharge / attendance and payment record is HK\$300.
根據醫院管理局政策，每張補發的病假證明 / 核實真確副本 / 出入院日期 / 到診及繳費紀錄收費為港幣 300 元。
2. The hospital will generally keep in-patient and specialist out-patient psychiatric records for 10 years.
本院一般只保留病人十年的住院及專科門診精神科紀錄。
3. Application made by relevant person should obtain patient's written consent.
有關人士須取得病人的書面同意，方可申請。
4. Applicant and concerned parties should present all relevant documents for record and verification of identity. The documents include:
申請人及有關人士必須出示下列有關證明文件，以資紀錄及核實身份，文件包括：
 - 4.1 If the HKID card number 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.
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 - 4.2 **If the patient is under 18:** Birth certificate or legal custody paper **AND** parent / guardian's written consent (if application made by relevant person) and attach a copy of documentary evidence to support the relationship with the data subject.
若病人在十八歲以下：出生證明書 或 法定管養權證明書 及 父/母/監護人之書面同意(適用於由有關人士提出申請)，並附上與資料當事人關係的證明文件副本。
 - 4.3 A court document issued by courts in Hong Kong appointing the relevant person to manage the affairs of the patient (if applicable)
香港法院簽發任命有關人士管理病人事務的法院文件 (如適用)
5. Please provide as far as possible all relevant patient's information, such as dates, receipts and specialist outpatient clinic case number, etc.
請儘量提供所有有關病人接受本院治療的資料，如日期、住院收據、專科門診號碼等。
6. Please fill in the application form carefully. Insufficient or inaccurate information will lead to delay or rejection.
請清楚填妥申請表內每一項資料，若所填資料有不足或錯誤，此項申請將受到延誤或拒絕。
7. The applicant should settle the fee at the **Central Shroff** upon submission of the application form. Payment by cheque should be crossed and made payable to the "**Hospital Authority**".
遞交病人資料申請表時，申請人須到**中央繳費處**繳交費用。如以支票付款，抬頭請寫「**醫院管理局**」，並加劃線。
8. For application by post, send the duly completed application form together with a crossed cheque made payable to "**Hospital Authority**" to:
如以郵遞方式申請，請將填妥表格連同劃線支票，抬頭請寫「**醫院管理局**」，並寄回：

Health Information and Records Department at G/F, Main Block (Blocks B/C), Kwai Chung Hospital,
3-15 Kwai Chung Hospital Road, Kwai Chung, New Territories
新界葵涌醫院路 3-15 號葵涌醫院主座大樓(B/C 座)地下 醫療資訊及紀錄部
9. Please do not send cash by post.
切勿郵寄現金。
10. No refund will be made even the application is withdrawn before the patient information is issued.
申請人即使在病人資料發出前撤銷申請，已繳費用，概不發還。
11. In general, each patient information application will be completed in around 6 weeks.
一般情況下，每份病人資料申請需時約 6 星期才能完成。
12. Each patient information is written in English only.
每份病人資料均只用英文書寫。
13. Should you have any queries, please feel free to contact our Health Information and Records Department.
如有任何查詢，請聯絡本院醫療資訊及紀錄部。

Tel 電話: 2752 4105

Fax 傳真: 2307 6521

Email 電郵: kch.enquiry@ha.org.hk