

Hospital Authority
醫院管理局
Kwong Wah Hospital
廣華醫院

Medical Report and Patient Information Application Form

醫事報告及病人資料申請表

1. Particulars of Patient :

病人資料

(a) Name _____ (English) (_____)
姓名 Surname 姓氏 Forename 名字 (英文) Chinese (中文姓名)

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

(c) Nature of Identify Document and Number : _____
身份證明文件類別及號碼

(d) Address : _____
地址: _____

(e) Daytime Telephone No : _____
日間聯絡電話號碼

(f) Any other contact number(s) : _____
其他聯絡電話號碼

Please attach a true copy of Patient's HKID Card/Passport or produce in person the original for our verification. Please attach a copy of the Patient's birth certificate if under 18 years of age or produce in person the original.

請附上病人的香港身份證/護照真確副本或親身出示正本以供本院查核。如病人年齡未滿十八歲，請附上其出生證明書真確副本或親身出示正本。

2. Information Request from the Hospital :

向醫院索取的資料

(a) Specialty : _____
專科

(b) Period : from _____ to _____
期間 由 至

Please tick the appropriate box
請在適當空格上加上「√」號

For Office Use Only	
ID	BC
Fee	Cheque
Form	Consent
Checked by	Date rec'd

(c) Purpose of Report [For hospital reference only]
醫事報告之用途 [只供醫院參考之用]

a general medical report for :

一般性質的醫事報告以供

future medical purpose

日後醫療用途

insurance claim (insurance claim form attached or no attached)

申索保險賠償 (保險賠償表格 附上 或 沒有附上)

employee compensation claims

申索工傷賠償

legal proceedings/concerned parties : third party/private company/others :

法律申訴程序/有關人仕： 第三者/私人公司/其他：

rehousing application

申請公屋徙置

to Immigration Department for family reunion

向入境事務處申請家人來港團聚

application for reimbursement/direct payment of medical expenses (for civil servants, pensioners and others eligible persons)

申請發還/直接支付醫療費用(公務員、退休公務員及其他合資格人士適用)

other, please specify

其他(請註明)

3. Person to whom the Medical Report is to be sent

醫事報告的接收人

The Patient and/or the Patient's parent/guardian by signing this Form consents to the relevant HA hospital disclosing and sending the medical report to the following person:

病人及/或其父/母/監護人簽署此表格代表病人及/或其父/母/監護人同意有關之醫院管理局醫院向下述人士透露及發出其醫事報告

Name _____ (English) (_____)

姓名 Surname 姓氏 Forename 名字 (英文) Chinese (中文姓名)

Address : _____

地址: _____

Tel No. (電話號碼): _____

H.K.I.D. / Passport No. (if applicable) : _____

香港身份證/護照號碼(如適用)

Please attach a true copy of the HKID Card/Passport of the individual to whom this Medical Report is to be sent if not the patient himself or produce in person the original HKID Card/Passport of both the relevant person & the applicant when submitting the request. This does not apply if the recipient is a limited company such as an insurance company.

如果此醫事報告非由本人接收，申請時請附上接收人的香港身份證/護照真確副本或請親身出示有關人士及申請者香港身份證/護照正本。如若接收人為一有限公司(如保險公司)，則此欄不適用。

Please tick the appropriate box (請在適當空格上加上「√」號)

4. Patient's Consent :
病人同意

I consent to have my medical information disclosed to the applicant/concerned authority.
本人同意醫院管理局將本人之病歷資料發放給申請人/有關人士。

Signature of the Patient
病人簽署

(if patient is a minor or mentally incapable)
(此欄適用於未滿十八歲或因精神狀況而不能處理本身事務之病人)

Date :
日期

Signature of the patient's parent/guardian
病人父/母/監護人簽署

Signature of the Applicant
申請人簽署

(Name in Block Letters)
姓名 (請用正楷填寫)

Nature of Identity Document
and Number _____
身份證明文件類別及號碼

Date :
日期

Date :
日期

* 有關申請一經接納, 所繳付之費用概不發還。

No refund of the fee paid for a medical report will be made even if the application is withdrawal before the medical report is issued.

醫事報告內容只涵蓋有關科目於本院內現存之病歷。

Content of medical report covers the available medical record of the concerned specialty only.

.....
(回郵地址 / Mailing Address)

(回郵地址 / Mailing Address)

Name / 姓名 : _____

Name / 姓名 : _____

Address / 地址 : _____

Address / 地址 : _____

Declaration 聲明

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

本申請人現聲明如下：（請在適當空格上「✓」號）

- (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.
本人已經向法庭申請或已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。

Signature of the Applicant

申請人簽署

Relation with the Deceased

與死者關係

Date :

日期

- # 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。

申請醫事報告及病人資料須知

Notice for Application of Medical Report and Patient Information

- (1) 請清楚填妥申請表內每一項資料，否則申請將被撤回。
Please state clearly all the items in the application form to facilitate the application process.
- (2) 申請者必須以中文或英文填寫。
Please complete the form in Chinese or English only.
- (3) (a) 如病者已去世，其親屬須在簽署上述聲明及填寫其親屬關係。
If the patient is deceased, the applicant is required to sign the declaration above and to write down the relationship.
(b) 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。
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.
- (4) 有關申請填寫保險公司發出之醫療保險表格/特定之表格，請將已填投保人仕/申請人資料之表格連同申請表一併交回。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事報告以供閣下備用。又如申請人要求在醫事報告內加入所需內容，醫院保留權利以忽略該要求。
For insurance form/specific form, please complete the insurer's/applicant's details and submits with the application form. Hospital reserves the right to provide the medical report in our prescribed format or on your form provided. Moreover, hospital reserves the right to ignore the request if the applicant requests to add specific content on the medical report.
- (5) 有關申請一經接納，所繳付之費用概不發還。**
No refund of the fee paid for a medical report will be made even if the application is withdrawal before the medical report is issued.
- (6) 醫事報告或證明書需時約六至八星期辦理，完成後將直接郵寄往申請人。
The processing time for medical report/medical certificate is about 6 to 8 weeks. The medical report/medical certificate prepared will be sent directly to the applicant.
- (7) 如申請人要求本院在指定日期完成該項申請，而該要求於合理情況下未能配合本院實際運作，則有關申請將予拒絕，而申請書連同所繳費用將一併退還申請人。
If a medical report is required on a particular date but it is unlikely that the report can be released on or before the specific date require, then the application will be rejected and the application together with remittance enclosed will be returned to the applicant.
- (8) 供保險及其他用途的醫事報告或證明書，須按所屬類別及所需專業人手而收費，每份證明書/每份醫事報告每個專科最低收費為港幣 895 元，最高收費為港幣 3,580 元。
A minimum of HK\$895 per medical report/certificate per specialty subject to a maximum of HK\$3,580 will be charged.
- (9) 在正式處理申請之前，申請人須往司庫部繳納全部費用，支票付款，抬頭人為“廣華醫院”並加劃線。
The applicant is required to pay all the charge at “Cashier's Office” in advance. All cheque must be strictly crossed and made payable to “Kwong Wah Hospital”.
- (10) 請把醫事報告申請表格連同收據交與中座十二樓醫事報告辦事處辦理，申請人亦可郵寄申請表及收據副本往上述地址。
Please forward the Medical Report Request Form to our Medical Report Office at 12/F Central Stack for action after paying the service fee to the Cashier's Office or by mail to above office with the copy of the receipt and Medical Report Request Form.
- (11) 有關醫事報告之查詢，可於辦公時間內致電：3517 5216。
For enquiry, please contact our staff at telephone number 3517 5216 during office hour.
- (12) 以上條文，本院得隨時修訂，不作另行通知。
The above detail will be subjected to amendment without prior notice.

其他紀錄通知書

在向醫院管理局提供任何個人資料之前，請閱讀本通知書。

醫院管理局（本局）是一負責管理公立醫院的法定機構。我們的員工可能會請你提供你的個人資料，作為下述或有關你向本局提供服務的一般用途。

當你提供這些個人資料時，請確保這些資料準確及完整，如果你不向本局提供所需的資料或你提供錯誤／不完整的資料，便將會影響本局考慮下述的目的或一般有關你向本局提供的服務。

並請注意，你的個人資料可能會被本局交予：

- 本局內的有關人士；
- 任何其他需要該等資料作為有關下述或你向本局提供服務的一般用途的有關人等；或
- 任何有關的政府部門／管理機構，作為有關法例的用途和目的。

除了上文所述以外，本局只會在下列情況下把你向本局提供的個人資料使用、透露或轉移：

- 作為有關下述或你向本局提供服務的一般用途或其他直接有關連的目的；或
- 在法律容許的情況下。

本局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。

本局請你提供個人資料的目的（包括其附屬或附帶關係的目的）是：

1. 申請查閱資料要求
2. 申請醫事報告／證明書
3. 翻查出生時間

如果你希望根據《個人資料（私隱）條例》要求查閱和／或改正你的個人資料，請在辦公時間內與下述的廣華醫院資料控制員聯絡：

地址：九龍油麻地窩打老道25號廣華醫院醫事報告辦事處

Other Records Notice

Please read this notice before you provide any Personal Data to us.

The Hospital Authority (HA) is a statutory body which manages public hospitals. Our staff members may ask you to provide your Personal Data for purposes stated below or generally for your provisions of services to us.

When you provide 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 consideration of the purposes stated below or generally in respect of your provisions of services to us will be affected.

Please also note that your Personal Data may be made available to:

- appropriate persons in HA;
- any other relevant parties who require it for matters related to the purposes stated below or generally in respect of your provisions of services to us; or
- any relevant government departments/appropriate authorities when the HA is required to provide it under the relevant legislation for use for the purposes of that legislation.

In addition to the above, we will only use, disclose or transfer the Personal Data you provide to us:

- for those purposes relating to the purposes stated below or generally in respect of your provisions of services to us or directly related purposes; or
- where permitted by law.

We will obtain your consent before using your Personal Data for any other purposes.

Where relevant, the purposes for which the data is required (including their incidental or ancillary purposes) are:

1. Application for Data Access Request
2. Application for Medical Report/Medical Certificate
3. Application for Search of Birth Time

If you wish to require access to and/or correction of your Personal Data, you may do so under the Personal Data (Privacy) Ordinance. For request(s) relating to Kwong Wah Hospital, please contact the relevant Data Controller during office hours at:

Address : Medical Report Office, Kwong Wah Hospital, 25 Waterloo Road, Yau Ma Tei, Kowloon