

Notes for Application of Deceased Patient's Medical Report / Medical Records

Application Methods:

- 1) Complete "Deceased Patient's Medical Report / Medical Records Application Form". Submit the completed form with supporting documents and fees required to our Hospital either by mail or in person.
- 2) Specify the specialty responsible for completion of medical report / records and all relevant information about the attendance of the patient including dates and receipts.
- 3) If the request is for purposes of Insurance Claim, please enclose relevant form. However, doctor may provide the information in format of a medical report instead of completing the form.
- 4) Please specify clearly and in detail the request period (e.g. 3/2004-5/2004) and type of data required (e.g. hospitalization records, laboratory results, X-ray films etc). Our hospital may require further information to enable us to identify and/or locate the Requested Data. Too general a description of the Requested Data such as "all of my personal data" may render the request being refused if we are not supplied with such information as we may reasonable require to locate the Requested Data.
- 5) Under no circumstances will the application for medical report / records be processed without valid consent, supporting documents and paying the charges.
- 6) Applicant **MUST** countersign at all amendments made on the application form.

Supporting Documents:

- 1) If submitted in person, please present the original of the following documents for verification. If submitted by mail, please send the copies of the following documents with the application form.
 - Identity document of the deceased and the Certificate of Death Registration
 - If deceased is under 18 years of age, the Birth Certificate of the deceased is also required.
 - Identity document of the Applicant & Authorized Person (if applicable)
 - Documentary proof of relationship between the Applicant and the deceased
- 2) If deceased has a personal representative:
 - Original Consent by the executor and Copy of the grant of probate or Copy of the deceased's last valid will
 - Original Consent by the administrator and Copy of the letters of administration
- 3) If deceased has no personal representative:
 - Original Consent and Original Written Confirmation (Annex 2 of Application Form) by Direct relative of deceased (who have applied or intended to apply to administrator of the Deceased's estate).
- 4) Depending on each application, we may ask applicant for more supporting documents.
- 5) If the applicant fails to the required supporting documents, our Hospital reserves the right to decline the application.

Application Fee:

- 1) Medical Report / Completion of Form
 - HK\$1100 should be levied per specialty of medical report. A maximum of HK\$4400 will be charged per hospitalisation.
- 2) Medical Certificate
 - HK\$300 will be charged for general requests (Proof of Date of Death, Date of Admission & Discharge and Attendance Records)
- 3) Copies of Medical Records – paper based records / non paper based records
 - Processing Fee : HK\$100 per request (*inclusive of reproduction charges for not more than 10 pages and postage*)
 - Reproduction Charge for the 11th pages & onward : HK\$1.5 per page
 - Reproduction Charge for ECG, EEG, X-Ray Film : HK\$300 per modality per disc
- 4) Regarding the charges for other special requests, please contact our staff.
- 5) Charges for all requests should be paid during submission. Payment by cheque should be crossed and made payable to "Hospital Authority". **Please do not send cash by mail.**
- 6) No refund of the charge will be made once an application is submitted.

Other Notes:

- 1) In general, each medical report / patient's information takes approximately eight weeks to complete. If more than one medical report / patient's information are requested, longer processing time will be required because doctors of different specialties will have to refer to the medical records and complete the reports in succession. All medical reports / records are written in English. The information provided
- 2) Our hospital will reply to the applicant / authorized person / authorized organization within 40 days after receiving the duplicate medical records request. For any further reproduction charges payable on top of the Processing Fee, our hospital will notify the applicant / authorized person / authorized organization to settle the further payment and the Requested Data will be released after the residual cost is cleared. Under no circumstance will the Requested Data be released without receiving consent from the Data Subject and Data Subject's authorized person / organization, checking original and copy of relevant documents.
- 3) All medical reports / patient's information are written in English. The information provided will be until the date of application or subject to the doctor's decision on the relevancy of the case.
- 4) All medical report / patient's information / duplicate medical records (except X-ray films) and the receipt (if applicable) will be sent to the applicant / authorized person / authorized organization by "Registered Post" unless specified upon application.
- 5) All calls from our hospital will show 2683 8668 in the caller display. Please note and pick up the call.

Contact Us:

- 1) **In-person** Address: Health Information & Records Department, LG/F, North District Hospital
9 Po Kin Road, Sheung Shui, New Territories
Office Hours: Monday to Friday : 09:00 to 12:45 and 14:00 to 17:30
Saturday/Sunday/Public Holiday : Closed
- 2) **By Mail** Address: Health Information & Records Department, LG/F, North District Hospital
9 Po Kin Road, Sheung Shui, New Territories
- 3) **Enquiry** Tel No.: (+852) 2683 7042