



Date: \_\_\_\_\_

已故病人醫療記錄申請表格

DECEASED PATIENT'S MEDICAL RECORDS APPLICATION FORM

(Please read the "Notes of Application for Deceased Medical Records" before completing this form)

Except with the consent of the individual concerned, the personal data collected in this Form will be used for the purpose of processing this application and other directly related purposes only.

(在填寫本表格前請先參閱"已故病人醫療記錄申請須知")

除獲有關個人的同意外，本表格收集的個人資料只可用於處理此項申請及其他與之直接有關的目的。

1. PARTICULARS OF DECEASED 死者資料

(a) Name 姓名: (English 英文) \_\_\_\_\_ (Chinese 中文) \_\_\_\_\_

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

(c) HKID Card No. 香港身份證號碼: \_\_\_\_\_ OR 或 Passport No. 護照號碼: \_\_\_\_\_

(d) Address 地址: \_\_\_\_\_

# Please produce in person the original or provide a true copy of the patient's identity document /Deceased's identity document and Death Certificate. Please attach a copy of the Patient's/Deceased's birth certificate if under 18 years of age.

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。

2. DETAILS OF RECORDS REQUEST 所需紀錄詳情:

(a) For the period 所需紀錄的期間: \_\_\_\_\_

(b) For the following 需要的資料: \_\_\_\_\_

3. REASON FOR APPLICATION 申請原因

- Insurance claim 申索保險賠償
- Clinical Reference 醫療參考
- Personal Record 個人記錄
- Others-Please Specify 其他-請註明 \_\_\_\_\_
- Employee compensation claims 申索工傷賠償
- Legal proceeding 法律申訴程序用途

4. PARTICULARS OF APPLICANT 申請人資料

(a) Name 姓名: (English 英文) \_\_\_\_\_ (Chinese 中文) \_\_\_\_\_

(b) Sex 性別:  Male 男  Female 女 HKID Card No.香港身份證號碼: \_\_\_\_\_ Tel. No.電話號碼: \_\_\_\_\_

(c) Address 地址: \_\_\_\_\_

(d) Relationship with the deceased 與死者關係: \_\_\_\_\_

Signature of the Applicant 申請人簽署: \_\_\_\_\_

Company Chop (if applicable) / 公司蓋章 (如適用): \_\_\_\_\_

Date 日期: \_\_\_\_\_

(Please ✓  in the appropriate box - 請在適當方格填上 ✓ 號)

Revised on 01/11/2021

5. **CONSENT FROM DECEASED'S NEXT OF KIN 死者至親同意書**

(a) Name 姓名: (English 英文) \_\_\_\_\_ (Chinese 中文) \_\_\_\_\_

(b) Sex 性別:  Male 男  Female 女 HKID Card No. 香港身份證號碼: \_\_\_\_\_ Tel. No. 電話號碼: \_\_\_\_\_

(c) Address 地址: \_\_\_\_\_

(d) Relationship with deceased 與死者關係: \_\_\_\_\_

(e) **Declaration 聲明 (FOR DECEASED'S NEXT OF KIN USE ONLY 只供已故病人至親填寫)**

I, declare as follows: 本人聲明如下:

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。

(f) I consent to have the deceased's medical information disclosed to the applicant.

本人同意院方將死者之病歷資料發放給申請人。

\_\_\_\_\_  
Signature of the Deceased's Next of Kin 死者至親簽署

Date 日期: \_\_\_\_\_

**FOR OFFICE USE ONLY 只供有關部門填寫**

Applicant's ID checked  Y /  N

Relationship checked  Y /  N

LA  Y (\_\_\_\_\_) /  N

AS(AC),

Please charge photocopy at \$ \_\_\_\_\_

.....  
HIRMI,  
PWH