



PRINCE OF WALES HOSPITAL

威爾斯親王醫院

Deceased Patient's Medical Report / Medical Records Application Form

親屬申請死者的醫療報告 / 醫療紀錄表格

Personal Information Collection Statement 收集個人資料聲明

Please read the following **BEFORE** you provide any personal data to us:

在向本院提供任何個人資料之前，請先閱讀以下內容：

1. Purpose of Collection 收集資料的目的

The personal data collected from this form will be used by the Hospital Authority ("HA"), including public hospitals / institutions managed by HA, for the purposes of processing and responding to this application.

醫院管理局（下稱「醫管局」），包括由醫管局管理的公立醫院 / 醫療機構，會把表格所收集的個人資料，作為處理及回覆本申請之用。

When you provide the 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 ability to process your application may be affected and your application may therefore be declined.

當你提供個人資料給我們時，請確保資料準確和完整。如你未能提供所需的資料，或資料不準確或不完整，我們處理是次申請的能力或會受影響，而是次申請或因此被拒絕。

2. Disclosure of Personal Data 透露個人資料

Please also note that your personal data collected may be made available to:

- appropriate persons in the HA, for the purposes of processing and responding to your application; and
- third parties where such disclosure is permitted or required by law or is in the public interest.

請留意你的個人資料可能會提供予：

- 醫管局內的適當人士，以處理及回覆本申請之目的；及
- 在法律容許或要求的情況下或出於公共利益的情況下的第三方

We will obtain your consent before using your personal data for any other purposes.

我們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。

3. Data Access / Correction Requests 查閱 / 改正資料要求

If you wish to access / correct your personal data held by HA, you may do so under Personal Data (Privacy) Ordinance. Please contact the relevant data controller during office hours at: 3505 2416

如果你希望根據《個人資料（私隱）條例》要求查閱 / 改正醫管局持有的你的個人資料，請在辦公時間內與有關的資料控制員聯絡：3505 2416

4. Enquiries 查詢

Enquiries concerning this application should be addressed to: 有關本申請的查詢，應送交：

Medical Records Office, 2/F, Old Block, Prince of Wales Hospital, 30-32 Ngan Shing Street, Shatin, N.T.
新界沙田銀城街三十至三十二號，舊座二樓，醫療紀錄處

Enquiry No. : (852) 3505 2416 查詢電話 : (852) 3505 2416



PRINCE OF WALES HOSPITAL
威爾斯親王醫院

(For Office Use Only 只供有關部門填寫)

MRO/MR/DMR _____

Date _____

Deceased Patient's Medical Report / Medical Records Application Form

親屬申請死者的醫療報告 / 醫療紀錄表格

Please read the "Note for Application for Deceased Patient's Medical Report / Medical Records"

請先參閱"申請死者的醫療報告 / 醫療紀錄須知"

1. NAME OF HOSPITAL / GOPC REQUESTING DATA 要求提供資料的醫院/診所名稱

Please Specify 請註明: _____

2. PARTICULARS OF DECEASED 死者資料

Name 姓名: (English 英文) _____ (Chinese 中文) _____

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

HKID Card No. 香港身份證號碼: _____ OR 或 Passport No. 護照號碼: _____

3. NATURE OF REQUEST 申請性質

3.1 Medical Report / Other Information 醫療報告 / 其他資料

☐ Medical Report 醫療報告 ☐ Medical Certificate 醫生證明書 From 由 _____ To 至 _____

☐ Discharge Slip 出院紙 ☐ Sick Leave Certificate 病假證明書 From 由 _____ To 至 _____

☐ Attendance Record 到診紀錄 ☐ Medical Expenses Record 醫療費用紀錄

☐ Proof of Date of Death 死亡日期證明 ☐ Date of Admission & Discharge 出入院日期

☐ Others 其他: _____

Request Period 申請期間: From 由 _____ To 至 _____

Specialty 專科部門/ FMC 家庭醫學診所: _____

3.2 Medical Records 醫療紀錄

Medical Records

醫療紀錄

☐ Hospitalization record 住院紀錄

☐ Discharge Summary 出院摘要

☐ A&E Records 急症室紀錄

☐ Consultation Records 覆診紀錄

☐ Laboratory Reports 化驗報告

Diagnostic Imaging

診斷造影

X-Ray X 光

CT Scan 電腦掃描

MRI 磁力共振掃描

Ultrasound 超聲波

☐ Images 影像

☐ Images 影像

☐ Images 影像

☐ Images 影像

☐ Report 報告

☐ Report 報告

☐ Report 報告

☐ Report 報告

Other (Please Specify) 其他 (請註明): _____

Request Period 申請期間: From 由 _____ To 至 _____

Specialty 專科部門/ FMC 家庭醫學診所: _____

4. **REASON FOR APPLICATION 申請原因**

(For doctor's reference only 以下資料供醫生作參考用途)

☐ Insurance claim 申索保險賠償 (☐ Claim Form Attached 附上保險表格)

If the claim form is being completed, no additional medical report will be given.

如醫生已填寫附上的保險表格，則不會另外附上一份醫療報告。

☐ Employee compensation claims 工傷索償

☐ Personal Record 個人紀錄

☐ Legal proceeding 法律申訴程序用途

☐ Clinical Reference 醫療參考

☐ Others 其他: _____

5. **PARTICULARS OF APPLICANT 申請人資料**

Name 姓名: (English 英文) _____ (Chinese 中文) _____

Sex 性別: ☐ Male 男 ☐ Female 女

Tel. No. 電話號碼: _____

HKID Card No. 香港身份證號碼 / Passport No. 護照號碼 / Other Doc. Type & No. 其他證件類別及號碼: _____

Relationship with the Deceased 與死者關係: _____

Address 地址: _____

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實副本。

Please indicate the capacity in which you are applying for the Deceased's Medical Report / Medical Records:

請註明你以何種身份申請死者的醫療報告 / 醫療紀錄：

(Refer to Annex 3 for the checklist for required documents. 請按附件三的文件清單提交所需的文件。)

☐ I am an executor with grant of probate.

本人是遺囑執行人 (獲授予遺囑認證書)。

☐ I am an executor appointed by the deceased's last valid will but without grant of probate.

本人是死者最後有效遺囑委任之遺囑執行人 (無授予遺囑認證書)。

☐ I am appointed as an administrator by letters of administration.

本人獲遺產管理書委任為遺產管理人。

☐ I am a direct relative¹ of the Deceased who has a beneficial interest in the estate of the Deceased, and I have applied or intend to apply to the court to be appointed as administrator of the Deceased's estate.

本人是死者的直系親屬，對死者遺產有實益權益，並已向法院申請或打算向法院申請成為死者的遺產管理人。

☐ I am an authorised person or agent. (Please submit the required documents according to the authorizer's identity)

本人是獲授權人士 / 代理人。(請按授權人的身份提交所需的文件)

☐ None of the above.

以上皆不是。

^{Note 1} Including the following which is set out in descending order of priority in terms of being appointed as administrator: (i) the surviving spouse, (ii) children (or, if applicable, children of any child of the Deceased who died before the Deceased), (iii) parents, (iv) siblings (or, if applicable, children of any sibling of the Deceased who died before the Deceased), (v) grandparents, (vi) uncles and aunts (or, if applicable, children of any uncle or aunt of the Deceased who died before the Deceased) of the Deceased.

^{註 1} 包括以下人士，按其獲委任為遺產管理人的優先次序由高至低排列：(i) 尚存配偶，(ii) 子女 (或死者去世之前的任何已故子女之子女，如適用)，(iii) 父母，(iv) 兄弟姊妹 (或死者的任何已故兄弟姊妹之子女，如適用)，(v) 叔伯舅父及姑媽姨媽 (或死者去世之前的任何已故叔伯舅父及姑媽姨媽之子女，如適用)。

6. Consent & Declaration 同意及聲明

I, the Applicant, understand and agree that the hospital reserves the right to decline the application notwithstanding the above unless and until I obtain a court order under Order 24 Rule 7A of the Rules of the High Court (Cap 4A) and section 42 of the High Court Ordinance (Cap 4), or Order 24 Rule 7A of the Rules of the District Court (Cap 336H) and section 47B of the District Court Ordinance (Cap 336) requiring disclosure of the deceased's medical records or medical reports.

I, the Applicant, declare that the information given in this form is true, correct and complete to the best of my knowledge, information and belief.

本人明白及同意儘管上述情況，醫院可以保留權利拒絕處理是次申請。除非及直至本人已獲得根據《高等法院規則》(第 4A 章) 第 24 號命令第 7A 條規則及《高等法院條例》(第 4 章) 第 42 條，或根據《區域法院規則》(第 336H 章) 第 24 號命令第 7A 條規則及《區域法院條例》(第 336 章) 第 47B 條法庭命令要求醫院披露死者之醫療紀錄 / 報告。

本人現聲明據本人所知、所悉及所信，本表格內所填報的一切資料，均屬真實、正確及並無遺漏。

Date: _____ Signature of the Applicant: _____
日期 申請人簽署

[Only for Executor Appointed by Deceased's Last Valid Will 只限死者最後有效遺囑委任之遺囑執行人]

I confirm that the copy provided is of the Deceased's last valid will and, to the best of my knowledge, there is no dispute regarding the appointment of that executor

本人證明所提供的副本為死者的最後有效遺囑，且據本人的認知，對於該遺囑執行人的委任不存在任何爭議。

Date: _____ Signature of the Executor Appointed by Deceased's Last Valid Will: _____
日期 死者最後有效遺囑委任之遺囑執行人簽署

7. MODE OF COLLECTION 領取的方式

☐ By registered post to the address in Part 5
掛號寄出到第 5 部份的地址

☐ Collect in person
親身到取

All medical report / deceased's information / copies of medical records will be sent to the applicant by "Registered Post" unless specified upon application.

本院發出之醫療報告 / 死者資料 / 醫療記錄，如沒有註明，會以掛號形式郵寄予申請人。如有特別要求，請在申請時註明。

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Applicant's ID checked	<input type="checkbox"/> Y	<input type="checkbox"/> N	AS (AC),
Relationship proof checked	<input type="checkbox"/> Y	<input type="checkbox"/> N	Please charge* Medical Report/ *Medical Records/ *Official Signature
INF	<input type="checkbox"/> Y	<input type="checkbox"/> N	at HK\$ _____
PL	<input type="checkbox"/> Y	<input type="checkbox"/> N	
PI	<input type="checkbox"/> Y	<input type="checkbox"/> N	

HIRMI, PWH

CONSENT 同意書**(For Deceased Patient's Medical Report / Medical Records Application 親屬申請死者的醫療報告 / 醫療紀錄適用)**

[Only applicable if an authorised person or agent is designated. 僅在有獲授權人或代理人的情況下適用。]

1. PARTICULARS OF DECEASED 死者資料

Name 姓名: (English 英文) _____ (Chinese 中文) _____

Sex 性別: ☐ Male 男 ☐ Female 女 Date of Birth 出生日期: _____

HKID Card No. / Other ID Doc. Type and No. 香港身份證號碼 / 其他身份證明文件類型及號碼: _____

2. PARTICULARS OF EXECUTOR / ADMINISTRATOR / DIRECT RELATIVE OF DECEASED**遺囑執行人 / 遺產管理人 / 死者直系親屬資料**

Name 姓名: (English 英文) _____ (Chinese 中文) _____

HKID Card No. / Other ID Doc. Type and No. 香港身份證號碼 / 其他身份證明文件類型及號碼: _____

Relationship with Deceased: ☐ Executor (with grant of probate / appointed by the deceased's last valid will)
與死者關係 遺囑執行人 (獲授予遺囑認證書 / 死者最後有效遺囑委任)

☐ Administrator (appointed by letters of Administration)
遺產管理人 (獲遺產管理書委任)

☐ Direct Relative of the Deceased
死者的直系親屬

Please specify relationship 請註明與死者關係: _____

Consent & Declaration 同意及聲明**PARTICULARS OF THE AUTHORISED PERSON / AGENT 獲授權人士 / 代理人資料**

Name 姓名: (English 英文) _____ (Chinese 中文) _____

HKID Card No. / Other ID Doc. Type and No. 香港身份證號碼 / 其他身份證明文件類型及號碼: _____

☐ I hereby authorise the above-mentioned person / agent to act on my behalf to apply for the medical report / medical records / other information of the deceased and to collect the requested data from Hospital Authority; and

本人授權上述人士 / 代理人代行處理向醫院管理局所提出有關死者醫療報告/醫療紀錄/其他資料的申請及領取所要求的資料;
以及

I hereby authorise Hospital Authority to disclose the personal data (including medical information) of the deceased to the above-mentioned person / agent.

本人現授權醫院管理局將死者的個人資料(包括醫療紀錄)交予上述人士 / 代理人。

[Only for Executor Appointed by Deceased's Last Valid Will 只限死者最後有效遺囑委任之遺囑執行人]

☐ I confirm that the copy provided is of the Deceased's last valid will and, to the best of my knowledge, there is no dispute regarding the appointment of that executor

本人證明所提供的副本為死者的最後有效遺囑，且據本人的認知，對於該遺囑執行人的委任不存在任何爭議。

Date: _____ Signature of Executor/ Administrator/ Direct Relative of Deceased: _____

日期

遺囑執行人 / 遺產管理人 / 死者直系親屬簽署

WRITTEN CONFIRMATION BY DIRECT RELATIVE OF DECEASED
(Applicable for Deceased Patient's Medical Report / Medical Records Application)

***Mandatory fields**

I, _____ (_____), of _____, hereby confirm that:
 (*Full Name) (*HKID No.) (*Address)

- (a) I am the _____ of _____ (the "Deceased");
 (*Relationship with Deceased) (*Full name of Deceased)
- (b) I have a beneficial interest in the Deceased's estate;
- (c) to the best of my knowledge, the Deceased's estate has no personal representative appointed within the meaning of the Probate and Administration Ordinance;
- (d) I have applied / intend to apply to the court to be appointed as administrator of the Deceased's estate;
- (e) to the best of my knowledge, there are no other direct relatives of the Deceased who have a higher priority to be appointed as administrator of the Deceased's estate under Rule 21 of the Non-Contentious Probate Rules applying or intending to apply as administrator; and
- (f) to the best of my belief, there will be no objection or dispute from any other person regarding my appointment as administrator of the Deceased's estate

AND I declare that the information given in this confirmation is true, correct and complete to the best of my knowledge, information and belief.

Date: _____

Signature of the Declarant: _____

死者直系親屬書面確認書
(親屬申請死者的醫療報告 / 醫療紀錄適用)

***必須填寫的項目**

本人 _____ (_____)，現居於 _____ 特此確認：
 (*中文全名) (*香港身份證號碼) (*地址)

- (a) 本人是 _____ (下稱「死者」) 的 _____ ;
 (*死者中文全名) (*與死者的關係)
- (b) 本人對死者遺產有實益權益；
- (c) 盡本人所知，死者的遺產沒有委任《遺囑認證及遺產管理條例》定義下的遺產代理人；
- (d) 本人 已向法庭申請 / 打算向法庭申請 成為死者的遺產管理人；
- (e) 盡本人所知，按《無爭議遺囑認證規則》第21條所訂明的優先次序，死者沒有其他擁有更高優先權而可被委任成為死者遺產管理人的直系親屬申請或打算申請成為遺產管理人；以及
- (f) 盡本人所信，沒有任何人將對本人委任為死者的遺產管理人作出反對或提出爭議。

本人現聲明據本人所知、所悉及所信，本確認書內所填報的一切資料，均屬真實、正確及並無遺漏。

日期: _____

聲明人簽署: _____

[Checklist for Required Documents 文件清單]

The capacity in which you are applying for the Deceased's Medical Report / Medical Records: 你以何種身份申請死者的醫療報告 / 醫療紀錄:	Please provide the following document(s): 請提供以下文件:
I am an executor with grant of probate. 本人是遺囑執行人 (獲授予遺囑認證書)。	Copy of the grant of probate; 遺囑認證授予書副本 ;
I am an executor appointed by the deceased's last valid will but without grant of probate. 本人是死者最後有效遺囑委任之遺囑執行人 (無授予遺囑認證書)。	Copy of the last valid will of the Deceased; 死者的最後有效遺囑副本 ;
I am appointed as an administrator by letters of administration. 本人獲遺產管理書委任為遺產管理人。	Copy of the letters of administration; 遺產管理書副本 ;
I am a direct relative of the Deceased who has a beneficial interest in the estate of the Deceased, and I have applied or intend to apply to the court to be appointed as administrator of the Deceased's estate. 本人是死者的直系親屬，對死者遺產有實益權益，並已向法院申請或打算向法院申請成為死者的遺產管理人。	Original Written Confirmation (Annex 2) by the direct relative; 死者直系親屬簽署的書面確認正本(附件二) ; Copy of the documentary evidence to support the relationship between the direct relative and the Deceased; 可證明死者與其直系親屬關係的文件副本 ;
I am an authorised person or agent. (Please submit the required documents according to the authorizer's identity) 本人是獲授權人士 / 代理人。(請按授權人的身份提交所需的文件)	
<u>Authorizer's identity 授權人身份</u> Executor with grant of probate. 遺囑執行人 (獲授予遺囑認證書)。	Copy of the grant of probate; 遺囑認證授予書副本 ; Original Written Consent to the Disclosure (Annex 1) by the executor; 遺囑執行人簽署的同意書正本(附件一) ; Copy of the identity document of the executor. 遺囑執行人身份證明文件副本。
<u>Authorizer's identity 授權人身份</u> Executor appointed by the deceased's last valid will but without grant of probate. 死者最後有效遺囑委任之遺囑執行人 (無授予遺囑認證書)。	Copy of the last valid will of the Deceased; 死者的最後有效遺囑副本 ; Original Written Consent to the Disclosure and Written Confirmation (Annex 1) by the executor; 遺囑執行人簽署的同意書及書面確認正本(附件一) ; Copy of the identity document of the executor. 遺囑執行人身份證明文件副本。
<u>Authorizer's identity 授權人身份</u> Appointed as an administrator by letters of administration. 獲遺產管理書委任為遺產管理人。	Copy of the letters of administration; 遺產管理書副本 ; Original Written Consent to the Disclosure (Annex 1) by the administrator; 遺產管理人簽署的同意書正本(附件一) ; Copy of the identity document of the administrator. 遺產管理人身份證明文件副本。
<u>Authorizer's identity 授權人身份</u> A direct relative of the Deceased who has a beneficial interest in the estate of the Deceased, and who has applied or intends to apply to the court to be appointed as administrator of the Deceased's estate. 死者的直系親屬，對死者遺產有實益權益，並已向法院申請或打算向法院申請成為死者的遺產管理人。	Original Written Confirmation (Annex 2) by the direct relative; 死者直系親屬簽署的書面確認正本(附件二) ; Copy of the documentary evidence to support the relationship between the direct relative and the Deceased; 可證明死者與其直系親屬關係的文件副本 ; Original Consent to the Disclosure (Annex 1) by the direct relative; 死者直系親屬簽署的同意書正本(附件一) ; Copy of the identity document of the direct relative. 直系親屬的身份證明文件副本。

Additional documents may be requested according to each application. 如有需要，本院會因應每個申請的情況，而要求申請人提交更多資料。

<p>None of the above. 以上皆不是。</p>	<p>Original consents to the Disclosure from every person who could potentially be involved in a dispute regarding the Deceased's estate, which should include: 每位可能涉及死者遺產爭議人士的書面同意正本，包括：</p> <ul style="list-style-type: none"> • every direct relative of the Deceased; 死者的每一位直系親屬； • any other person who is appointed in the Deceased's will as an executor, or otherwise claims to be so appointed; and 任何在死者的遺囑中被委任為遺囑執行人或以其他方式聲稱被委任為遺囑執行人的人士；以及 • any other person who has applied or intends to apply to court to be appointed as administrator of the Deceased's estate; 任何已申請或打算申請成為死者遺產管理人的人士； <p>A written confirmation that, to the best of the knowledge of the Applicant, there is no other person in the above categories whose consent has not been obtained; 盡申請人所知，並沒有未向上述類別人士徵求其同意的書面確認；</p> <p>Copy of the identity document of each of the person; 各人的身份證明文件副本；</p> <p>Copy of the documentary evidence to support the relationship between each of the persons and the Deceased. 可證明死者與各人關係的文件副本。</p>
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Additional documents may be requested according to each application. 如有需要，本院會因應每個申請的情況，而要求申請人提交更多資料。