

Deceased Patient's Medical Records Application Form 申請死者醫療紀錄表格

Important Note: Please fill in all relevant information, including the declaration on page 3, and provide the relevant documents.

重要須知: 請填寫所有相關資料, 包括第三頁中的聲明, 並提供相關文件。

Please attach a true copy of the following documents with your application:

閣下遞交申請表格時, 須一併提交下列文件之真確副本

1. HKID card / Passport of Applicant 申請人之香港身份證/旅遊證件;
2. Deceased's Death Certificate 死者之死亡證明書;
3. Deceased's HKID card **and**
死者之香港身份證 **及**
4. Relevant documents (e.g. Letter of Administration or Probate) issued by the Court **or**
法庭簽發的相關文件(如: 遺產管理書/遺囑認證書) **或**
5. Proof of relationship with the Deceased (e.g. birth / marriage certificate)
關係證明文件(如: 出生/結婚證明書)

You may submit your original application form and supporting documents in person, or by mail to Castle Peak Hospital/ Siu Lam Hospital Medical Record Unit, G/F Wisdom House (Block D), Castle Peak Hospital, 15 Tsing Chung Koon Road, Tuen Mun, NT. The processing fee should be paid in advance when the application is submitted. If payment is made by crossed cheque or cashier order, it should be made payable to the "Hospital Authority".

申請表格的正本以及有關證明文件, 可親自遞交或郵遞至: 新界屯門青松觀路15號, 青山醫院匯智樓(D座)地下, 青山醫院及小欖醫院醫療紀錄組。處理費須於申請時一併繳交; 如以劃線支票或本票付款, 抬頭請寫上「醫院管理局」。

Section I (第一部份)

(1) Particulars of the Deceased 死者資料

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

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

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

(c) HKID No. / Passport No. : _____
香港身份證 / 護照號碼

(2) Details of Deceased's Data Under Request 所要求的死者資料詳情

(a) Date of Data 資料日期: from 由 _____ to 至 _____

(b) For the following at Siu Lam Hospital (Please tick the appropriate box):

需要查閱本院的下列資料 (請在適當空格上加上「✓」號)

- | | |
|---|--|
| <input type="checkbox"/> In-patient medical note 醫院病歷 | <input type="checkbox"/> Out-patient medical note 門診病歷 |
| <input type="checkbox"/> Hospitalisation record 住院記錄 | <input type="checkbox"/> Attendance record 求診紀錄 |
| <input type="checkbox"/> Investigation report 化驗及檢查報告 | |
| <input type="checkbox"/> Others (please specify) 其他(請註明): | |

- (c) Purpose (Please specify):
用途 (請註明)

Should you require data retained by other institutions, please approach the relevant institutions directly.

如有需要索取其他機構保留的資料，請直接向有關機構申請。

Please provide information on separate sheets, if the space provided is insufficient.

如以上空位不夠書寫，請在另頁提供詳情。

Section II (第二部份)

(1) Particulars of Applicant 申請人資料

- (a) Name: _____ (English) _____ (Chinese)
姓名 (英文) (中文)
- (b) HKID No. / Passport No.: _____
香港身份證 / 護照號碼
- (c) Address: _____
地址
- (d) Tel No.: _____ (Daytime) _____ (Other Contact No.)
電話號碼 (日間) (其他聯絡電話)
- (e) Relationship with the Deceased: _____
與死者關係

(2) Mode of Collection 領取個人資料方式

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

The Applicant undertakes to pay such further fees as specified in the Scale of Fees prior to the collection of the Requested Data. 申請人同意在領取所要求的個人資料之前，先繳付收費表所列的其他未付費用。

- I wish to receive the Personal Data by registered mail.
本人希望以掛號郵件收取所要求的個人資料。
- I wish to collect the Personal Data in person. Please inform me when data is ready for collection. I understand and agree that the Personal Data will be sent to me by registered mail if I do not collect it within 3 months after I am informed for collection.
本人希望親自領取所要求的個人資料，請在可以領取資料時通知本人。本人明白及同意，若本人於被通知後三個月內沒有領取資料，有關資料會以掛號郵件送遞本人。

(3) Declaration 聲明

I, the Applicant, agree that the final decision lies with the Hospital Authority and declare as follows :
本人為上述申請人，同意醫院管理局擁有最終之決定權，並謹此聲明如下：
(請在適當空格上加上「✓」號) :

- I have applied for, or am appointed by the Court as (one of) the administrator(s) of the estate / executor(s) of the will for the deceased, or am authorized by the Court to receive medical record of the deceased. The relevant supporting documents are attached.
本人已經向法院申請或已經被法庭委任為 (其中一位) 死者的遺產管理人/遺囑執行人，或已被法庭授權領取死者醫療記錄，並附上有關證明文件。
- I am entitled to be the administrator of the estate / executor of the will for the deceased or I can act for and on behalf of all persons entitled to apply to be administrators of the estate /executors of the will for the deceased. The relevant supporting documents are attached.
本人有權申請成為死者的遺產管理人/遺囑執行人，或本人可作為及代表所有有權申請成為死者遺產管理人/遺囑執行人的人士，並附上有關證明文件。
- Others (Please specify, and attached the relevant documents):
其他 (請註明，並附上有關文件)

Signature of the Applicant
申請人簽署

Date
日期

FOR OFFICIAL USE ONLY 部門專用

Application handled by 申請處理經由: _____

- Patient ID 病人身份證 : Original verified 正本已核對 Copy collected 已收副本
Applicant ID 申請人身份證 : Original verified 正本已核對 Copy collected 已收副本
Document collected 已收證明文件 : Deceased's Death Certificate 死者之死亡證明書 Birth certificate 出生證明書
 Letter of Administration 遺產管理書 Marriage certificate 結婚證明書
 Grant of Probate 遺囑認證書
 Others 其他: _____

Data Access Request

查閱資料要求

Scale of Fees Applicable from 18 June 2017

收費表[二零一七年六月十八日開始適用]

Copy Data Request for the Supply of Personal Data

提供個人資料的「資料複本要求」

| | |
|---|---|
| Processing Fee : 處理費 : | HK\$76 per request 每次港幣 76 元 (inclusive of reproduction charge for not more than 10 pages and postage) (已包含不多於十頁的複製費及郵費) |
| Reproduction charge for the 11th page and onward : 第十一頁及以後頁數的複製費 : | HK\$1 per page 每頁港幣1元 |
| Reproduction charge for ECG, EEG or X-ray Film, etc. : 心電圖、腦電圖、X光片等複製費 : | HK\$230 per modality per disc 每種造影，每張光碟港幣230元 HK\$230 per film 每張底片港幣230元 |