



Tuen Mun Hospital  
屯門醫院

Deceased Patient's Medical Record Application Form  
申請死者醫療記錄表格

Processing fee HK\$ 76  
(non-refundable)  
處理費為港幣 76 元  
(費用不予發還)

**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，請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 (例如遺產管理書或遺囑認證書) **或**
5. Proof of relationship with the Deceased (e.g. birth certificate/certificate of marriage) 關係證明文件 (如：出生證明書 / 結婚證書)

**Section I (第一部份)**

1. **Particulars of the Deceased 死者資料:** (\* Please delete the inappropriate 請刪去不適用字句)

Name in English 英文姓名: \_\_\_\_\_ Chinese (中文): \_\_\_\_\_

\*Sex (性別): Male 男 / Female 女

\*HKID / 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:**

Please provide sufficient information for us to identify and/or locate the Requested Data. Kindly note that description that is too general such as "all personal data of the Deceased" may render your request refused.

請提供足夠資料以便本院識別和 / 或查找你要求的資料。如要求資料的描述太籠統，例如：「死者的所有個人資料」，本院可拒絕你的要求。敬請留意。

(a) **Date of data 資料日期** \_\_\_\_\_ to 至 \_\_\_\_\_

(b) **Type of data 資料類別** (Please tick the appropriate box 請在適當方格加上✓號):

Medical Notes 醫療記錄  A&E medical notes 急症室病歷  In-patient medical notes 住院病歷

Specialist out-patient medical notes 專科門診病歷  
(Specialty name 科目名稱: \_\_\_\_\_)

Allied health medical notes 專職醫療病歷  
(Department name 部門名稱: \_\_\_\_\_)

General out-patient notes 普通科門診病歷  
(Clinic name 門診名稱: \_\_\_\_\_)

Discharge summary 出院摘要  Laboratory reports 化驗報告  Clinical photo 臨床相片

Radiological Image 放射診斷造影 X-ray X光  Disc 光碟/ Film 軟片\*  Report 報告

CT Scan 電腦掃描  Disc 光碟/ Film 軟片\*  Report 報告

MRI 磁力共振  Disc 光碟/ Film 軟片\*  Report 報告

PET Scan 正電子掃描  Disc 光碟  Report 報告

Others 其他 \_\_\_\_\_

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，請另頁提供詳情。

TMH/HIRO/0615/T/02

07/11, 05/13, 11/16, 06/17, 02/19, 03/20, 07/20, 07/21, 10/24, 01/25

3. **Purpose of this Application 申請目的:**

- Insurance claim 保險索償  Legal proceedings 擬進行法律程序  Personal reference 個人紀錄  
 Others – please specify 其他(請註明): \_\_\_\_\_

**SECTION II ( 第二部份)**

1. **Particulars of Applicant 申請人資料:**

Name in English 英文姓名: \_\_\_\_\_ Chinese (中文): \_\_\_\_\_

\*Sex (性別): Male 男 / Female 女

\*HKID / Passport No. 香港身分證 / 護照號碼: \_\_\_\_\_

Relationship with the Deceased 與死者關係: \_\_\_\_\_

Daytime Tel. No.: \_\_\_\_\_ Other Contact No.: \_\_\_\_\_  
日間聯絡電話 其他聯絡電話

Correspondence Address 通訊地址: \_\_\_\_\_  
\_\_\_\_\_

**SECTION III ( 第三部份)**

Copy Data Request will not be processed unless accompanied by payment of the processing fee.

「資料複本要求」須連同處理費提交，否則將不予受理。

1. The Applicant has read and understood the Scale of Fees (see page 4 of this Form).  
申請人已細閱並明白收費表所訂的費用（參本表格第四頁）。
2. This Copy Data Request is accompanied by payment of processing fee of (which is non-refundable):  
「資料複本要求」連同處理費提交(此費用將不予退還):

HK\$: \_\_\_\_\_ Payment by \*Cash/Crossed Cheque No.: \_\_\_\_\_  
港幣 以\*現金 / 劃線支票付款，支票號碼

Issued by 簽發支票銀行: \_\_\_\_\_

All crossed cheques should be made payable to "Hospital Authority". 所有劃線支票抬頭請寫明「醫院管理局」收。

**Note:** Please attach the appropriate receipt collected from our Shroff Office to this Form.

注意: 請將出納處發出的適當收據附於本申請表格。

You may submit your application form (original) and supporting documents in person, or by post to our relevant department at the address listed below: 申請表格(正本)以及有關證明文件，可經親自呈交或郵遞至本院的有關部門，地址如下：

**Release of Information Section,  
Health Information & Records Office,  
3/F, Rehabilitation Block, Tuen Mun Hospital,  
Tsing San Path, Tuen Mun, N.T.**

**新界屯門青新徑屯門醫院康復大樓三樓  
醫療信息及病案管理部醫療信息發放組**

3. The Applicant undertakes to pay all 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資料之前，須先繳付收費表所列的所有費用。
4. **Mode of Collection 領取的方式**  
 Collect in person 親身到取  
 By registered post to the correspondence address in Section II 掛號寄出到第二部份的通訊地址

\* Please delete the inappropriate 請刪去不適用字句  
 Please tick the appropriate 請在適當方格加上✓號

## **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：

(Please tick one of the two boxes)

(請在其中一個方格加上 ✓ 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.

本人已經向法庭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 attach the relevant documents):

其他（請注明，並附上有關文件）：

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

\_\_\_\_\_  
Date 日期

### **FOR OFFICIAL USE ONLY 部門專用**

- The Applicant's \*HKID Card / Passport Number(s) \*has/have been checked against the original by \_\_\_\_\_ [name of staff].

申請人的\*香港身份證 / 護照號碼已經由 \_\_\_\_\_ [職員姓名] 核對正本。

- The Applicant's \*HKID Card/Passport Number(s) \*has/have been checked against the copy (original not seen) by \_\_\_\_\_ [name of staff].

申請人的\*香港身份證 / 護照號碼已經由 \_\_\_\_\_ [職員姓名] 核對其\*香港身份證 / 護照副本(但未經核對正本)

\* Please delete the inappropriate 請刪去不適用字句

Please tick the appropriate 請在適當方格加上 ✓ 號

**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 11 <sup>th</sup> 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