



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。

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. 香港身份證 / 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 - I understand and agree that if I do not collect the Personal Data within three months of being notified, it will be sent to me by registered mail.

親身到取 - 本人明白及同意，若本人於被通知可以領取資料後的三個月內，沒有領取資料，有關資料會以掛號郵件送遞本人。

- ☐ By registered post to the correspondence address in Section II 掛號寄出到第二部分的通訊地址

* 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 attach the relevant documents):

其他（請注明，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

- ☐ 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 th 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