HOSPITAL AUTHORITY





Medical Report and Patient Information Application Form

Notes: • Please read the attached explanatory notes carefully before completing this form (Please return this form to the medical report section after payment is done).

• Each application is for One Hospital ONLY, please "√" the applicable box below.

□ Tuen Mun Hos	pital (including Ger	neral Outpatient Clinics u	nder TMH)	
☐ Pok Oi Hospita	l □ Castle Peak	Hospital □ Siu Lam Ho	spital □ Tin Shui Wai Hos	pital
<u>Details of Patient</u> (This section must be completed)		For Account Use Only		
Name: (English)			Hospital: * TMH / POH / CPH	
(Chinese)			· ·	
			cortificate required	HK\$
Address:			#000	
			 Total Charge:	
Tol. No :/Doy Time)	Othou	Tal No :	Receipt No.:	
Tel. No.:(Day Time)Oth		rei. No	Date:	
Other documents (anted sick leave (no	indication of diagnosis)	☐ Certified true copy☐ Others – please specify :	
-		pmil to Accounts Office)		
☐ Confirmation of hos B2. Period of Information	on Requested	·	ıllied Health:	
☐ Confirmation of hos B2. Period of Information Period : From	on Requested to	·	Allied Health:	
☐ Confirmation of hos **B2. Period of Information** Period : From Request form attached	on Requested to (Please indicate the	Specialty / A		
☐ Confirmation of hos **B2. Period of Information** Period : From Request form attached	to to(Please indicate the	Specialty / Ae name of request form):		
□ Confirmation of hos **B2. Period of Information** Period : From Request form attached (if a doctor completes the	to to(Please indicate the	Specialty / Ae name of request form):		
□ Confirmation of hos B2. Period of Information Period : From Request form attached (if a doctor completes the B3. Purpose of This Apple	to to(Please indicate the	Specialty / Ae name of request form): _	report will be provided)	c housing
□ Confirmation of hose B2. Period of Information Period : From Request form attached (if a doctor completes the base) B3. Purpose of This App □ Continuity of care	on Requested to to (Please indicate the attached request form	Specialty / A e name of request form): _ n, then no additional medical a Insurance claim	report will be provided) ☐ Application for public	c housing

Name: (English)	(Chinese)	Sex: * <u>M / F</u>
	Contact No. (Day time)	
Correspondence Address:		
Relationship with Patient:		
Signature:	Date :	
Signature of the Patient (To be signed by pati	ient whose age is 18 or above)	
By signing this Form, I declare that I unde	erstand the application procedures and agree	e to apply for the med
report(s) / patient information, with the final	I decision lies with the Hospital Authority. I cor	nsent to the above-nar
Hospital to disclose and send my information	on to the above-named Applicant as per Section	n C, if applicable.
Signature :	Date : _	
	Kin / Guardian or Deceased's Next-of-Kin (* oder 18 years of age or (ii) patient has passed away	
Name: (English)	(Chinese)	Sex: * <u>M / F</u>
	Contact No. (Day time)	
Correspondence Address:		
Relationship with * Patient / Deceased :		
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New Territories West Cluster <u>Explanatory notes on Application for Medical Report / Medical Information</u>

1 Application method:

1.1 You may submit your original application form in person, or by post to the respective hospitals as listed below:

Tuen Mun Hospital : Release of Information Section, Health Information & Records Office,

3/F, Rehabilitation Block, Tuen Mun Hospital, Tsing San Path, Tuen Mun, N.T.

Pok Oi Hospital
 Release of Information Services, Health Information & Records Office,

M/F, Pok Oi Hospital, Au Tau, Yuen Long, N.T.

• Castle Peak Hospital / : Medical Records Unit, G/F, Wisdom House (Block D),

Siu Lam Hospital Castle Peak Hospital, 13-15 Tsing Chung Koon Road, Tuen Mun, N.T.

• Tin Shui Wai Hospital : Release of Information Services, Health Information & Records Office,

3/F, Tin Shui Wai Hospital, 11 Tin Tan Street, Tin Shui Wai, N.T.

2 Application requirements:

2.1 Patient:

- 2.1.1 Patient applying for Medical Report in person should provide his / her original identity document for verification.
- 2.1.2 Patient who mail-in the application form should enclose a true copy of the identity document for verification.

2.2 Applicant:

- 2.2.1 Applicant authorized by the patient to apply for the medical report / medical information should come in person and present his / her original identity document for verification.
- 2.2.2 For parents representing their children under 18-year-old, true copy of Birth Certificate must be provided to prove their relationship.
- 2.2.3 If an application involves a patient under 18-year-old, the applicant must obtain written consent from the patient's parents / guardian.
- 2.2.4 If the patient has passed away, the applicant is required to fill in Part 'E' of the application form and submit a true copy of the Letter of Administration / Probate indicating he / she is appointed by Court as administrator of the estate / executor of the will for the deceased or valid court document(s) authorizing the applicant to receive medical reports or medical information of the deceased.

3 Processing time:

3.1 In general, upon receiving the completed application form with required supporting documents, the medical report and medical information will be available in about 8 weeks. Longer processing time is required in special circumstances such as multi-specialties or multiple claim forms.

Service charges:

- A minimum fee of HK\$895 per Medical Report per specialty, with a maximum fee of HK\$3,580. 4.1 HK\$230 will be charged for EACH Patient Information Application.
- 4.2 All fees must be paid upon application.
- 4.3 All crossed cheques / cashier orders should be made payable to "HOSPITAL AUTHORITY".

Collection method: 5

The completed medical report / patient information will be either sent to the Patient / Applicant by post or collected in person by the Patient / Applicant. Please mark clearly in Part 'F' of the application form for the mode of collection. If you wish the report or information to be collected by other representatives, please provide a separate written authorization.

Other information: 6

- 6.1 Each application form is for one Hospital only.
- 6.2 Medical reports will be written in English.
- To enable us to process your application, please fill in relevant parts of the application form accurately and 6.3 submit all necessary documents.
- 6.4 If the requested medical report(s) / patient information is / are not collected within 3 months after notification of completion, the item(s) will be disposed without further notice.
- If you withdraw your application on your own accord, the fees paid will not be refunded regardless of whether 6.5 the report(s) / information is / are completed / available or not.

7 **Enquiries:**

Enquiries concerning the medical report / patient information application should be addressed to the respective hospitals as listed below:

•	Tuen Mun Hospital	2468 5371
•	Pok Oi Hospital	2486 8011
•	Castle Peak Hospital / Siu Lam Hospital	2456 7889
•	Tin Shui Wai Hospital	3513 5433