

# HOSPITAL AUTHORITY New Territories West Cluster

## 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.

**To : Medical Report Section** (Please “✓” ONE hospital ONLY)

- ☐ Tuen Mun Hospital (including General Outpatient Clinics under TMH)  
☐ Pok Oi Hospital   ☐ Castle Peak Hospital   ☐ Siu Lam Hospital   ☐ Tin Shui Wai Hospital

**A. Details of Patient** (This section must be completed)

Name: (English) \_\_\_\_\_  
(Chinese) \_\_\_\_\_  
\* HKID / Passport No.: \_\_\_\_\_  
Sex: \* M / F   Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Tel. No.:(Day Time) \_\_\_\_\_ Other Tel. No.: \_\_\_\_\_

| For Account Use Only                     |      |
|--|------|
| Hospital: * TMH / POH / CPH / SLH / TSWH |      |
| No. of report or certificate required    | HK\$ |
| Charge: \$895   × _____                  |      |
| \$230   × _____                          |      |
| <b>Total Charge:</b> _____               |      |
| Receipt No.: _____                       |      |
| Date: _____                              |      |

**B. Information Requested** (Please ‘✓’ the applicable box(es))

**B1. Nature of Request**

- ☐ Medical Report (\$895 - \$3,580)  
Other documents (\$230 each):  
☐ Confirmation of granted sick leave (no indication of diagnosis)   ☐ Certified true copy  
☐ Confirmation of hospital fee (please submit to Accounts Office)   ☐ Others – please specify : \_\_\_\_\_

**B2. Period of Information Requested**

Period : From \_\_\_\_\_ to \_\_\_\_\_   Specialty / Allied Health: \_\_\_\_\_

Request form attached (Please indicate the name of request form): \_\_\_\_\_

(if a doctor completes the attached request form, then no additional medical report will be provided)

**B3. Purpose of This Application**

- ☐ Continuity of care   ☐ Insurance claim   ☐ Application for public housing  
☐ Legal proceedings   ☐ Personal reference   ☐ Immigration / visa application  
☐ Support of application for family reunion  
☐ Others – please specify : \_\_\_\_\_

(\* Please delete as appropriate)

C. **Details of Applicant (Non Patient)** (This section must be completed if an adult patient is not applying by himself / herself)

Name: (English) \_\_\_\_\_ (Chinese) \_\_\_\_\_ Sex: \* M / F

\* HKID Card No. / Passport No.: \_\_\_\_\_ Contact No. (Day time) \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

Relationship with Patient: \_\_\_\_\_

Signature: \_\_\_\_\_ Date : \_\_\_\_\_

D. **Signature of the Patient** (To be signed by patient whose age is 18 or above)

By signing this Form, I declare that I understand the application procedures and agree to apply for the medical report(s) / patient information, with the final decision lies with the Hospital Authority. I consent to the above-named Hospital to disclose and send my information to the above-named Applicant as per Section C, if applicable.

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

E. **Particulars of Patient's Parents / Next-of-Kin / Guardian or Deceased's Next-of-Kin** (\* Please delete as appropriate)

(This section is to be completed if (i) patient is under 18 years of age or (ii) patient has passed away or (iii) patient is a mentally incapacitated adult person.)

Name: (English) \_\_\_\_\_ (Chinese) \_\_\_\_\_ Sex: \* M / F

\* HKID Card No. / Passport No.: \_\_\_\_\_ Contact No. (Day time) \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

Relationship with \* Patient / Deceased : \_\_\_\_\_

(\* Please delete as appropriate)

**Declaration by the Deceased's Next-of-Kin** (Please '✓' the appropriate box)

(To be completed if this application is for a deceased's medical report / certificate)

I declare as follows:

- ☐ 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 reports or medical information of the deceased. The relevant supporting documents are attached.
- ☐ 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.
- ☐ Others (Please specify, and attach the relevant documents): \_\_\_\_\_

By signing this Form, I declare that I understand the application procedures and agree to apply for the medical report(s) / patient information, with the final decision lies with the Hospital Authority. I consent to the above-named Hospital to disclose and send the patient's information to the above-named Applicant as per Section C, if applicable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Notes:
1. For parents representing their children under 18, Birth Certificate of the patient must be provided to prove their relationship.
  2. If the medical report involves a patient under 18, the Applicant must obtain prior written consent of the patient's parents/ guardian.
  3. For mentally incapacitated adult person assessed to be mentally incapable of giving consent, a medical certificate of the assessment result and the consent of the guardian appointed under the Mental Health Ordinance are required.

F. **Mode of Collection** \*\* Please refer to point 5 of explanatory notes \*\*

- ☐ Registered post to the address below ☐ Collect in person (I understand and agree that if I do not collect my Medical Report/Patient Information within three months of being notified, it will be sent to me by registered mail)

To: Mr. / Ms. \_\_\_\_\_

Address: \_\_\_\_\_

**For Official use only** Application received by: \_\_\_\_\_

Patient ID: ☐ Original verified ☐ Copy collected ☐ Match with PMI

Applicant ID: ☐ Original verified ☐ Copy collected

Doc collected: ☐ Birth certificate ☐ Certificate of marriage

Remarks: \_\_\_\_\_

**New Territories West Cluster**  
**Explanatory notes on Application for Medical Report / Medical Information**

**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.

#### **4 Service charges:**

- 4.1** A minimum fee of HK\$895 per Medical Report per specialty, with a maximum fee of HK\$3,580. 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".

#### **5 Collection method:**

- 5.1** 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.
- 5.2** If fail to indicate the mode of collection, the Personal Data will be sent by registered mail.
- 5.3** The Medical Report/ Patient Information will be sent by registered mail if applicant does not collect it within 3 months after being informed that the Medical Report/ Patient Information is ready for collection. The Medical Report/ Patient Information sent by registered mail is undelivered and returned by the Post Office, it will be disposed 3 months after it is returned by the Post Office without any further or prior notice.

#### **6 Other information:**

- 6.1** Each application form is for one Hospital only.
- 6.2** Medical reports will be written in English.
- 6.3** To enable us to process your application, please fill in relevant parts of the application form accurately and submit all necessary documents.
- 6.4** If you withdraw your application on your own accord, the fees paid will not be refunded regardless of whether the report(s) / information is / are completed / available or not.

#### **7 Enquiries:**

- 7.1** 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 |