

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 × _____

Total Charge: _____

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** (* Please delete as appropriate)

(This section is to be completed if (i) patient is under 18 years of age or (ii) 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 : _____

(* Please delete as appropriate)

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.

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 |