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: $1100 × _____	
$300 × _____	
Total Charge: _____	
Receipt No.:_____	
Date:_____	

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

B1. Nature of Request

☐ Medical Report ($1,100 - $4,400)

Other documents ($300 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 / Siu Lam Hospital: Medical Records Unit, G/F, Wisdom House (Block D), 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$1,100 per Medical Report per specialty, with a maximum fee of HK$4,400. HK$300 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 <u>one Hospital only</u>.

6.2 Medical reports will be written in <u>English</u>.

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