

**Tin Shui Wai Hospital**  
天水圍醫院  
**Deceased Patient's Medical Records Application Form**  
親屬申請死者醫療記錄表格

**Important Note:** The hospital only accepts application from the personal representative(s) appointed by the Court or the deceased's Next Of Kin (NOK).

**重要須知:** 本院只接受已經被法庭委任為死者遺產代理人或死者親屬的申請

**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. Letters of Administration issued by the Court to administer the estate of the deceased **or** 已經被法庭委任為死者遺產代理人的遺產管理書 **或**
5. Proof of relationship with the deceased (e.g. birth/marriage certificate)  
關係證明文件 (如：出生 / 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 Requested Data of the Deceased** 索取死者的醫療記錄詳情：

# 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 being 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) **For the period** 所需查閱資料的期間 \_\_\_\_\_ 至 \_\_\_\_\_

(b) For the following at Tin Shui Wai Hospital (Please tick  the appropriate box) :  
需要查閱本院的下列資料 (請在適當方格加上  號)

- |   |  |
|---|--|
| <input type="checkbox"/> In-patient medical note 醫院病歷                           | <input type="checkbox"/> Out-patient medical note 分科診所病歷 |
| <input type="checkbox"/> Attendance record 求診紀錄                                 | <input type="checkbox"/> Hospitalization record 住院記錄     |
| <input type="checkbox"/> X-ray X 光: <input type="checkbox"/> film 軟片 / CD 光碟    | <input type="checkbox"/> report 報告                       |
| <input type="checkbox"/> MRI 磁力共振: <input type="checkbox"/> film 軟片 / CD 光碟     | <input type="checkbox"/> report 報告                       |
| <input type="checkbox"/> CT Scan 電腦掃描: <input type="checkbox"/> film 軟片 / CD 光碟 | <input type="checkbox"/> report 報告                       |
| <input type="checkbox"/> Endoscopy report 內窺鏡報告                                 | <input type="checkbox"/> Histopathology report 組織化驗報告    |
| <input type="checkbox"/> Blood test report 血液化驗報告                               | <input type="checkbox"/> Urine test report 尿液化驗報告        |
| <input type="checkbox"/> Nuclear medicine examination report 核子醫學檢查報告           |  |
| <input type="checkbox"/> Others (please specify) 其他(請註明): _____                 |  |

Should you require data of other institutions, please approach the relevant institutions directly.  
如有需要索取其他機構資料，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，請在另頁提供詳情。

**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

**SECTION III ( 第三部份 )**

[A Copy Data Request will not be processed unless accompanied by a 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.  
申請人已細閱並明白收費表所訂的費用。
2. This Copy Data Request is accompanied by a 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/Payment by 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 cheques should be made payable to "Hospital Authority"  
( 所有支票及本票請寫明「醫院管理局」收，並加劃線 )

Note: The appropriate receipt should be collected from our Shroff Office and attached 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 mail to our hospital as listed below :

申請表格(正本)以及有關證明文件，可經郵遞或親自呈交本院的有關部門，地址如下：

**Release of Information Services,  
Health Information & Records Office,  
3/F, Tin Shui Wai Hospital,  
11 Tin Tan Street, Tin Shui Wai, N.T., H.K.  
新界天水圍天壇街11號，天水圍醫院三樓，醫療資訊記錄部，醫療信息發放組**

3. The Applicant undertakes to pay such further 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個人資料之前，先繳付收費表所列的其他未付費用。

**4. Mode of Collection 領取的方式**

Collect in person 親身到取

Please send out by mail to the following address 請郵遞到以下地址：

\_\_\_\_\_  
\_\_\_\_\_

\* 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** I have been appointed by the Court as the personal representative **or** one of the personal representatives to administer the Deceased's estate.  
本人已經向法庭申請**或**已經被法庭委任為死者的唯一**或**其中一位遺產代理人，管理死者的遺產。並附上有關文件。
- I am entitled to be the personal representative of the Deceased **or** I can act for and on behalf of all persons who may be entitled to apply for the administration of the Deceased's estate.  
本人有權申請成為死者的遺產代理人**或**本人可作為及代表所有有權申請承辦死者的遺產的人士。

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Signature of the Applicant  
申請人簽署

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Date  
日期

### **FOR OFFICIAL USE ONLY**

- 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 (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 <sup>th</sup> 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
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