

Points to note for applying the Deceased Patient's Medical Report / Medical Records (copy)
Medical Report

Please complete the deceased patient's details of the claim form (if any) and submit with the application form. Hospital reserves the right to provide the medical report in our prescribed format or on your form provided. A minimum of HK\$895 per medical report per specialty subject to a maximum of HK\$3580 will be charged.

All medical reports are written in English. This hospital does not provide translation service.

Fee for the issuance of reports are non-refundable, except when HA is unable or deems inappropriate to provide such reports.

Copy of Medical Records

Processing fee and reproduction charges are payable for supplying a copy of the medical records under request. A processing fee of HK\$76 per request, inclusive of reproduction charge for not more than 10 pages and postage. After initial processing, we will inform requester any further Reproduction Charge payable on top of the Processing Fee. For paper based records whether in the form of hard copy or electronic copy, the Reproduction Charge for the 11th page and onward is HK\$1 per page. For duplicate copies of ECG, EEG or radiological images (e.g plain X-ray/ C.T Scan/ M.R.I) there will be a Reproduction Charge of HK\$230 per modality per disc/film payable. The release of the copy medical records will await after receipt of the further fees payable (if any).

The Processing Fee will be refunded if the hospital cannot ascertain whether it holds or does not hold the Data Subject's Personal Data.

Remarks

The hospital only accepts application from a person who declared himself or herself a) as the personal representative(s) appointed by the Court or (b) has applied to court as personal representative(s) or (c) was entitled as the personal representative of the deceased. For request made in-person, please submit the completed application form and produce the original of documents by hand or attach the true copy of documents for vetting. Afterwards, the requester will be provided with a payment slip and shall pass the payment slip to Shroff for fee settlement at Tower B, G/F and present the receipt to Patient Information Release Office at Tower A, 5/F. For application by post, please send the completed application form and attach the true copy of documents with a crossed cheque (made payable to "Hospital Authority") of the fee to Patient Information Release Office. For enquiries, please call 3513 6258.

Address:	Patient Information Release Office, 5/F, Tower A, Hong Kong Children's Hospital, 1 Shing Cheong Road, Kowloon Bay, Kowloon, Hong Kong	Office hour:	Monday to Friday: 9am-1pm; 2pm-5pm Saturday, Sunday & Public Holiday: closed
		Enquiry no.:	3513 6258

Please note that submission of insufficient or inaccurate information might lead to longer processing time of the request.

申請死者的醫療報告/醫療記錄(複本)須知
醫療報告

有關申請填寫保險公司發出之表格，請將已填身故病人資料之保險公司表格連同本院之申請表格一併交回。醫院保留權利填報閣下遞交之表格或提供另一種合適的醫療報告以供閣下備用。申請死者醫療報告之費用，每一科每一份為港幣\$895，最多收取港幣\$3580。

所有醫療報告以英文簽發，本院並無翻譯服務。除因本院未能提供醫療報告外，所有費用概不發還。

醫療記錄複本

要求獲得所需的醫療記錄複本，需繳付處理費及複製費。初步處理費為港幣\$76元，已包含不多於十頁的複製費及郵費。申請經初步處理後，本部門會通知申請人繳付處理費之外所需的影印/複製費用。紙張類記錄第十一頁及以後頁數，每頁費用為港幣\$1X光片、電腦掃描片、腦電圖等複製費每張造影每張光碟/每張底片港幣\$230。本部門會於申請人繳付有關費用後，提供該資料的真確副本。若經查核本院的紀錄，而不能確定是否持有申請人所要求的個人資料，本部門將退回所繳交的處理費。

備註

本院只接受a)已經被法庭委任 或b)已經向法院申請 或c)有權申請成為死者遺產代理人的人仕申請。如親身遞交申請，請將已填妥的申請表格交予本院病人資料發放部及出示有關文件的正本或附上有關文件的副本，經核對後，請前往本院B座地下的繳費處繳交費用，並將收據交回本院A座五樓病人資料發放部。如以郵遞方式申請，請將已填妥的申請表格並附上有關文件的副本連同所需費用的劃線支票(抬頭為「醫院管理局」)寄回本院病人資料發放部，如有查詢，請致電：3513 6258。

地址：	香港 九龍 九龍灣 承昌道一號 香港兒童醫院 A座 五樓 病人資料發放部	辦公時間：	星期一至五 上午九時至下午一時， 下午二時至五時 星期六、日及公眾假期休息
		查詢電話：	3513 6258

請注意，若提交資料有不足或錯誤，要求將需要較長時間處理。

Appendix 附錄

Details of Specialty 所屬專科詳情

(To be Updated 稍後更新)

Deceased patient's medical report/ medical records (copy) application form

親屬申請死者的醫療報告/醫療記錄(複本)申請表格

Please ✓ the appropriate box 請在適當方格加上「✓」號 *Delete whichever is inappropriate *請刪去不適用者

1. Particulars of Deceased Patient 死者資料

- (a) Name 姓名 (English 英文) _____ (Chinese 中文) _____
- (b) Sex 性別 *Male 男 /Female 女 (c) Age 年齡 _____
- (d) Date of Birth 出生日期 _____
- (e) * HKID Card/Passport No. *香港身份證/護照號碼 _____

Please produce in person the original or provide a true copy of the Deceased's Identification Document and Death Certificate. Please attach a copy of the Deceased's Birth Certificate if under 18 years of age.
請親身出示死者的身份證文件及死亡證明書正本或提交真確副本。如死者年齡未滿十八歲，請附上其出生證明書副本。

2. Nature of Request 申請項目

(a) **Medical Report of the Deceased 死者的醫療報告**

Insurance claim 申索保險賠償

Claim Form Attached 附上保險表格 Yes 有 No 沒有

If the claim form is being completed, no additional medical report will be given
如醫生已填寫附上的保險表格，則不會另外附上一份醫療報告。

Contents 內容包括

Nature of sickness/ disability / injury 疾病/ 傷殘/ 受傷性質

Nature of operation/ treatment 手術/ 治療的性質

Length of hospitalization 留院日期

Length of sick leave granted 病假期間

Others, please specify 其他 (請註明)

(b) **Copy of Medical Records of the Deceased 死者的醫療記錄複本**

Please specify clearly and in detail the Requested Data. Too general a description of the Requested Data such as "all of my personal data" may render the request being refused.

請清楚和詳細指明你的要求資料，如要求資料的描述太籠統，例如：「本人的所有個人資料」，本局可拒絕你的要求。

Type of Data 資料類別

Hospitalization Record 住院記錄

Out-patient Record 覆診記錄

Laboratory Result 化驗結果

Discharge Summary 出院撮要

X-Ray X光

Report 報告 Film 底片 Disc 光碟

Computed Tomography (C.T) Examination 電腦掃描檢驗

Report 報告 Film 底片 Disc 光碟

Magnetic Resonance Imaging (M.R.I) 磁力共振掃描造影

Report 報告 Film 底片 Disc 光碟

Others, please specify 其他 (請註明)

Please provide information on separate sheets, if the space provided is insufficient.

如以上空間不夠書寫，請在另頁提供詳情。

Particular 詳情 (*Medical Report/ Copy of Medical Records of the Deceased死者的醫療報告/醫療記錄複本)

(a) Specialty 專科 _____

For detailed information of specialty, please refer to Appendix 所屬專科的詳情，請參閱附錄。

(b) Period 期間 From 由 _____

to 至 _____

3. Particulars of Requester 申請人資料

(a) Name 姓名 (English 英文) _____ (Chinese 中文) _____

(b) * HKID Card/Passport No. *香港身份證/護照號碼 _____

(c) Address 地址 _____

(d) Telephone No. 電話號碼 _____

(e) Relationship with Deceased 與死者關係 _____

Please produce in person the original or provide a true copy of the Identification Document of the Applicant.

請親身出示申請人的身份證明文件正本或提交真確副本。

Please also attach a true copy of the documentary evidence to support the relationship between the Deceased and the Applicant. 請一併附上能證明死者與申請人之間關係的證件真確副本。

4. Particulars of Recipient 接收人資料

To be completed if recipient is other than Requester

如申請人為接收人，此項不須填寫

(a) Name 姓名 (English 英文) _____ (Chinese 中文) _____

(b) * HKID Card/Passport No. *香港身份證/護照號碼 _____

(c) Address 地址 _____

(d) Telephone No. 電話號碼 _____

Please attach a copy of the identity document of the recipient to whom this report/ medical records is to be sent if not the requester him/herself. The authorized recipient when collecting the information should produce identity proof and authorization letter (signed by the requester) for verification by staff. If the recipient is a limited company such as an insurance company, copy of the identity document is not required when submitting the request form. Company staff should produce documentary proof when they collect the information on behalf of the company.

如果此醫療報告/醫療記錄複本非由申請人本人接收，請附上接收人的身份證明文件副本。接收人到取死者的病歷資料須出示身份證明文件及由申請人發出的授權書，以便職員核對資料。如若接收人為一有限公司（如保險公司）則提交申請表時不用附上接收人的身份證明文件副本。接收人代表公司到取死者的病歷資料時須出示證明文件。

5. The requested medical report/ copy of medical records would be sent by **registered mail** unless requester check the following box

除非申請人選擇以下領取醫療報告/醫療記錄複本的方式，否則申請人所要求的報告將會以**掛號郵件**寄出。

Collect the requested item in person. Please inform me/ recipient when the report is ready for collection.

到取所要求的資料，請在可以領取報告時通知申請人/ 接收人。

6. Declaration 聲明

I, the Applicant, declare as follows 本申請人現聲明如下

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.

本人已經向法院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。

I am entitled to be the personal representative of the Deceased 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任。

Signature of the Requester 申請人簽署	Date 日期

FOR OFFICIAL USE ONLY 此欄只供本院填寫	Amount Payable 應付款項
病人的證件號碼已經核對 * 香港身份證/ 護照/ 出生證明書 申請人的證件號碼已經核對 * 香港身份證/ 護照	*正本/ 副本 <input type="checkbox"/> 已收集副本 *正本/ 副本 <input type="checkbox"/> Checked by: