



**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 send out by post to the address below       Collect in person      \*\* Please refer to point 6.4 of explanatory notes

To: Mr. / Ms. _____
Address: _____
_____
_____

<b>For Official use only</b> Application received by: _____
Patient ID: <input type="checkbox"/> Original verified <input type="checkbox"/> Copy collected <input type="checkbox"/> Match with PMI
Applicant ID: <input type="checkbox"/> Original verified <input type="checkbox"/> Copy collected
Doc collected: <input type="checkbox"/> Birth certificate <input type="checkbox"/> 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.

#### **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 the requested medical report(s) / patient information is / are not collected within 3 months after notification of completion, the item(s) will be disposed without further notice.
- 6.5 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