

Tung Wah Eastern Hospital
東華東院

Deceased Patient's Medical Report / Medical Records Application Form
親屬申請死者的醫療報告 / 醫療記錄表格

Personal Information Collection Statement 收集個人資料聲明

Please read the following **BEFORE** you provide any personal data to us:
在向本院提供任何個人資料之前，請先閱讀以下內容：

1. **Purpose of Collection 收集資料的目的**

The personal data collected from this form will be used by the Hospital Authority (“HA”), including public hospitals / institutions managed by HA, for the purposes of processing and responding to this application. 醫院管理局(下稱「醫管局」)，包括由醫管局管理的公立醫院 / 醫療機構，會把表格所收集的個人資料，作為處理及回覆本申請之用。

When you provide the personal data to us, please make sure that the data is accurate and complete. If you fail to provide us with the information required or if the information provided is inaccurate or incomplete, our ability to process your application may be affected and your application may therefore be declined. 當你提供個人資料給我們時，請確保資料準確和完整。如你未能提供所需的資料，或資料不準確或不完整，我們處理是次申請的能力或會受影響，而是次申請或因此被拒絕。

2. **Disclosure of Personal Data 透露個人資料**

Please also note that your personal data collected may be made available to:

- appropriate persons in the HA, for the purposes of processing and responding to your application; and
- third parties where such disclosure is permitted or required by law or is in the public interest.

請留意你的個人資料可能會提供予：

- 醫管局內的適當人士，以處理及回覆本申請之目的；及
- 在法律容許或要求的情況下或出於公共利益的情況下的第三方

We will obtain your consent before using your personal data for any other purposes.
我們將會在得到你的同意後，才使用你的個人資料作為其他目的。

3. **Data Access / Correction Requests 查閱 / 改正資料要求**

If you wish to access / correct your personal data held by HA, you may do so under Personal Data (Privacy) Ordinance. Please contact Medical Record Office at 2162 6072 during office hours at 9am to 5:30pm, Monday – Friday (except public holidays).

如果你希望根據《個人資料（私隱）條例》要求查閱 / 改正醫管局持有的你的個人資料，請在辦公時間內與有關的資料控制員聯絡：請致電2162 6072 聯絡醫療檔案室，服務時間為星期一至星期五上午九時至下午五時半，公眾假期除外。

4. **Enquiries 查詢**

Enquiries concerning this application should be addressed to:

有關本申請的查詢，應送交：

By Post:

Tung Wah Eastern Hospital

19 Eastern Hospital Road,

Causeway Bay, Hong Kong

(Attn: Medical Record Office)

郵寄：

東華東院

香港銅鑼灣東院道19號

[醫療檔案室]

Part 1 Particulars of Deceased**第1部 死者資料**

- (a) Name: _____ (English) _____
 姓名 Surname 姓氏 Forename 名字 (英文) Chinese 中文姓名
- (b) Sex: Male Female Age: _____ Date of Birth: _____
 性別 男 女 年齡 出生日期
- (c) Nature of Identity Document and Number: _____
 身份證明文件類別及號碼

Please produce in person the original or provide a true copy of the Deceased's identity 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明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。

Part 2 Nature of Application**第2部 申請性質**

- (a) Deceased's Medical Records 死者的醫療記錄 [Please see Annex 2 for charges 收費詳情請參閱附件二]

Duplicated Medical Record 醫療紀錄複本

- A&E Clinical Notes 急症室臨床記錄
- Discharge Summary 出院撮要
- Inpatient record 住院紀錄
- Operations Records 手術記錄
- Specialist Out-patient record 專科門診紀錄
- Allied Health Record 專職醫療紀錄
- Investigation Reports 檢驗報告, pls specify 請列明: _____
- others please specify 其他(請列明): _____

Duplicate X-ray / Radiological Report and Images 放射診斷造影複本 X光 / 影像檢查報告及影像複本

(請選擇: Report文字報告 / Image Disc影像光碟)

- Plain X-ray 普通X光片照射
- C. T. Scan 電腦掃描
- M.R.I. 磁力共振
- Ultrasound (USG) 超聲波掃描
- Positron Emission Tomography (PET) 正電子電腦斷層掃描
- Cardiac Catheterization Examination 心導管檢查
- others please specify 其他(請列明): _____

- (b) Deceased's Medical Report 死者的醫療報告 [Please see Annex 2 for charges 收費詳情請參閱附件二]

Particulars

詳情

- (c) Period: from _____ to _____
 期間：由 _____ 至 _____

(d) Specialty: _____
專科

(e) Purpose (Please specify):
用途 (請註明):

Part 3 Particulars of Applicant

第3部 申請人資料

Name: _____ (English) _____
姓名 Surname 姓氏 Forename 名字 (英文) Chinese 中文姓名

Address: _____
地址

Tel.No.: _____
電話號碼

Nature of Identity Document and Number: _____
身份證明文件類別及號碼

Relationship with the Deceased: _____
與死者關係

Please produce in person the original or provide a true copy of the identity 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 Applicant and the Deceased.
請一併附上能證明申請人與死者之間關係的證件真確副本。

Please indicate the capacity in which you are applying for the Deceased's Medical Report / Medical Records:-
請註明你以何種身份申請死者的醫療報告 / 醫療記錄:-

I am an executor with grant of probate [please refer to Part 4(a)]
本人是遺囑執行人 (獲授予遺囑認證書) [請參閱第4(a)部]

I am an executor appointed by the deceased's last valid will but without grant of probate [please refer to Part 4(b)]
本人是死者最後有效遺囑委任之遺囑執行人 (無授予遺囑認證書) [請參閱第4(b)部]

I am appointed as an administrator by letters of administration [please refer to Part 4(c)]
本人獲遺產管理書委任為遺產管理人 [請參閱第4(c)部]

- I am a direct relative¹ of the Deceased who has a beneficial interest in the estate of the Deceased, and I have applied or intend to apply to the court to be appointed as administrator of the Deceased's estate *[please refer to Part 5(a)]*
本人是死者的直系親屬¹，對死者遺產有實益權益，並已向法院申請或打算向法院申請成為死者的遺產管理人 *[請參閱第5(a)部]*
- I am **not** a direct relative of the Deceased but another person who is direct relative of the Deceased, and has a beneficial interest in the estate of the Deceased, has applied or intends to apply to the court to be appointed as administrator of the Deceased's estate *[please refer to Part 5(b)]*
本人**不是**死者的直系親屬，然而另一名死者的直系親屬，對死者遺產有實益權益（下稱「該名人士」），且該名人士已向法院申請或打算向法院申請成為死者的遺產管理人 *[請參閱第5(b)部]*
- None of the above *[please refer to Part 5(c)]*
以上皆不是 *[請參閱第5(c)部]*

^{Note 1} Including the following which is set out in descending order of priority in terms of being appointed as administrator: (i) the surviving spouse, (ii) children (or, if applicable, children of any child of the Deceased who died before the Deceased), (iii) parents, (iv) siblings (or, if applicable, children of any sibling of the Deceased who died before the Deceased), (v) grandparents, (vi) uncles and aunts (or, if applicable, children of any uncle or aunt of the Deceased who died before the Deceased) of the Deceased.

^{註 1} 包括以下人士，按其獲委任為遺產管理人的優先次序由高至低排列：(i) 尚存配偶，(ii) 子女（或死者去世之前的任何已故子女之子女，如適用），(iii) 父母，(iv) 兄弟姊妹（或死者的任何已故兄弟姊妹之子女，如適用），(v) 叔伯舅父及姑媽姨媽（或死者去世之前的任何已故叔伯舅父及姑媽姨媽之子女，如適用）。

Part 4 With a Personal Representative²

第4部 適用於有遺產代理人²

*Please attach any one of (a) to (c) below as the case may be:
請按適用情況而夾附以下 (a) 至 (c) 中的任何一項：*

- (a) *a copy of the grant of probate and the original written consent by the executor named in the grant of probate; or
遺囑認證授予書副本以及該遺囑認證授予書所指定的遺囑執行人的書面同意正本；或*
- (b) *a copy of all relevant paragraphs of the last valid will of the Deceased showing that an executor is appointed under that will and the original written consent by the executor so appointed and your written confirmation that the copy provided is of the Deceased's last valid will and, to the best of your knowledge, there is no dispute regarding the appointment of that executor; or
死者的最後有效遺囑所有相關段落的副本以顯示該遺囑委任了遺囑執行人，以及該遺囑執行人的書面同意正本，並附上你的書面確認，證明所提供的副本為死者的最後有效遺囑，且據你的認知，對於該遺囑執行人的委任不存在任何爭議；或*
- (c) *copy of the letters of administration and the original written consent by the administrator named in such letters of administration.
遺產管理書副本以及該管理書指定為遺產管理人的書面同意正本。*

Part 5 Without a Personal Representative

第5部 適用於沒有遺產代理人

*Please attach the documents required under scenarios (a) or (b) or (c) as the case may be:
請按 (a) 或 (b) 或 (c) 項所適用的情況而夾附下列文件：*

- (a) If you are a direct relative of the Deceased who have applied or intend to apply to administer the Deceased's estate:-
如你是死者的直系親屬，並已申請或打算申請管理死者的遺產：-

*Please provide (i) and (ii) below:
請提供下列 (i) 及 (ii) 項：*

- i. *your written consent to the disclosure; and
你就相關披露的書面同意；以及*
- ii. *a written confirmation made by you in the form as set out in Annex 1.
你按附件一形式所作出的書面確認。*

- (b) If you are **not** a direct relative of the Deceased but the Deceased's direct relative has applied or intends to apply to administer the Deceased's estate:-
如你不是死者的直系親屬，但死者的直系親屬已申請或打算申請管理死者的遺產：-

*Please provide (i) to (iv) below:
請提供下列 (i) 至 (iv) 項：*

- i. *a written consent by the direct relative to the disclosure;
死者直系親屬就相關披露的書面同意；*
- ii. *a written confirmation made by the direct relative in the form as set out in Annex 1;
死者直系親屬按附件一形式所作出的書面確認；*

^{Note 2} Personal Representative means a person who is (i) recognised as an executor by a grant of probate; (ii) appointed as an executor under the deceased patient's last valid will but not yet recognised by a grant of probate; or (iii) appointed as an administrator by letters of administration.

^{註 2} 遺產代理人是指 (i) 被遺囑認證授予書認可為遺囑執行人的人；(ii) 依已故病人的最後有效遺囑被委任為遺囑執行人，但尚未授予遺囑認證的人；或 (iii) 透過遺產管理書委任為遺產管理人的的人。

- iii. *produce in person the original or provide a true copy of the identity document of the direct relative; and*
親自出示其直系親屬的身份證明文件正本或提交真確副本；以及
- iv. *a copy of the documentary evidence to support the relationship between the direct relative and the Deceased.*
可證明死者與其直系親屬關係的文件副本。
- (c) If scenarios (a) and (b) above are not applicable, please provide:
如上述 (a) 及 (b) 項情況並不適用，請提供：
- i. *written consents to the disclosure from every person who could potentially be involved in a dispute regarding the Deceased's estate, which should include:*
每位可能涉及死者遺產爭議人士就相關披露的書面同意，該類人士應包括：
- *every direct relative of the Deceased;*
死者的每一位直系親屬；
 - *any other person who is appointed in the Deceased's will as an executor, or otherwise claims to be so appointed; and*
任何在死者的遺囑中被委任為遺囑執行人或以其他方式聲稱被委任為遺囑執行人的女士；以及
 - *any other person who has applied or intends to apply to court to be appointed as administrator of the Deceased's estate;*
任何已申請或打算申請成為死者遺產管理人的女士；
- ii. *a written confirmation that, to the best of the knowledge of the Applicant, there is no other person in the above categories whose consent has not been obtained;*
盡申請人所知，並沒有未向上述類別人士徵求其同意的書面確認；
- iii. *produce in person the original or provide a true copy of the identity document of each of the persons under item (i); and*
親自出示項目 (i) 各人的身分證明文件正本或提交真確副本；以及
- iv. *a copy of the documentary evidence to support the relationship between each of the persons under item (i) and the Deceased.*
可證明死者與項目 (i) 各人關係的文件副本。

Consent & Declaration 同意及聲明

I, the Applicant, understand and agree that the hospital reserves the right to decline the application notwithstanding the above unless and until I obtain a court order under Order 24 Rule 7A of the Rules of the High Court (Cap 4A) and section 42 of the High Court Ordinance (Cap 4), or Order 24 Rule 7A of the Rules of the District Court (Cap 336H) and section 47B of the District Court Ordinance (Cap 336) requiring disclosure of the deceased's medical records or medical reports.

I, the Applicant, declare that the information given in this form is true, correct and complete to the best of my knowledge, information and belief.

本人明白及同意儘管上述情況，醫院可以保留權利拒絕處理是次申請。除非及直至本人已獲得根據《高等法院規則》(第4A章)第24號命令第7A條規則及《高等法院條例》(第4章)第42條，或根據《區域法院規則》(第336H章)第24號命令第7A條規則及《區域法院條例》(第336章)第47B條法庭命令要求醫院披露死者之醫療紀錄 / 報告。

本人現聲明據本人所知、所悉及所信，本表格內所填報的一切資料，均屬真實、正確及並無遺漏。

Date: _____
日期

Signature of the Applicant: _____
申請人簽署

WRITTEN CONFIRMATION 書面確認書

I, _____ (full name), of _____ (address),
hereby confirm that:

本人 _____ (中文全名)，現居於 _____ (地址)，
特此確認：

(a) I am the _____ (relationship – e.g. spouse, child, etc.) of _____ (full name of the deceased) (the “Deceased”);

本人是 _____ (死者的中文全名) (下稱「死者」) 的 _____ (關係 – 例如：配偶，子女等)；

(b) I have a beneficial interest in the Deceased’s estate;
本人對死者遺產有實益權益；

(c) to the best of my knowledge, the Deceased’s estate has no personal representative appointed within the meaning of the Probate and Administration Ordinance;
盡本人所知，死者的遺產沒有委任《遺囑認證及遺產管理條例》定義下的遺產代理人；

(d) I [have applied / intend to apply]* to the court to be appointed as administrator of the Deceased’s estate;
本人 [已向法庭申請 / 打算向法庭申請]* 成為死者的遺產管理人；

(e) to the best of my knowledge, there are no other direct relatives of the Deceased who have a higher priority to be appointed as administrator of the Deceased’s estate under Rule 21 of the Non-Contentious Probate Rules applying or intending to apply as administrator; and
盡本人所知，按《無爭議遺囑認證規則》第21條所訂明的優先次序，死者沒有其他擁有更高優先權而可被委任成為死者遺產管理人的直系親屬申請或打算申請成為遺產管理人；以及

(f) to the best of my belief, there will be no objection or dispute from any other person regarding my appointment as administrator of the Deceased’s estate.
盡本人所信，沒有任何人將對本人委任為死者的遺產管理人作出反對或提出爭議。

AND I declare that the information given in this confirmation is true, correct and complete to the best of my knowledge, information and belief.

本人現聲明據本人所知、所悉及所信，本確認書內所填報的一切資料，均屬真實、正確及並無遺漏。

Date: _____
日期

Signature of the Declarant: _____
聲明人簽署

*- please delete the inappropriate 請刪除不適用者

Information Sheet For Application 申請須知

I. Application Notice 申請須知：

- (a) Please complete the application form and attach the claim form (if any). Doctor will complete the medical report either in essay form or in the provided form.
請填妥申請表及附上申索保險賠償之表格(如適用者)。惟醫生可以書面形式或所提供之表格完成醫療報告。
- (b) Applicant MUST sign in the "Signature of the Applicant" under page 5 of the application form.
申請人必須於申請表的第五頁"申請人簽署"上簽名。
- (c) The specialty responsible for completion of medical report / Deceased's information and all relevant information about the attendance of the Deceased, including dates or period must be specified upon submission of request.
申請人須於申請表註明所需資料的專科部門及有關死者接受本院治療的資料，包括日期、診症及住院時段等。
- (d) All medical reports / Deceased's information are written in English. This hospital does not provide translation service.
所有醫療報告/死者資料均用英文書寫。本院並無翻譯服務。
- (e) Medical reports / Deceased's information are written based on deceased's information during the care of Tung Wah Eastern Hospital.
醫療報告之內容，只會提供死者於東華東院接受治療期間的資料。
- (f) For any amendment request, please submit the original copy of medical report / deceased's information. Please note that such amendment is subject to our doctors / hospital management's final decision.
如對報告有修正的要求，必須交回報告之正本。惟報告能否修正，將由本院及醫生作最後決定。
- (g) The completed medical report/ claim form & the receipt (if applicable) will be sent by registered mail directly to the applicant.
醫療報告完成後，院方會連同收據(如適用者)以掛號郵件寄往申請人。
- (h) If the medical report is not collected within 3 months after being informed, the medical report will be disposed without any further or prior notice.
醫療報告若於被通知可以領取後的三個月仍未被領取，該報告將被銷毀，事前不會另行通知。

II. Documents to be submitted together with application 需要與申請表一併提交之文件：

- (a) If application is sent in person, please provide identity document for inspection by staff at Enquiry Counter.
如申請是親自送交本院，請出示身份證明文件予詢問處職員核對資料。
- (b) Please produce in person the original or provide a true copy of the Deceased's identity 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明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。

If the Passport No. is provided, please produce in person the original or provide a true copy of the Passport of the Deceased when submitting this Deceased Patient's Medical Report / Medical Records Application Form to our hospital.
若提交護照號碼，請在向本院提交本「親屬申請死者的醫療報告/醫療記錄表格」時，親身出示死者的護照正本或提交真確副本。
- (c) Please produce in person the original or provide a true copy of the HKID Card/Passport of the applicant when submitting this Deceased Patient's Medical Report / Medical Records Application Form.
在向本院提交本「親屬申請死者的醫療報告/醫療記錄表格」時，請親身出示申請人的香港身份證/護照正本或提交真確副本。
- (d) If Patient is under 18 years of age, please attach a true copy of the Deceased's birth certificate and true copy of identity document of the parent OR documentary proof of relationship of guardianship.
如死者年齡未滿十八歲，請附上其出生證明書及其監護人身份證明文件真確副本或監護人之證明。

III. Charges 收費：

(a) Medical Record:

Data Access Request (DAR) - Scale of Fees Applicable from 1.1.2026:

Copy Data Request for the Supply of Personal Data

Processing Fee: HK\$100 per request

(inclusive of reproduction charge for not more than 10 pages and postage)

Reproduction charge for the 11th page and onward: HK\$1.5 per page

(Note: One page refers to a single side of a paper)

Reproduction charge for ECG, EEG or X-ray Film etc.: HK\$300 per modality per disc/per film

醫療記錄:

查閱資料要求 - 收費表[二零二六年一月一日開始適用]:

提供個人資料的「資料複本要求」

處理費: 每次 100 元 (已包含不多於十頁的複製費及郵費)

複製費(第十一頁及以後頁數): 每頁 1.5 元 (註: 一頁即一張紙的單面)

X 光片、電腦掃描片、腦電圖等複製費: 每種造影每張光碟 300 元/每張底片 300 元

(b) Medical Report:

A minimum of HK\$1,100 PER medical report/ claim form PER specialty; subject to a maximum of \$4,400.

醫療報告: 每個專科每份醫療報告/供保險用途的證明書最低收費為港幣一千一百元; 最高收費為港幣四千四百元。

(c) Reissue of previously issued Attendance Certificate, Medical Certificate or Discharge Slip (Patient Copy):
\$300 per copy per specialty.

補領以往發給的到診證明書、醫生證明書或出院紙(病人備本): 每個專科每份 300 元。

(d) No refund of the fee paid will be made.
所有已繳款項, 一經接納, 概不發還。

(e) **If pay in cash, please note the opening hours of Shroff Office. The Enquiry Counter/ Medical Record Office will not receive cash payment.**

如繳付現金, 請注意繳費處辦公時間, 詢問處/醫療信息發放組不會代收現金。

- Crossed Cheque payable to "HOSPITAL AUTHORITY".
- Cash: Please pay at the Shroff Office at G/F, Ophthalmic Block.
- Opening hours as below:
 - 9:00 a.m. to 5:30 p.m. (Mon-Fri)
- Direct bank payment: Please contact Shroff Office at 2162 6163.

- 支票付款: 支票抬頭人為 " 醫院管理局 "
- 繳付現金: 請往眼科中心地下繳費處
- 辦公時間:
 - 星期一至五: 上午九時至下午五時卅分
- 銀行轉帳: 請致電 2162 6163 聯絡本院繳費處

IV. Processing Time 需時：

(a) Under normal circumstances, around 8 weeks for each medical report.

一般情況下, 每個專科每份醫療報告需時約8個星期。

(b) If a medical report is required on a particular date but it is unlikely that the report can be released on or before the specific date require, then the application will be rejected and the application together with remittance enclosed will be returned to the applicant.

如申請人要求本院在指定日期完成該項申請醫療報告, 而該要求於合理情況下未能配合本院實際運作, 則有關申請將予拒絕, 而申請書連同所繳費用將一併退還申請人。

V. Submission of Application 遞交申請表：

<p>By hand: <u>Enquiry Counter</u>, 1/F, Main Block</p> <p>Opening hours:</p> <ul style="list-style-type: none">- 9:00 a.m. to 5:30 p.m. (Mon-Fri)- 9:00 a.m. to 12:00 noon (Sat)- Closed (Sun & PH)	<p>請交回 本院主座大樓、一樓大堂詢問處</p> <p>辦公時間：</p> <ul style="list-style-type: none">- 星期一至五：上午九時至下午五時卅分- 星期六：上午九時至中午十二時- 星期日及公眾假期：休息
<p>By Post:</p> <p>Tung Wah Eastern Hospital 19 Eastern Hospital Road, Causeway Bay, Hong Kong. (Attn: Medical Record Office / MRO)</p>	<p>郵寄：</p> <p>東華東院 香港銅鑼灣東院道19號 「醫療檔案室」</p>

VI. Enquiry 查詢：

For enquiries, please contact Medical Record Office at 2162 6072. Service hours: Monday – Friday (9am to 5:30pm), except public holidays.

如有查詢，請致電2162 6072 聯絡醫療檔案室，服務時間為星期一至星期五上午九時至下午五時卅分，公眾假期除外。

*The above detail will be subjected to amendment without prior notice
以上條文,本院得隨時修訂,不作另行通知*