



Queen Mary Hospital 瑪麗醫院

Release of Patient Information Team, Health Information & Medical Records Office,
2/F, Block S, Queen Mary Hospital, 102 Pok Fu Lam Road, Hong Kong
香港薄扶林道102號瑪麗醫院S座2樓 | 醫療資訊及病歷檔案部 | 醫療信息發放組
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Data Access Request 查閱資料要求

Data Access Request consists of (i) Data Enquiry Request and (ii) Copy of Personal Medical Records
查閱資料要求可分為 (i) 查詢資料要求及 (ii) 資料複本要求。

(i) **Charges for Data Enquiry Request 查詢資料要求的收費**

This request is *only* for ascertaining whether this hospital holds the Data Subject's Personal Data or Medical Records.
The enquiry is not to be charged.
查詢資料要求旨在確定本院是否持有資料當事人的個人資料或醫療記錄，有關查詢免收費。

(ii) **Charges for Copy Data Request for the Supply of Personal Data 資料複本要求的收費**

Scale of Fees (Applicable from 1 January 2026) 收費表 [二零二六年一月一日開始適用]

Request for paper based records only 適用於只申請紙本紀錄

Processing Fee 處理費	: HK\$100	per request (inclusive of reproduction charge for not more than 10 pages and postage) 每次100元 (已包含不多於十頁的複製費及郵費)
Reproduction charge for the 11 th page and onward 複製費(第十一頁及以後頁數)	: HK\$1.5	per page 每頁1.5元 (Note: One page refers to a single side of a paper) (註: 一頁即一張紙的單面)

Request for non-paper based records only 適用於只申請非紙本紀錄

Processing Fee 處理費	: HK\$100	per request (inclusive of postage) 每次100元 (已包含郵費)
Reproduction charge of radiological images e.g. X-ray ECG/EEC/C.T. Scan X光片、電腦掃描片、心電圖、腦電圖等複製費	: HK\$300	per modality per disc 每種造影 每張光碟 300元
	: HK\$300	per film 每張底片300元

Request for paper based and non-paper based records 適用於同時申請紙本及非紙本紀錄

Processing Fee 處理費	: HK\$100	per request (inclusive of reproduction charge for not more than 10 pages and postage) 每次100元 (已包含不多於十頁的複製費及郵費)
Reproduction charge for the 11 th page and onward 複製費(第十一頁及以後頁數)	: HK\$1.5	per page 每頁1.5元 (Note: One page refers to a single side of a paper) (註: 一頁即一張紙的單面)
Reproduction charge of radiological images e.g. X-ray ECG/EEC/C.T. Scan X光片、電腦掃描片、心電圖、腦電圖等複製費	: HK\$300	per modality per disc 每種造影 每張光碟 300元
	: HK\$300	per film 每張底片300元

After initial processing, we will inform requestor the amount of outstanding reproduction charge payable and the copy data can be collected after payment of such charge. The processing fee is subject to refund for unsuccessful location or retrieval of the medical records.

申請經初步處理後，本部門會以書面通知申請人所需繳付的複製費用餘額，才能領取資料複本。若有關查詢資料要求未能跟進，上述處理費將予以退還。

Submission of Application 遞交申請表

Application can be made in person or by post. For application by post, please send the duly completed application form, relevant supporting documents (if applicable), together with a crossed cheque of the processing fee made payable to “Hospital Authority” to the following office (Please do not send cash by post):

申請人可於辦公時間內親臨本組辦事處或以郵遞方式申請。如以郵遞方式申請，請將填妥表格、有關文件副本(如適用)及處理費的劃線支票(支票抬頭請寫支付「醫院管理局」)，寄回下列地址(切勿郵寄現金)：

Address:

Release of Patient Information Team,
Health Information and Medical Records Office
2/F, Block S, Queen Mary Hospital,
102 Pok Fu Lam Road, Hong Kong

地址:

香港薄扶林道102號瑪麗醫院S座2樓
醫療資訊及病歷檔案部
醫療信息發放組

Opening hours:

Monday -Friday: 9 a.m. to 1 p.m. and 2 p.m. to 5 p.m.;
Saturday: 9 a.m. to 1 p.m.;
Sunday & Public Holidays: Closed

辦公時間:

星期一至五：上午九時至下午一時及下午二時至下午五時；
星期六：上午九時至下午一時；
星期日及公眾假期：休息

Enquiry 查詢

For enquiries, please call 2255 3660 during opening hours.
如有任何查詢，請於辦公時間內致電 2255 3660。



FORM 1 表格一

DATA ACCESS REQUEST (DAR)

查閱資料要求

Except with the consent of the individual concerned, the personal data collected in this Form will be used for the purpose of processing this data access request and other directly related purposes only.

除獲有關個人的同意外，本表格收集的個人資料只可用於處理此項查閱資料要求及其他與之直接有關的目的。

A data user is required by the Personal Data (Privacy) Ordinance to comply with a DAR within 40 days after receiving the same. If a data user is unable to comply with the DAR within the 40-day period, it must inform the requestor by notice in writing that it is so unable and the reasons, and comply with the DAR to the extent it is able to within the same 40-day period and thereafter comply or fully comply with it as soon as practicable. When medically necessary, a patient may authorize his/her private medical practitioner to contact the Hospital Authority's responsible doctor to obtain his/her medical information.

資料使用者必須根據個人資料(私隱)條例的規定，在收到查閱資料要求後的40日內，依從該項要求。如資料使用者不能於40日內依從該項查閱資料要求，他必須在40日的期限內以書面通知該查閱資料要求者有關情況及原因，並在他能依從該項查閱資料要求的範圍內，依從該項查閱資料要求。他其後必須在切實可行的範圍內盡快依從或盡快完全依從該項查閱資料要求。因應私家醫生診症需要，病人可授權其私家醫生聯絡醫管局的負責醫生以取得病人的病歷資料。

SECTION I 第一部份

(This Section Must Be Completed 此部份必須填寫)

1. Data User 資料使用者：

Name of Hospital Authority (HA) Institution from which Personal Data is requested:

需因應本要求而提供個人資料的醫管局機構名稱：

Queen Mary Hospital 瑪麗醫院

Other Hospitals 其他醫院 (if applicable 如適用) : _____

2. Details of the Data Subject (who must be a living individual):

資料當事人(必須為在生人士)詳情：

(a) Name in English 英文姓名 (Surname first 姓氏先行): _____

Name in Chinese 中文姓名: _____

(b) Sex: * Male / Female (c) Age: Under 18 years of age 18 years of age or over
 性別: * 男 / 女 年齡: 未滿十八歲 十八歲或以上

(d) * HKID Card/Passport/Other No. *香港身份證/護照/其他號碼: _____

(e) Address 地址: _____

(f) Daytime Telephone No.: _____ (g) Any other contact number(s): _____

日間聯絡電話號碼: _____ 其他聯絡電話號碼: _____

If the HKID Card No. is provided, no copy or physical production of the HKID Card is required in case the number provided is accurate and corresponds to the number recorded on HA's database. If not, a true copy of the HKID Card will be required for verification. Alternatively, the HKID Card may be physically produced for verification at our hospital. If the Passport No. is provided, please produce in person the original or provide a true copy of the Passport of the Data Subject when submitting this Data Access Request to our hospital.
 若提交香港身份證的號碼正確及與醫管局資料庫所記錄的號碼相符，申請人則無須親身出示香港身份證正本或提交真確副本。否則，須提交香港身份證的真確副本，或親身向本院出示香港身份證正本，以供查核。若提交護照號碼，請在向本院提交本「查閱資料要求」表格時，親身出示資料當事人的護照正本或提交真確副本。

3. **Details of Personal Data of the Data Subject under request (“Requested Data”) are:**
資料當事人所要求查閱的個人資料（「要求資料」）詳情：

Further information may be required to enable us to identify and/or locate the Personal Data.
你可能需要提供更多資料以便本局識別和/或查找你所需的個人資料。

(a) For the period:
所需查閱資料的期間: _____

(b) For the following at the Institution:
需要查閱前述機構的下列資料:

Duplicated Paper based Medical Record 紙本醫療記錄複本

1. Discharge Summary **only 只需** 出院摘要
2. Operations Records **only 只需** 手術記錄
3. Laboratory Report **only 只需** 化驗報告 please specify 請註明: _____
4. Radiology Report **only 只需** 放射報告 please specify 請註明: _____
5. A&E Clinical Notes 急症室臨床記錄
6. Out-patient Clinical Notes 門診臨床記錄
7. In-patient Clinical Notes 住院臨床記錄
8. Others (please specify) 其他 (請註明): _____

Duplicated Non-paper based Radiological Image 非紙本放射影像複本

9. Plain X-ray *Film / CD 平片X光 *菲林/光碟
10. C. T. scan *Film / CD 電腦掃描 *菲林/光碟
11. M.R.I. scan *Film / CD 磁力共振掃描 *菲林/光碟
12. Others (please specify) 其他 (請註明): _____

Points to note 備註：

- i. Hospital would provide copy of report with result available for Laboratory Report and/or with report readily available for Radiology Report, at the time of receipt of the application.
本院只會複印在收到你的申請表時已有結果之化驗報告 及/或 已撰寫的放射報告。
- ii. Hospital's provided A&E clinical notes, out-patient clinical notes and/or in-patient clinical notes will include the relevant medical records of items 1 to 4, if any.
本院提供的急症室臨床記錄、門診臨床記錄 及/或 住院臨床記錄複本當中會包括該臨床其間涉及的第1至第4項醫療記錄(如有)。
- iii. Hospital would provide copy of document filed in existing patient record.
本院會複印現存於醫療記錄內的文件。

(c) Specialty 專科：

- | | | |
|---|--|---|
| <input type="checkbox"/> All specialties
所有專科 | <input type="checkbox"/> Accident & Emergency
急症科 | <input type="checkbox"/> Cardiothoracic Surgery
心胸外科 |
| <input type="checkbox"/> Clinical Oncology
臨床腫瘤科 | <input type="checkbox"/> Ear, Nose & Throat
耳鼻喉科 | <input type="checkbox"/> Medicine
內科 |
| <input type="checkbox"/> Neurosurgery
神經外科 | <input type="checkbox"/> Obstetrics & Gynaecology
婦產科 | <input type="checkbox"/> Orthopaedics & Traumatology
矯形及創傷外科 |
| <input type="checkbox"/> Paediatrics & Adolescent
Medicine 兒童及青少年科 | <input type="checkbox"/> Psychiatry
精神科 | <input type="checkbox"/> Surgery
外科 |
- Others (please specify) 其他(請註明): _____
- Primary Healthcare (Family Medicine Clinic) 基層醫療 (家庭醫學診所)
(Please specify which clinic 請註明診所名稱): _____

(d) Name(s) of Person(s) at the Institution who may be involved are (if available):
該機構內可能涉及上述資料的人士姓名(如有者)：

(e) Is this the first time that the Personal Data in question is requested?

是否第一次要求查閱所涉個人資料?

Yes 是 No 否

If no, please state the number of times where such a request has previously been made.

若否，請註明以往曾提出此要求的次數。

2nd 兩次 3rd 三次 _____ th 次

(f) Exclusions 無關資料

Further information may be required to enable us to identify and/or locate the Personal Data.

你可能需要提供更多資料以便本局識別和/或查找你所需的個人資料。

I do not require any personal data which is:

本人不需要下述個人資料：

contained in documents which had previously been provided to the Data User by the Data Subject (e.g. letters to the Data User and/or the Relevant Person (as mentioned under Section II below) from the Data Subject), please provide details, for examples, the date and name of the documents, etc
載於資料當事人以前曾向資料使用者提供的文件內的個人資料(例如：資料當事人向資料使用者及/或有關人士(如第二部分所述)發出的信件)，請提供資料詳情，如資料日期及名稱等

contained in documents which had previously been provided to the Data Subject by the Data User (e.g. letters to the Data Subject and/or the Relevant Person from the Data User or documents the Data User had provided to the Data Subject and/or the Relevant Person pursuant to a previous request), please provide details, for examples, the date and name of the documents, etc
載於資料使用者以前曾向資料當事人提供的文件內的個人資料(例如：資料使用者向資料當事人及/或有關人士發出的信件或資料使用者應過往的要求向資料當事人及/或有關人士所提供的文件)，請提供資料詳情，如資料日期及名稱等

in the public domain (e.g. newspaper clippings or entries in public registers concerning the Data Subject), please provide details, for examples, the date and name of the documents, etc
屬於大眾可閱覽的資料(例如：新聞剪報上或公共登記冊內關於資料當事人的資料)，請提供資料詳情，如資料日期及名稱等

set out below (please describe as fully as possible):
以下所述(請盡量詳細描述)：

4. Nature of Request 要求的性質：

Data Enquiry Request 查詢資料要求 -

The Institution will only inform the Data Subject (or where appropriate, the Relevant Person) whether it holds the Requested Data. 前述機構只需通知資料當事人(或有關人士)其是否持有資料當事人的要求資料。

Copy of Personal Medical Records 資料複本要求 -

The Institution will provide a copy of the Requested Data to the Data Subject (or where appropriate, the Relevant Person). If only [Copy Data Request] is ticked, the request will be deemed to be both [Data Enquiry Request] and [Copy Data Request]. The fee applicable for a Copy Data Request is listed in the Data Access Request Scale of Fees ("Scale of Fees"). 前述機構需提供要求資料的真確副本予資料當事人(或有關人士)。如只選擇提出「資料複本要求」，將被視作同時提出「查詢資料要求」及「資料複本要求」，適用於「資料複本要求」的收費，列於查閱資料要求收費表(收費表)內。

If a copy of a medical report is required, please specify: 如果所要求的是一份醫療報告，請註明：

this has previously been prepared/supplied. 本局以前曾經備妥/提供此醫療報告。

Please refer to the applicable scale of charges. 請參閱收費表所列的費用。

this has not previously been prepared/supplied. 本局從未備妥/提供此醫療報告。

If a report has not previously been prepared/supplied, this will be excluded from the Requested Data and **NOT** be dealt with as a request under the Personal Data (Privacy) Ordinance. A separate application for a medical report may be submitted to our hospital. Please refer to the applicable scale of charges. 如果本局以前從未備妥/提供此醫療報告，本局將會於要求資料項目中刪除此項要求及不會根據《個人資料(私隱)條例》處理此項要求。申請醫療報告可另行向本院提出。請參考所需收費。

5. Mode of Collection 領取個人資料的方式：

The requested items would be sent to you by registered mail unless you check the following box.

除非你選擇以下領取個人資料的方式，否則你所要求的個人資料將會以掛號郵件寄出。

I wish to 本人希望：

Collect the Personal Data in person. Please inform the applicant / me when the data is ready for collection. 親自領取所要求的個人資料，請在可以領取資料時通知本人/申請者。

SECTION II 第二部份

**(To Be Completed if a Relevant Person Applies for Access on behalf of the Data Subject Referred to in Section I
如果本申請乃由有關人士代表第一部份所註明的資料當事人提出，則須填寫此部份)**

1. Details of the Relevant Person 有關人士詳情：

(a) Name in English 英文姓名 (Surname first 姓氏先行): _____

Name in Chinese 中文姓名: _____

(b) Sex: * Male / Female

性別: * 男 / 女

(c) * HKID Card/Passport/Other No. *香港身份證/護照/其他號碼: _____

(d) Address 地址: _____

(e) Daytime Telephone No.: _____ (f) Any other contact number(s): _____
日間聯絡電話號碼: _____ 其他聯絡電話號碼: _____

Please produce in person the original or provide a true copy of the HKID Card/Passport of the Relevant Person when submitting this request. 在向本院提交本「查閱資料要求」表格時，請親身出示有關人士的香港身份證/護照正本或提交真確副本。

2. Relationship between the Relevant Person and the Data Subject, which is (tick as appropriate):

有關人士與資料當事人的關係必須是下列其中一項。請在適當 內加 號:

- EITHER (a) The Relevant Person has parental responsibility for the Data Subject who is under age 18; 資料當事人年齡未滿十八歲，而有關人士對資料當事人有父母責任;
請選擇
- OR (b) The Relevant Person has been duly authorised by the Data Subject to submit this DAR and to collect all Personal Data the subject of this request on behalf of the Data Subject; 有關人士獲資料當事人授權提交本「查閱資料要求」，以及代其領取本要求內所述的所有個人資料;
或
- OR (c) The Data Subject is incapable of managing his own affairs and the Relevant Person has been appointed by a court to manage the affairs of the Data Subject; 資料當事人無能力管理本身事務，有關人士獲法院任命管理資料當事人的事務;
或
- OR (d) The Data Subject is mentally incapacitated within the meaning of the Mental Health Ordinance and the Relevant Person is: 資料當事人屬《精神健康條例》所指的精神上無行為能力的人，以及有關人士為：
或
- Appointed as a guardian of the Data Subject by a court, magistrate or the Guardianship Board under section 44A, 59O or 59Q of the Mental Health Ordinance; 經由法院、裁判官或監護委員會就《精神健康條例》第44A、59O或59Q條委任為資料當事人的監護人；
- The Director of Social Welfare who, pursuant to section 44B(2A) or 59T(1) of the Mental Health Ordinance, is vested the guardianship of the Data Subject; 社會福利署署長就《精神健康條例》第44B(2A) 或59T(1) 條獲轉歸資料當事人的監護；
- The Director of Social Welfare or a person approved by the Guardianship Board who, pursuant to section 44B(2B) or 59T(2) of the Mental Health Ordinance is authorised to perform the functions of a guardian for the Data Subject. 社會福利署署長或監護委員會認可的人士，根據《精神健康條例》第44B(2B) 或59T(2) 條獲授權執行資料當事人的監護人的職能。

If the box in 2(d) is ticked, state the date when the Relevant Person was appointed a guardian/was vested the guardianship/was authorized to perform the functions of a guardian: 如選擇2(d)項，請提供有關人士被委任監護人/獲轉歸監護/獲授權執行監護人職能的日期： _____

Is the appointment / vesting / authority to perform under 2(d) still subsisting?

上述2(d)項的委任/轉歸/授權執行是否仍然有效？

Yes 是 No 否

Please also provide a true copy of the documentary evidence to support the relationship between the Relevant Person and the Data Subject. The documentary evidence can be:

請一併提供能證明有關人士與資料當事人之間關係的證件真確副本。該證件：

EITHER a birth certificate/legal custody paper if the Relevant Person claims parental responsibility over the Data Subject;
可以是 出生證明書/法定管養權證明書(若有關人士聲稱對資料當事人有父母責任);

OR an original authorization form signed by the Data Subject where the Relevant Person claims to have been duly authorised by the Data Subject;
或 資料當事人簽署的授權正本(若有關人士聲稱已獲資料當事人的授權);

OR a court document issued by a court appointing the Relevant Person to manage the affairs of the Data Subject who is incapable of managing his own affairs;
或 法院簽發任命有關人士管理資料當事人事務的法院文件(若資料當事人無能力管理本身事務);

OR a guardianship order issued by the Guardianship Board/court/magistrate which can show that the Relevant Person is currently appointed as the guardian of the mentally incapacitated Data Subject;
或 監護委員會/法庭/裁判官作出的監護令，顯示有關人士現正委任為精神上無行為能力的資料當事人的監護人；

OR Documentary evidence to show that the Relevant Person has been vested the guardianship or that he is authorized to perform the functions of a guardian under the relevant section of the Mental Health Ordinance.
或 證明文件顯示有關人士就《精神健康條例》的相關條文獲轉歸監護或獲授權執行監護人的職能。

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 Data Subject and (where appropriate) the Relevant Person have read and understood the scale of fees.
資料當事人及有關人士(如適用者)已細閱並明瞭收費表所訂的費用。

2. Copy Data Request is accompanied by a processing fee of:

「資料複本要求」連同處理費提交:

HK 港幣\$ 100.00 元

Payment by * Cash / Crossed Cheque (Payable to: Hospital Authority) Cheque No.

以 *現金/劃線支票(抬頭：醫院管理局)付款，支票號碼為 _____

issued by 簽發支票銀行為 _____

* Please do not send cash by mail. 請勿以郵寄方式寄送現金。

Note: The appropriate receipt should be collected from the Shroff and attached to this Form.

注意：請將收費處發出的適當收據附於本申請表。

3. The Data Subject and (where appropriate) the Relevant Person agree to pay such fees as specified in the scale of fees prior to the collection of the Personal Data under Copy Data Request.

資料當事人及有關人士(如適用者)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。

DECLARATION AND SIGNATURES 聲明及簽署：

WHERE applicable, the Data Subject has irrevocably authorised the Relevant Person to deal with this DAR and to collect the Personal Data under request on behalf of the Data Subject. The Data Subject and (where applicable) the Relevant Person understand that the initial processing fee for Data Access Request is non-refundable and the fees for the copy of Personal Data under the Copy Data Request have to be paid prior to the collection of the data. The Data Subject and (where applicable) the Relevant Person declare that the information given in this DAR Form is accurate.

在適用情況下，資料當事人已向有關人士發出不可撤銷授權，准許其代表資料當事人處理本「查閱資料要求」及領取所要求的個人資料。資料當事人及有關人士(如適用者)明瞭初步處理費是不予退還的，而有關的餘款亦須付清才可領取要求的資料。資料當事人及有關人士(如適用者)謹此聲明在本「查閱資料要求」表格內提供的資料準確無訛。

Signature of Data Subject:
資料當事人簽署:

Date:
日期:

If application by Relevant Person: 若由有關人士提交申請:

Signature of Relevant Person (if applicable):
有關人士簽署(如適用者):

Date:
日期:

FOR OFFICIAL USE ONLY 此欄只供醫管局填寫

- The Data Subject's [*and Relevant Person's] *HKID Card/Passport Number(s) *has/have been checked against the original by [name of staff]

- The Data Subject's [*and Relevant Person's] *HKID Card/Passport Number(s) *has/have been checked against the copy (original not seen by [name of staff])