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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Information Sheet for Medical Report and Patient Information Application
申請醫療報告及病人資料須知

1. The application is applicable to patient treated in our hospital. Patient can authorize a person to apply on his behalf; if the patient is a minor aged under 18 or mentally incapable, the application should be made via his parent /guardian. For applicant who is not the patient himself, please complete item 3 of this form. For all application, the patient must sign at item 5 of this form.
本申請只接受於本院接受治療之病人申請。病人可授權其他人士代其申請 ; 如病人未年滿18歲或因精神狀況而不能處理本身事務，需經由其父/母/監護人作出申請。如申請人非病人本人，請填寫本申請表之第3部分。所有申請，病人必須於申請表第5部分 病人簽署 一欄簽名 。

2. Applicant should complete the application form and submit together with the following documents:
申請人必須在申請表內提供有關資料及提交下列有關證明文件：
   (a) Patient's identity document
   病人之身份證明文件
   (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 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 copy of the Passport of the Data Subject when submitting this application 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副本。否則，須提交香港身份證的副本，或親身出示香港身份證正本，以供查核。若提交護照號碼，請在向本院提交本申請表格時，親身出示資料當事人的護照正本或提交副本。)

   (b) Applicant's identity document (if applied by persons other than the patient).
   申請人（如申請人非病人）之身份證明文件。
   (c) Patient aged under 18: A copy of the patient's birth certificate and identity document of the parent OR documentary proof of relationship of guardianship.
   未滿十八歲之病人：出生證明書及監護人身份證明文件之副本或監護人之證明。
   (d) Consent by patient for release of medical information (or complete item 3 of the application form) or consent by parent / guardian on behalf of patient aged under 18.
   病人簽署之有關發放醫療報告之同意書（或填妥本申請表之第3 部分）或監護人代未滿十八歲病人簽署之同意書。
   (e) Photocopy of Outpatient Follow-up Card (if available).
   覆診卡影印本 (如有)。

3. Charges 收費:
   (a) Medical Report / Claim Form: A minimum of HK$1,100 per specialty, special charges may be charged for reports requiring special professional input subject to a maximum of HKD4,400. Applicants will be informed of the extra charges before the report is processed.
   醫療報告/保險賠償表格: 每份由個別診療部門發出的醫療報告或填寫的保險賠償表格基本所需費用為港幣1,100元，視乎該報告是否需要特別專業處理，報告最高收費為港幣4,400元。如需加收費用，醫院會在提供報告前通知申請人。
   (b) Re-issuance of a Medical Certificate (sick leave certificate): $300 per copy.
   補發醫生證明書 (病假證明書): 每份證明書港幣300元。

   This amount is non-refundable even if the request is withdrawn subsequently.
   如果事後欲取消申請，已繳費用將不會退還。

4. All medical report / patient information will be written in English. The hospital does not provide translation service.
所有醫療報告/病人資料均用英文書寫。本院並無翻譯服務。

5. Please complete the applicant's details on the claim form or other relevant forms (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.
有關申請填寫保險公司或其他機構發出之表格，請將已填妥的投保人士／申請人資料之有關表格連同本院之申請表一併交回。醫院保留權利填寫申請人遞交之表格或提供另一種合適的醫療報告形式以供申請人備用。

6. For any amendment request, please submit the original medical report / patient information. Please note that such amendment is subject to our doctors / hospital management's final decision.
如對報告/資料有修正的要求，必須交回該正本。 惟報告/資料能否修正，將由本院及醫生作最後決定。

7. Any person who collects the medical report / patient information in person should produce identity proof and authorization letter (applicable to collector who is not the patient himself or not the authorized person in item 3 of this Form or is a company staff) for verification.
所有人士親身到取報告/資料時，須出示身份證明文件及由申請人發出的授權書 (適用於申請人為非病人本人或非獲病人授權之人士或公司代表)，以便職員核對資料。

8. Medical report / patient information will be sent to the applicant's provided address by registered mail if they are not collected within 3 months after being informed. If the medical report / patient information sent by registered mail is undelivered and returned by the Post Office, they will be disposed of 3 months after its return without any further or prior notice.
醫療報告/病人資料若於被通知可以領取後的三個月仍未被領取，會以掛號郵件送遞至申請人提供的地址。 因未能寄遞而被郵局退回的醫療報告， 會於三個月後銷毀，事前不會另行通知。

9. 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:
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：

<u>Address:</u>
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

<u>Opening hours:</u>
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

<u>地址:</u>
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

<u>辦公時間：</u>
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

10. If the patient is staying in hospital, subject to the consideration by individual specialty, the application may be completed only after the patient is discharged.
住院病人遞交的申請表，視乎個別專科考慮，該等申請或只能在病人出院後方可完成。

11. Under normal circumstances, each medical report application will be completed around 8 weeks. Longer processing time is required depending on individual specialty, or if multi-specialties or several claim forms are involved.
一般情況下，每份醫療報告 / 表格需時約八星期完成。因應個別專科，或申請涉及跨專科多份醫療報告/表格/證明書，處理時間會較長。

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

13. The above details may be subject to change without prior notice.
以上條款，本院或會隨時修訂並不作另行通知 。

QUEEN MARY HOSPITAL 瑪麗醫院
MEDICAL REPORT AND PATIENT INFORMATION APPLICATION FORM
醫療報告及病人資料申請表

For official use only
MR Remarks

(Please read the "Information Sheet for Medical Report and Patient Information Application" before making the application, and provide relevant information.
作出申請前，請先參閱「申請醫療報告及病人資料須知」，並提交相關資料。)

1. Particulars of Patient 病人資料：

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

Name in Chinese 中文姓名： _____

(b) Sex 性別： *Male 男 /Female 女 (c) Age 年齡： _____

(d) Date of Birth 出生日期： _____

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

(f) Address 通訊地址： _____

_____

(g) Daytime Telephone No. 日間聯絡電話號碼： _____

(h) Any other contact number(s) 其他聯絡電話號碼： _____

2. Information Requested 索取的資料：

(a) Specialty 專科： _____

(b) Period 期間： from 由 _____ to 至 _____

(c) Nature of Request 申請項目：

☐ Medical Report 醫療報告
☐ Insurance Claim Form 申索保險賠償表格
☐ Form B 公務員申請發還／直接支付醫療費用表格 B
☐ Medical Certificate (Sick Leave Certificate) 醫生證明書(病假證明書)

Date of Attendance 到診日期 : _____

Sick Leave Period 病假期 : from 由 _____ (D / M / Y) to 至 _____ (D / M / Y)

☐ a supplementary medical report 解釋或跟進一個已發出的醫療報告
Please attach a copy of the previous medical report, if available, for ease of reference.
如有以前的醫療報告，請附上副本以作參考
Please specify items to be included in this supplementary medical report
請註明此跟進醫療報告所應包括之事項 :

_____

☐ Others 其他 : _____

(d) Purpose 申請用途 ：

☐ future Medical Follow-up / Personal Record 日後醫療用途/個人紀錄
☐ employee compensation claims 申索工傷賠償
☐ legal proceedings 法律申訴程序 : _____
☐ certification of sickness/injury for 證明疾病/受傷以用作 : _____

☐ immigration / Visa application 申請移民 / 簽證

☐ others 其他 : _____

(e) Contents 內容包括:

☐ nature of sickness/disability/injury 疾病或傷殘或受傷性質

☐ nature of operation/treatment 手術/治療的性質

☐ length of hospitalization 留院日期

☐ length of sick leave granted 病假日期

☐ an assessment of the degree of permanent disability following sickness/injury
疾病/受傷而引致的永久傷殘程度評估

☐ an assessment of whether the patient will be fit to work in the job at the time of sickness/injury
評估病人將來是否適宜恢復其在患病/受傷前負責的工作

☐ others, please specify 其他〔請註明〕

_____

3. Details of Authorized Person 獲授權人士詳情

To be completed for authorized person not the patient himself/or patient who is aged under 18) *(please read Information Sheet no. 1)* (如獲授權人士非病人本人/或病人未年滿 18 歲，須填寫此部分) *(請參閱申請須知第 1 項)*

Name 姓名：_____ HKID No. 香港身份證號碼/ Passport No.護照號碼 : _____

Tel. No. 聯絡電話號碼：_____ Relationship with Patient 與病人關係 : _____

Address 通訊地址：_____

_____

4. 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。

5. Declaration & Signature 病人聲明及簽署 :

I declare that the information given in this Form is accurate. I and/ or my parent/ guardian by signing this Form consents to the Hospital disclosing and sending my medical report / patient information to the authorized person stated in item 3 of this Form (if applicable).
本人謹此聲明在本表格內提供的資料準確無訛。本人及/或其父/母/監護人簽署此表格代表病人及/或其父/母/監護人同意有關之院方透露及發出其醫療報告/病人資料給申請表第 3 部分所填寫之獲授權人士 (如適用)。

For patient who is over 18 years old. 此欄適用於滿十八歲之病人

Signature of the patient 病人簽署 _____ Date 日期 _____

If patient is a minor or mentally incapable. 此欄適用於未滿十八歲或因精神狀況而不能處理本身事務之病人

Signature of the patient's parent/guardian
病人父/母/監護人簽署 _____

Name in Block Letters 姓名〔請用正楷填寫〕: _____

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

Date 日期 _____

☐ please tick the appropriate 請在☐內加 ✓ 號 *delete whichever is inappropriate 請刪去不適用者