

Processing fee **HK\$ 76** (non-refundable) 處理費為**港幣 76** 元 (費用不予發還)

# Deceased Patient's Medical Record Application Form 申請死者醫療記錄表格

**Important Note:** Please fill in all relevant information, including the declaration on page 3, and provide the relevant documents.

重要須知:請填寫所有相關資料,包括第三頁中的聲明,並提供相關文件。

#### Please attach a true copy of the following documents with your application:

閣下遞交申請表格時,請一併提交下列文件之真確副本:

- 1. HKID card / Passport of Applicant 申請人之香港身份證 / 旅遊證件;
- 2. Deceased's Death Certificate 死者之死亡證明書;
- 3. Deceased's HKID card <u>and</u> 死者之香港身份證 <u>及</u>
- 4. Relevant documents (e.g. Letter of Administration or Probate) issued by the Court <u>or</u> 法庭簽發的相關文件 (例如:遺產管理書或遺囑認證書) <u>或</u>
- 5. Proof of relationship with the Deceased (e.g. birth certificate/certificate of marriage) 關係證明文件 (例如:出生證明書 / 結婚證書 )

Particulars of the Deceased 死者資料: (* Please delete the inappropriate 請刪去不適用字句)				
*Sex (性別): Male 男 / Female	Chinese (中文):			
<u>Details of Deceased's Data under Request</u> 所要求的死者資料詳情:				
·	ion for us to identify and/or locate the Requested Data. Kindly ral such as "all personal data of the Deceased" may render			
請提供足夠資料以便本院識別和/或 資料」,本院可拒絕你的要求。敬請	查找你要求的資料。如要求資料的描述太籠統,例如:「死者的所有留意。			
(a) Date of data 資料日期	to 至			
(b) Type of data (Please tick √ t 資料類別 (請在適當方格加上 √	, , ,			
☐ In-patient medical notes 住院☐ Laboratory results 化驗報告☐ A&E medical notes 急症室病匠☐ In-patient Medication Order E☐ General Out-patient Clinic: (cli	□ Out-patient medical notes 門診病歷 □ Clinical photo 臨床相片			
 X-ray X 光:				
<ul><li>☐ MRI 磁力共振掃描造影:</li><li>☐ CT Scan 電腦掃描:</li><li>☐ Others 其他:</li></ul>	□ disc 光碟 / film 軟片 * □ report 報告 □ disc 光碟 / film 軟片 * □ report 報告			

directly.

如有需要索取其他機構保留的資料,請直接向有關機構申請。

Please provide information on separate sheets, if the space provided is insufficient. 如以上空位不夠書寫,請另頁提供詳情。

3.	Purpose of this Application 申請目的:				
	□ Insurance claim 保險索償 □ Legal proceedings 擬進行法律程序 □ Personal reference 個人紀				
	□ Others – please specify 其他(請註明):				
<u>SECT</u>	( 第二部份 )				
1.	Particulars of Applicant 申請人資料:				
	Name in English 英文姓名: Chinese (中文):				
*Sex (性別): Male 男 / Female 女					
*HKID / Passport No. 香港身份證 / 護照號碼:					
	Relationship with the Deceased 與死者關係:				
	Daytime Tel. No.: Other Contact No.:				
	Correspondence Address 通訊地址:				
SECT	ION III (第三部份)				
Cop <sup>*</sup>	y Data Request will not be processed unless accompanied by payment of the processing fee. 料複本要求」須連同處理費提交,否則將不予受理。				
1.	The Applicant has read and understood the Scale of Fees (see page 4 of this Form). 申請人已細閱並明白收費表所訂的費用(參本表格第四頁)。				
2.	This Copy Data Request is accompanied by payment of processing fee of (which is non-refundable): 「資料複本要求」連同處理費提交( 此費用將不予退還 ):				
	HK\$: Payment by *Cash/Crossed Cheque No.:				
	港幣 以*現金/劃線支票付款,支票號碼				
	Issued by 簽發支票銀行:				
	Note: Please attach the appropriate receipt collected from our Shroff Office to this Form. <u>注意</u> :請將出納處發出的適當收據附於本申請表格。				
	You may submit your application form (original) and supporting documents in person, or by post to our relevant department at the address listed below: 申請表格(正本)以及有關證明文件,可經親自呈交或郵遞至本院的有關部門,地址如下:				
	Release of Information Services				
	Health Information & Records Office				
	M/F, Pok Oi Hospital, Au Tau,				
	Yuen Long, N.T., H.K. 新界元朗坳頭博愛醫院閣樓 醫療資訊記錄部醫療信息發放組				
3.	The Applicant undertakes to pay all fees as specified in the Scale of Fees prior to the collection the Requested Data.				
4	申請人同意在領取所要求的資料之前,須先繳付收費表所列的所有費用。				
4.	Mode of Collection 領取的方式				
	□ Collect in person 親身到取 □ Pyrogistered post to the correspondence address in Section II. 掛壁家山到第二部//如通訊抽机				
	□ By registered post to the correspondence address in Section II 掛號寄出到第二部份的通訊地址				
	ease delete the inappropriate 請删去不適用字句 ease tick the appropriate 請在適當方格加上√號				

#### Declaration 聲明

I, the Applicant, agree that the final decision lies with the Hospital Authority and declare as follows: 本人為上述申請人,同意醫院管理局擁有最終之決定權,並謹此聲明如下:

(Please tick one of the two boxes) (請在其中一個方格加上√號)

		executor(s) of the will for the deceased, <b>c</b> record of the deceased. The relevant support	Court as (one of) the administrator(s) of the estate / <u>r</u> am authorized by the Court to receive medical orting documents are attached. 一位)死者的遺產管理人/遺囑執行人, <u>或</u> 已被法庭授權
		can act for and on behalf of all persons er executors of the will for the deceased. The r	estate / executor of the will for the deceased <u>or</u> Intitled to apply to be administrators of the estate / elevant supporting documents are attached.  、 <u>或</u> 本人可作為及代表所有有權申請成為死者遺產管理
		Others (Please specify, and attach the releve 其他 (請註明,並附上有關文件):	rant documents):
		Signature of the Applicant 申請人簽署	Date 日期
FOR (	OFFIC	CIAL USE ONLY <u>部門專用</u>	
		Applicant's *HKID Card / Passport Number(s [name of staff]. 人的*香港身份證 / 護照號碼已經由	) *has/have been checked against the original by
	甲胡	八的 省港身份超 / 護熙號鳴口經田	[ [ 城貝姓石] 核對止本。
	The not	Applicant's *HKID Card/Passport Number(s) * seen) by [name	has/have been checked against the copy (original e of staff].
		人的*香港身份證 / 護照號碼已經由 正本)	[職員姓名] 核對其*香港身份證 / 護照副本(但未經
		e delete the inappropriate 請刪去不適用字句 e tick the appropriate 請在適當方格加上√號	

## **Data Access Request** 查閱資料要求

### Scale of Fees Applicable from 18 June 2017 收費表 [二零一七年六月十八日開始適用]

## Copy Data Request for the Supply of Personal Data 提供個人資料的「資料複本要求」

Processing Fee: HK\$76 per request 每次港幣76元

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

(已包含不多於十頁的複製費及郵費)

Reproduction charge for the HK\$1 per page 每頁港幣1元

11th page and onward:

第十一頁及以後頁數的複製費:

Reproduction charge for ECG, HK\$230 per modality per disc

EEG or X-ray Film etc.: 每種造影,每張光碟港幣230元

心電圖、腦電圖、X光片等複製費: HK\$230 per film 每張底片港幣230元