

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

**Tin Shui Wai Hospital**  
天水圍醫院

**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 **and**  
死者之香港身份證 **及**
4. Relevant documents (e.g. Letter of Administration or Probate) issued by the Court **or**  
法庭簽發的相關文件 (例如遺產管理書或遺囑認證書) **或**
5. Proof of relationship with the Deceased (e.g. birth certificate/certificate of marriage)  
關係證明文件 (如：出生證明書 / 結婚證書)

**Section I (第一部份)**

1. **Particulars of the Deceased 死者資料** (\* Please delete the inappropriate 請刪去不適用字句)

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: \_\_\_\_\_

2. **Details of Deceased's Data under Request 所要求的死者資料詳情:**

Please provide sufficient information for us to identify and/or locate the Requested Data. Kindly note that description that is too general such as "all personal data of the Deceased" may render your request refused.

請提供足夠資料以便本院識別和 / 或查找你要求的資料。如要求資料的描述太籠統，例如：「死者的所有個人資料」，本院可拒絕你的要求。敬請留意。

(a) **Date of data 資料日期** \_\_\_\_\_ to 至 \_\_\_\_\_

(b) **Type of data (Please tick ✓ the appropriate box):**

資料類別 (請在適當方格加上 ✓ 號)

- |  |   |
|--|---|
| <input type="checkbox"/> In-patient medical notes 住院病歷                                   | <input type="checkbox"/> Discharge summary 出院摘要         |
| <input type="checkbox"/> Laboratory results 化驗報告   | <input type="checkbox"/> Out-patient medical notes 門診病歷 |
| <input type="checkbox"/> A&E medical notes 急症室病歷   | <input type="checkbox"/> Clinical photo 臨床相片            |
| <input type="checkbox"/> In-patient Medication Order Entry 住院病人藥物處方                      |   |
| <input type="checkbox"/> General Out-patient Clinic: (clinic name) 普通科門診病歷 (門診名稱): _____ |   |

X-ray X 光:  CD 光碟  report 報告

MRI 磁力共振掃描造影:  CD 光碟  report 報告

CT Scan 電腦掃描:  CD 光碟  report 報告

Others 其他: \_\_\_\_\_

Should you require data retained by other institutions, please approach the relevant institutions 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。



\* Please delete the inappropriate 請刪去不適用字句

Please 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)

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 record of the deceased. The relevant supporting documents are attached.

本人已經向法庭申請或已經被法庭委任為（其中一位）死者的遺產管理人/遺囑執行人，**或**已被法庭授權領取死者醫療記錄，並附上有關證明文件。

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.

本人有權申請成為死者的遺產管理人/遺囑執行人，**或**本人可作為及代表所有有權申請成為死者遺產管理人/遺囑執行人的人士，並附上有關證明文件。

Others (Please specify, and attach the relevant documents):

其他（請注明，並附上有關文件）：

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\_\_\_\_\_  
Signature of the Applicant

申請人簽署

\_\_\_\_\_  
Date

日期

### **FOR OFFICIAL USE ONLY 部門專用**

The Applicant's \*HKID Card / Passport Number(s) \*has/have been checked against the original by \_\_\_\_\_ [name of staff].

申請人的\*香港身份證 / 護照號碼已經由 \_\_\_\_\_ [職員姓名] 核對正本。

The Applicant's \*HKID Card/Passport Number(s) \*has/have been checked against the copy (original not seen) by \_\_\_\_\_ [name of staff].

申請人的\*香港身份證 / 護照號碼已經由 \_\_\_\_\_ [職員姓名] 核對其\*香港身份證 / 護照副本(但未經核對正本)

\* Please delete the inappropriate 請刪去不適用字句

Please 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: 處理費：	HK\$76 per request 每次港幣76元 (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 11 <sup>th</sup> page and onward: 第十一頁及以後頁數的複製費：	HK\$1 per page 每頁港幣1元
Reproduction charge for ECG, EEG or X-ray Film etc.: 心電圖、腦電圖、X光片等複製費：	HK\$230 per modality per disc 每種造影，每張光碟港幣230元 HK\$230 per film 每張底片港幣230元