

**HOSPITAL AUTHORITY
New Territories West Cluster**



Medical Report and Patient Information Application Form

- Notes: • Please read the attached explanatory notes carefully before completing this form (Please return this form to the medical report section after payment is done).
• Each application is for One Hospital ONLY, please “✓” the applicable box below.

To : **Medical Report Section** (Please “✓” ONE hospital ONLY)

- Tuen Mun Hospital (including General Outpatient Clinics under TMH)
 Pok Oi Hospital Castle Peak Hospital Siu Lam Hospital Tin Shui Wai Hospital

A. Details of Patient (This section must be completed)

Name: (English) _____
 (Chinese) _____
 * HKID / Passport No.: _____
 Sex: * M / F Date of Birth: _____
 Address: _____

 Tel. No.:(Day Time) _____ Other Tel. No.: _____

For Account Use Only	
Hospital: * TMH / POH / CPH / SLH / TSWH	
No. of report or certificate required	HK\$
Charge: \$895 × _____	_____
\$230 × _____	_____
Total Charge: _____	_____
Receipt No.: _____	
Date: _____	

B. Information Requested (Please ‘✓’ the suitable box)

B1. Nature of Request

- Medical Report (\$895 - \$3,580)
 Other documents (\$230 each):
 Confirmation of granted sick leave (no indication of diagnosis) Certified true copy
 Confirmation of hospital fee (please submit to Accounts Office) Others – please specify : _____

B2. Period of Information Requested

Period : From _____ to _____ Specialty / Allied Health: _____

Request form attached (Please indicate the name of request form): _____

(if a doctor completes the attached request form, then no additional medical report will be provided)

B3. Purpose of This Application

- Continuity of care Insurance claim Application for public housing
 Legal proceedings Personal reference Immigration / visa application
 Support of application for family reunion
 Others – please specify : _____

(* Please delete as appropriate)

C. Details of Applicant (Non Patient) (This section must be completed if an adult patient is not applying by himself / herself)

Name: (English) _____ (Chinese) _____ Sex: * M / F

* HKID Card No. / Passport No.: _____ Contact No. (Day time) _____

Correspondence Address: _____

Relationship with Patient: _____

Signature: _____ Date : _____

D. Signature of the Patient (To be signed by patient whose age is 18 or above)

By signing this Form, I declare that I understand the application procedures and agree to apply for the medical report(s) / patient information, with the final decision lies with the Hospital Authority. I consent to the above-named Hospital to disclose and send my information to the above-named Applicant as per Section C, if applicable.

Signature : _____ Date : _____

E. Particulars of Patient's Parents / Next-of-Kin / Guardian or Deceased's Next-of-Kin (* Please delete as appropriate)

(This section is to be completed if (i) patient is under 18 years of age or (ii) patient has passed away or (iii) patient is a mentally incapacitated adult person.)

Name: (English) _____ (Chinese) _____ Sex: * M / F

* HKID Card No. / Passport No.: _____ Contact No. (Day time) _____

Correspondence Address: _____

Relationship with * Patient / Deceased : _____

(* Please delete as appropriate)

Declaration by the Deceased's Next-of-Kin (Please '✓' the appropriate box)

(To be completed if this application is for a deceased's medical report / certificate)

I declare as follows:

- 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 reports or medical information of the deceased. The relevant supporting documents are attached.
- 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.
- Others (Please specify, and attach the relevant documents):

By signing this Form, I declare that I understand the application procedures and agree to apply for the medical report(s) / patient information, with the final decision lies with the Hospital Authority. I consent to the above-named Hospital to disclose and send the patient's information to the above-named Applicant as per Section C, if applicable.

Signature: _____ Date: _____

- Notes:
1. For parents representing their children under 18, Birth Certificate of the patient must be provided to prove their relationship.
 2. If the medical report involves a patient under 18, the Applicant must obtain prior written consent of the patient's parents/ guardian.
 3. For mentally incapacitated adult person assessed to be mentally incapable of giving consent, a medical certificate of the assessment result and the consent of the guardian appointed under the Mental Health Ordinance are required.

F. Mode of Collection

Please send out by post to the address below Collect in person ** Please refer to point 6.4 of explanatory notes

To: Mr. / Ms. _____

Address: _____

For Official use only Application received by: _____

Patient ID: Original verified Copy collected Match with PMI

Applicant ID: Original verified Copy collected

Doc collected: Birth certificate Certificate of marriage

Remarks: _____

New Territories West Cluster
Explanatory notes on Application for Medical Report / Medical Information

1 Application method:

1.1 You may submit your original application form in person, or by post to the respective hospitals as listed below:

- Tuen Mun Hospital: Release of Information Services, Health Information & Records Office,
3/F, Rehabilitation Block, Tuen Mun Hospital, Tsing San Path, Tuen Mun, N.T.

- Pok Oi Hospital: Release of Information Services, Health Information & Records Department,
M/F, Pok Oi Hospital, Au Tau, Yuen Long, N.T.

- Castle Peak Hospital / Medical Records Unit, G/F, Wisdom House (Block D),
Siu Lam Hospital: Castle Peak Hospital, 13-15 Tsing Chung Koon Road, Tuen Mun, N.T.

- Tin Shui Wai Hospital Release of Information Services, Health Information & Records Office,
3/F, Tin Shui Wai Hospital, 11 Tin Tan Street, Tin Shui Wai, N.T.

2 Application requirements:

2.1 Patient:

- 2.1.1 Patient applying for Medical Report in person should provide his / her original identity document for verification.

- 2.1.2 Patient who mail-in the application form should enclose a true copy of the identity document for verification.

2.2 Applicant:

- 2.2.1 Applicant authorized by the patient to apply for the medical report / medical information should come in person and present his / her original identity document for verification.

- 2.2.2 For parents representing their children under 18-year-old, true copy of Birth Certificate must be provided to prove their relationship.

- 2.2.3 If an application involves a patient under 18-year-old, the applicant must obtain written consent from the patient's parents / guardian.

- 2.2.4 If the patient has passed away, the applicant is required to submit a true copy of the Letter of Administration / Probate indicating he / she is appointed by Court as administrator of the estate / executor of the will for the deceased or valid court document(s) authorizing the applicant to receive medical reports or medical information of the deceased. If no such document is available, the applicant is required to fill in Parts 'E' and 'F' of the application form.

3 Processing time:

3.1 In general, the medical report and medical information will be available in about 8 weeks. Longer processing time is required in circumstances such as multi-specialties or multiple claim forms.

4 Service charges:

- 4.1 A minimum fee of HK\$895 per Medical Report per specialty, with a maximum fee of HK\$3,580. HK\$230 will be charged for EACH Patient Information Application.
- 4.2 All fees must be paid upon application.
- 4.3 All crossed cheques / cashier orders should be made payable to "HOSPITAL AUTHORITY".

5 Collection method:

- 5.1 The completed medical report / patient information will be either sent to the Patient / Applicant by post or collected in person by the Patient / Applicant. Please mark clearly in Part 'F' of the application form for the mode of collection. If you wish the report or information to be collected by other representatives, please provide a separate written authorization.

6 Other information:

- 6.1 Each application form is for one Hospital only.
- 6.2 Medical reports will be written in English.
- 6.3 To enable us to process your application, please fill in relevant parts of the application form accurately and submit all necessary documents.
- 6.4 If the requested medical report(s) / patient information is / are not collected within 3 months after notification of completion, the item(s) will be disposed without further notice.
- 6.5 If you withdraw your application on your own accord, the fees paid will not be refunded regardless of whether the report(s) / information is / are completed / available or not.

7 Enquiries:

- 7.1 Enquiries concerning the medical report / patient information application should be addressed to the respective hospitals as listed below:

- Tuen Mun Hospital 2468 5371
- Pok Oi Hospital 2486 8011
- Castle Peak Hospital / Siu Lam Hospital 2456 7889
- Tin Shui Wai Hospital 3513 5428 / 3513 5433