Information Sheet for Patient's Data Request and Form
申請病人資料須知及表格

1.0 The original "Patient's Data Request Form" and all relevant documents, payments should be submitted to Health Information & Records Department (HIRD). HIRD may require additional supporting documents from the requestor if necessary. All copies of identity documents provided will be used solely for processing the request and will be destroyed after completion of the request.
請將「病人資料申請表格」正本連同所需文件及費用一併交予「醫療資訊及紀錄部」處理。所有提供的身份證明文件副本只作處理有關申請之用，完成有關申請後便會銷毀。

2.0 Under normal circumstances, please read Section 4 of this information sheet for reference time required for each type of application. However, if the applicant requests a medical report issued on the specified date, hospital may reject the application, the fees paid will be refunded to the applicant.
一般情況下，請參閱本申請須知第 4 部份有關各項申請所需處理時間。但如果申請人要求在指定日期發出醫療報告，本院可能會拒絕有關申請，而所付之費用，將退還申請人。

3.0 All relevant information is required to be specified on the request form such as the type and date of an investigation report; OPD consultation date; hospitalization period; name of doctor whom is being requested to complete the medical report; etc. All medical reports and patient's information are **written in English**, no translation service is provided. Information provided will be up to the application received date or up to doctor's decision on the relevancy of the case and subject to availability. The hospital does not guarantee to provide every required document.
申請表格上必須註明所需資料，如報告類別及日期、門診日期、住院時段、撰寫醫療報告之醫生姓名等等，以便本院處理有關之申請。所有醫療報告及病人資料均**以英文書寫**，院方沒有提供翻譯服務。而本院提供的資料將截至申請當日為止或由負責醫生決定。以上文件須視乎實際情況發出，院方不擔保能提供有關申請文件。

4.0 Application fee will be applied according to the Hospital's current price list. Payment by cheque in **Hong Kong Dollars (HKD)** should be crossed and made payable to **"St. Paul's Hospital"**. No refund of the charge will be made once an application is made.申請人須根據醫院現行的價目表，必須在**呈交申請表時繳付所有費用**。支票付款者，請用劃線支票及支票抬頭請寫上「**聖保祿醫院**」。所有費用必須以**港幣繳付**，一經申請，所付費用恕不退還。

Items 項目	Charges (HK$) 價目(港幣$)	Reference Time 參考需時 (Under normal circumstances 一般情況下)
Investigation Report Copy 檢驗報告副本 e.g.: Blood Test, Urine Test etc 例：驗血報告，小便報告等	: $210 ($5 per each additional page if >20 pages) (若超過 20 張，將額外收取每張 5 元)	10-15 (working days 工作日)
Records Copy 病歷副本 (IPD / OPD clinical records & test reports) (包括檢驗報告及門診 / 住院病歷紀錄)	: $610 ($5 per each additional page if >100 pages) (若超過 100 張，將額外收取每張 5 元)	35 (working days 工作日)
Medical Report 醫療報告 Attending Physician Statement 主診醫生報告	: $1,000 or above 或以上 (each in house doctor 每位駐院醫生)	35 (working days 工作日)
Immunization Record 疫苗接種紀錄 (Immunization card will not be re-issued) (針卡將不會補發)	: $420	10-15 (working days 工作日)
Attendance Record 到診紀錄	: $420	10-15 (working days 工作日)
Birth Date & Time Confirmation 出生日期及時間証明	: $420	10-15 (working days 工作日)
Inpatient Insurance Claim Form 住院保險索償申請表	: Free of charge for the first application $320 or above for each additional application 首張申請表免費，其後每份$320 或以上 (each in house doctor 每位駐院醫生)	35 (working days 工作日)
Radiological Image # 放射掃瞄影像# e.g.: MRI; CT; X-ray 例：磁力共振，電腦掃描，X 光 # Relevant Test Report Copy included .包括相關檢驗報告副本	: Free of charge for the first set of USB / Film(s) per test (should be collected after the test within 3 months) $350 per USB*; $200 per Film *One USB may contain several images 每項檢驗的首套 USB 記憶體 / X 光膠片免費 (應於檢驗後的三個月內領取) *USB 記憶體每隻**$350**; 膠片每張**$200** *每隻 USB 記憶體可包含多張影像	10-15 (working days 工作日)
Overseas Postage 寄海外郵費 Sent out by courier 以速遞寄出	: $300	

Note: Insurance claim form and medical report for patients under the care of our visiting doctors will not be handled. Please contact the attending doctors directly. 備註：本院並不會處理非駐院醫生的保險賠償表及醫療報告書，請自行聯絡有關醫生。

5.0 Requestor will be informed after the application has been completed. If the data **is not collected within 3 months after** being informed. The requested data will be <u>disposed</u> without any prior notice.
申請者將於申請完成後收到通知,若被通知後的**三個月內仍未領取**,醫療報告將會被<u>銷毀</u>,事前不會另行通知。

6.0 Counter-signature of the patient / patient's parents or legal guardian / authorized person is required if there is any amendment made on the documents / request form.
有關文件 / 申請表一經修改,病人 / 病人之父母或合法監護人 / 獲授權人士須在修改部份加簽。

7.0 Section 6 of the request form must be completed under the following circumstances:
於下列情況內,申請表的第 6 部份必須填妥:

I. The authorized person must be over the age of 18 and is required to submit the original "Patient's Authorization Letter" and present his / her original ID card and the patient's HKID card / Passport / EEP copy.
獲授權人須年滿十八歲,並且須遞交「病人授權書」正本及出示本人香港身份證 / 護照 / 通行證正本及病人的香港身份證 / 護照 / 通行證副本。

II. Parents / legal guardian must complete this section if patient aged below 18.
如病人未滿 18 歲,其父母 / 合法監護人必須填寫此部份。

Requestor 申請人	Patient 病人	Required Supporting Documents 所須文件
7.1 Patient 病人	Aged 18 or above 年滿 18 歲	- Photocopy of HKID / Passport of patient - Photocopy of government issued Birth Certificate of patient *(for application on Birth Date & Time Confirmative)* - 病人香港身份證 / 護照副本 - 病人出生證明書副本 *(如申請出生日期及時間證明)*
7.2 Patient's Parents / Legal Guardian 病人父 / 母 / 合法監護人	Aged below 18 未滿 18 歲	- Photocopy of government issued Birth Certificate of patient *(relationship proof & identification)* - Photocopy of HKID / Passport of patient's parents or legal guardian - 病人出生證明書副本 *(關係及身份證明)* - 病人父 / 母 / 合法監護人之香港身份證 / 護照副本
7.3 Authorized Person 獲授權人士	Aged 18 or above 年滿 18 歲	- Photocopy of HKID / Passport of patient & authorized person - Original copy of patient's authorization letter / Section 6 of "Patient's Data Request Form" - 病人及授權人士香港身份證 / 護照副本 - 病人授權書正本 / 病人資料申請表格的第 6 部份
Remarks: Other supporting documents may be required if necessary. *註:申請人或須提供其他相關證明文件。*		

8.0 **Application & Enquiry 申請及查詢**

Address 地址	:	Health Information & Records Department, St. Paul's Hospital LG2, Block A, 2 Eastern Hospital Road, Causeway Bay, Hong Kong 香港銅鑼灣東院道二號,聖保祿醫院 A 座**地庫二樓**,醫療資訊及紀錄部
Office Hours 辦公時間	:	08:00 – 17:00 (Monday to Friday 星期一至五) 08:00 – 16:00 (Saturday 星期六) Closed 休息 (Sunday & Public Holiday 星期日及公眾假期)
Enquiry Phone Number 查詢電話	:	2830 – 3779
Facsimile Number 傳真號碼	:	2837 – 5261
Email Address 電郵地址	:	sph.hird@stpaul.org.hk

聖保祿醫院
St. Paul's Hospital

(For Internal Use Only 只供有關部門填寫)
Ref. No. 參考號碼：＿＿＿＿＿＿＿＿＿＿
Patient No. 病人號碼：＿＿＿＿＿＿＿

SPHF-HIRD-016

Patient's Data Request Form 病人資料申請表格

Please kindly read "Information Sheet for Patient's Data Request" before completing this form 在填寫此表格前，請閱讀 「申請病人資料須知」

(Please ☑ the appropriate box 請在適當方格內填上☑號)

1.0 Particulars of Patient 病人資料

English Name 英文姓名：	Chinese Name 中文姓名：	Sex 性別：	☐ M 男 ☐ F 女
Date of Birth (dd/mm/yyyy) 出生日期 (日/月/年)：	HKID / Passport / EEP No. 香港身份證 / 護照 /通行證號碼：		
Contact No. 聯絡電話：	E-mail Address 電郵地址：		

2.1 Nature of Data 資料性質

☐	**In-patient Data** 住院資料	Admission Date (dd/mm/yyyy) 入院日期 (日/月/年)：
☐	**Out-patient Data** 門診資料	Consultation Date (dd/mm/yyyy) 到診日期 (日/月/年)：

2.2 Type of Request 申請項目

☐ Investigation Report Copy (Please Specify)
檢驗報告副本 (請註明)

☐ Medical Records Copy
病歷副本

☐	Medical Report 醫療報告	Doctor's Name 醫生姓名：	Content 內容重點：
		Doctor's Name 醫生姓名：	Content 內容重點：

☐	Insurance Claim Form 保險索償申請表	Doctor's Name 醫生姓名：	Doctor's Name 醫生姓名：

☐ Immunization Record
疫苗接種紀錄

☐ Attendance Record
到診紀錄

☐ Birth Date & Time Confirmation
出生日期及時間証明

☐	Radiological Image 放射掃瞄影像	Format 形式：	☐ USB 記憶體		☐ Film 膠片	
		Type 類別：	☐ C.T. Scanning 電腦掃瞄	☐ MRI 磁力共振	☐ Ultrasound 超聲波	☐ X-Ray X 光

☐ Others
其他：

3.0 Reason for Request 申請原因 (For Reference Only 只供參考用途)

☐ Insurance Claims 保險索償	☐ Employee Compensation Claims 工傷索償	☐ Legal Proceedings 法律申訴程序
☐ Clinical Follow-up 醫療參考	☐ Personal Record 個人紀錄	☐ Others (Please Specify) 其他 (請註明)：＿＿＿＿＿＿

4.0	**Payment Method 付款方法**

☐ At Cashier 繳費處　　☐ Online transfer 網上轉帳　　☐ Cheque 支票

(For Internal Use Only　只供有關部門填寫)
Receipt No. 收據編號：

5.0	**Collection Method 領取方法**

☐ In Person 親身領取：
Collect by Patient aged 18 or above / Authorized Person *(must be over age 18)* / Parents or Legal Guardian of Patient aged under 18
由年滿 18 歲之病人 / 獲授權人士 *(必須年滿 18 歲)* / 未滿 18 歲之病人的父母或合法監護人親身領取

☐ Mailing address
郵寄地址：

*If you choose collection by post, please understand that we will not be responsible for any damage or loss during the delivery process.
如閣下選擇郵寄領取，請閣下理解，本院將不會負責任何於運輸過程中發生的損壞或損失。

6.0	**Particulars of Authorized Person / Parents / Legal Guardian 獲授權人士 / 父母 / 合法監護人的資料詳情**

Must be completed by Parents / Legal Guardian if Patient aged under 18. For details, please refer to Section 7 of "Information Sheet for Patient's Data Request".
如病人未滿 18 歲，其父母 / 合法監護人必須填寫此部分。詳細資料，請參考「申請病人資料須知」第 7 部分。

English Name 英文姓名：	Chinese Name 中文姓名：
Sex 性別：　☐ M 男　☐ F 女	HKID / Passport / EEP No. 香港身份證 / 護照號碼 /通行證號碼：
Contact No. 聯絡電話：	Relationship with the Patient 與病人關係：

7.0	**Declaration & Signature 聲明及簽名**

I, the Patient or Applicant, declare that the information provided by me in this request form is accurate and complete, and that I have read and understood the contents of the "Information Sheet for Patient's Data Request." I understand that if I fail to provide the required information, or if any information provided for this request is inaccurate or incomplete, my request may be rejected.

本人，即病人或申請人，謹此聲明在本表格內所提供的資料準確無訛和完整，且本人已閱讀和明白「申請病人資料須知」的內容。本人明白倘若本人未能提供所需資料或提供不準確或不完整資料，本人之申請可能會被拒絕。

Patient's Signature *(if aged 18 or above)*
病人簽署 *(如年滿 18 歲)*：

Requestor's Signature *(if applicable)*
申請人簽署 *(如適用)*：

Date
日期：

8.0	**Acknowledgement of Receipt (For Internal Use Only) 確認簽收書（只供有關部門填寫）**

This is to acknowledge receipt of the 1st Inpatient Insurance Claim Form
以茲確認收到首份住院保險索償申請表

Name of Recipient 收件人姓名：	Remarks 備註：	
HKID / Passport / EEP No. 香港身份證 / 護照號碼 /通行證號碼：		
Signature 簽署：	Name of Staff 職員姓名：	Date 日期：