

Information Sheet for Deceased Patient's Data Request and Form

申請已故病人資料須知

- 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。
- 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。
- 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。
- 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 # 放射掃描影像# e.g.: MRI, CT, X-ray 例：磁力共振造影，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 Film(s) / Optical Disc per test (should be collected after the test within 3 months) \$200 for each additional Film; \$250 for each additional Optical Disc* 每項檢驗的首套 X 光膠片 / 影像光碟免費 (應於檢驗後的三個月內領取) 其後每張 X 光膠片額外收取\$200; 每張影像光碟* 額外收取 \$250 * One Optical Disc may contain several images. 每張影像光碟可包含多張影像	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 disposed 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，醫療報告將會被銷毀，事前不會另行通知。

6.0 Counter-signature of the requestor / 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，申請人 / 獲授權人士須在修改部份加簽。

7.0

Patient 病人	Required Supporting Documents 所須文件
7.1 Aged below 18 未滿 18 歲	<ul style="list-style-type: none"> - Photocopy of Birth Certificate of Patient (Identification & Relationship Proof) - Photocopy of HKID / Passport of Patient (if applicable) - Photocopy of HKID / Passport of Patient's Parents or Legal Guardian - Photocopy of Guardianship Order (if applicable) - Proof of Death Documents - 病人出生證明書副本〔身份及關係證明〕 - 病人香港身份證 / 護照副本 (如適用) - 病人父 / 母 / 合法監護人之香港身份證 / 護照副本 - 監護令副本 (如適用) - 死亡證明文件
7.2 Aged 18 or above 年滿 18 歲	<ul style="list-style-type: none"> - Photocopy of HKID / Passport of Patient - Photocopy of Probate Grant / Letters of Administration / Power of Attorney (if applicable) - Original or certified true copy of Patient's Authorization Letter (if applicable) - Original or certified true copy of Personal Representative's Authorization Letter (if applicable) - Photocopy of HKID of patient's Personal Representative & Authorized Person - Relationship Proof (Immediate Family Members (parent, spouse, son and daughter)) - Proof of Death Documents - 病人香港身份證 / 護照副本 - 遺囑認證授予書 / 遺產管理委任書副本 / 授權委託書副本 (如適用) - 病人授權書正本或真確副本 (如適用) - 遺產管理人授權書正本或真確副本 (如適用) - 病人遺產管理人及授權人士香港身份證 / 護照副本 - 關係證明 (直系親屬(父母、配偶及子女)) - 死亡證明文件
<i>Remarks: Other supporting documents may be required if necessary</i> 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, LG2, Block A, St. Paul's Hospital 2 Eastern Hospital Road, Causeway Bay, Hong Kong 香港銅鑼灣東院道 2 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 (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



Deceased Patient's Data Request Form 已故病人資料申請表格

Please kindly read "Information Sheet for Deceased Patient's Data Request" before completing this form

在填寫此表格前，請閱讀「申請已故病人資料須知」

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

1.0 Particulars of Data Subject 當事人的資料詳情

English Name 英文姓名：	Chinese Name 中文姓名：
Date of Birth (dd/mm/yyyy) 出生日期 (日/月/年)：	HKID No. / Passport No. 香港身份證號碼 / 護照號碼：
Contact Tel. No. 聯絡電話號碼：	Sex 性別： <input type="checkbox"/> M 男 <input type="checkbox"/> F 女
Address 住址：	Country 國家：

2.1 Nature of Data 資料性質

<input type="checkbox"/> In-patient Data 住院資料	Admission Date (dd/mm/yyyy) 入院日期 (日/月/年)：
<input type="checkbox"/> 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

<input type="checkbox"/> Investigation Report Copy (Please Specify) 檢驗報告副本 (請註明)											
<input type="checkbox"/> Medical Records Copy 病歷副本											
<input type="checkbox"/> Medical Report 醫療報告	<table border="1"> <tr> <td>Doctor's Name 醫生姓名：</td> <td>Content 內容重點：</td> </tr> <tr> <td>Doctor's Name 醫生姓名：</td> <td>Content 內容重點：</td> </tr> </table>	Doctor's Name 醫生姓名：	Content 內容重點：	Doctor's Name 醫生姓名：	Content 內容重點：						
Doctor's Name 醫生姓名：	Content 內容重點：										
Doctor's Name 醫生姓名：	Content 內容重點：										
<input type="checkbox"/> Insurance Claim Form 保險索償申請表	Doctor's Name 醫生姓名：										
<input type="checkbox"/> Immunization Record 疫苗接種紀錄											
<input type="checkbox"/> Attendance Record 到診紀錄											
<input type="checkbox"/> Birth Date & Time Confirmation 出生日期及時間証明											
<input type="checkbox"/> Radiological Image 放射掃描影像	<table border="1"> <tr> <td><input type="checkbox"/> Optical Disc 影像光碟</td> <td><input type="checkbox"/> C.T. Scanning 電腦掃描</td> <td><input type="checkbox"/> MRI 磁力共振</td> <td><input type="checkbox"/> Ultrasound 超聲波</td> <td><input type="checkbox"/> X-Ray X 光</td> </tr> <tr> <td><input type="checkbox"/> Film X 光膠片</td> <td><input type="checkbox"/> C.T. Scanning 電腦掃描</td> <td><input type="checkbox"/> MRI 磁力共振</td> <td><input type="checkbox"/> Ultrasound 超聲波</td> <td><input type="checkbox"/> X-Ray X 光</td> </tr> </table>	<input type="checkbox"/> Optical Disc 影像光碟	<input type="checkbox"/> C.T. Scanning 電腦掃描	<input type="checkbox"/> MRI 磁力共振	<input type="checkbox"/> Ultrasound 超聲波	<input type="checkbox"/> X-Ray X 光	<input type="checkbox"/> Film X 光膠片	<input type="checkbox"/> C.T. Scanning 電腦掃描	<input type="checkbox"/> MRI 磁力共振	<input type="checkbox"/> Ultrasound 超聲波	<input type="checkbox"/> X-Ray X 光
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<input type="checkbox"/> Others 其他：											

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

- | | | |
|---|---|--|
| <input type="checkbox"/> Insurance Claims
保險索償 | <input type="checkbox"/> Employee Compensation Claims
工傷索償 | <input type="checkbox"/> Legal Proceedings
法律申訴程序 |
| <input type="checkbox"/> Clinical Follow-up
醫療參考 | <input type="checkbox"/> Personal Record
個人紀錄 | <input type="checkbox"/> Others (Please Specify)
其他 (請註明)：_____ |

4.0 Payment Method 付款方法

- ☐ 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

- ☐ Collect in Person 親臨本院領取：
Collect by Requestor or Authorized Person (must be over age 18) / Parents or Legal Guardian (If Data Subject aged under 18)
由申請人或獲授權人士 (必須年滿 18 歲) / 父母或合法監護人 (如資料當事人未滿 18 歲) 到取
- ☐ Post to the address provided in Section 1 of this form
郵寄到本表格第一部分提供的地址
- ☐ Post to another address
郵寄到其他地址：

***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 Requestor (Must be completed by Requestor) 申請人的資料詳情 (申請人必須填寫此部分)

For details, please refer to Section 7 of "Information Sheet for Deceased Patient's Data Request"
詳細資料，請參考「申請已故病人資料須知」第 7 部分

English Name 英文姓名：	Chinese Name 中文姓名：
Sex 性別： <input type="checkbox"/> M 男 <input type="checkbox"/> F 女	HKID No. / Passport No. 香港身份證號碼 / 護照號碼：
Contact Tel. No. 聯絡 電話號碼：	Relationship with Data Subject 與資料當事人關係：

7.0 Authorization 授權書

I authorized the following person (authorized person must be over age 18) to collect the deceased patient's data on behalf of myself for this request
本人授權下列人士(獲授權人士須年滿十八歲) 代為領取是次申請的已故病人資料：

English Name 英文姓名：	Chinese Name 中文姓名：
Sex 性別： <input type="checkbox"/> M 男 <input type="checkbox"/> F 女	HKID No. / Passport No. 香港身份證號碼 / 護照號碼：
Contact Tel. No. 聯絡 電話號碼：	Relationship with Requestor 與申請人關係：

8.0 Declaration & Signature 聲明及簽名

I, declare as follows
本人聲明如下：

- ☐ I have applied for or I have been appointed by the Court as the personal representative or one of the personal representatives to administer the deceased's estates; **or**
本人已經向法院申請或已經被法院委任為死者的唯一或其中一位遺產代理人，管理死者之遺產；**或**
- ☐ I am entitled to be the personal representative of the deceased or I can act for and on behalf of all persons who maybe entitled to apply for the administration of the deceased's estate.
本人有權申請成為死者的遺產代理人或本人可作為及代表所有有權申請承辦死者之遺產的人士。

The personal data provided by me is accurate and complete and I have read "Information Sheet for Deceased Patient's Data Request", I understand that if I fail to provide the information required or if the information provided is inaccurate or incomplete, my request maybe rejected.

本人所提供的個人資料均為準確無訛，亦已閱讀「申請已故病人資料須知」，明白如資料錯誤或不完整，醫院將無法處理本人之申請。

Signature of Requestor 申請人簽署：

Date 日期：