香港兒童醫院
Hong Kong Children's Hospital

Hong Kong Children's Hospital
香港兒童醫院

Deceased Patient's Medical Report / Medical Records Application Form
親屬申請死者的醫療報告 / 醫療記錄表格

Personal Information Collection Statement 收集個人資料聲明

Please read the following **BEFORE** you provide any personal data to us:
在向本院提供任何個人資料**之前**，請先閱讀以下內容：

1. Purpose of Collection 收集資料的目的

The personal data collected from this form will be used by the Hospital Authority ("HA"), including public hospitals / institutions managed by HA, for the purposes of processing and responding to this application.
醫院管理局 (下稱「醫管局」)，包括由醫管局管理的公立醫院 / 醫療機構，會把表格所收集的個人資料，作為處理及回覆本申請之用。

When you provide the personal data to us, please make sure that the data is accurate and complete. If you fail to provide us with the information required or if the information provided is inaccurate or incomplete, our ability to process your application may be affected and your application may therefore be declined.
當你提供個人資料給我們時，請確保資料準確和完整。如你未能提供所需的資料，或資料不準確或不完整，我們處理是次申請的能力或會受影響，而是次申請或因此被拒絕。

2. Disclosure of Personal Data 透露個人資料

Please also note that your personal data collected may be made available to:
- appropriate persons in the HA, for the purposes of processing and responding to your application; and
- third parties where such disclosure is permitted or required by law or is in the public interest.

請留意你的個人資料可能會提供予：
- 醫管局內的適當人士，以處理及回覆本申請之目的；及
- 在法律容許或要求的情況下或出於公共利益的情況下的第三方

We will obtain your consent before using your personal data for any other purposes.
我們將會在得到你的同意後，才使用你的個人資料作為其他目的。

3. Data Access / Correction Requests 查閱 / 改正資料要求

If you wish to access / correct your personal data held by HA, you may do so under Personal Data (Privacy) Ordinance. Please contact the relevant data controller during office hours at: 3513 6258
如果你希望根據《個人資料（私隱）條例》要求查閱 / 改正醫管局持有的你的個人資料，請在辦公時間內與有關的資料控制員聯絡： 3513 6258

4. Enquiries 查詢

Enquiries concerning this application should be addressed to:
有關本申請的查詢，應送交：
Address : Patient Information Release Office, 5/F, Tower A, Hong Kong Children's Hospital, 1 Shing Cheong Road, Kowloon Bay, Kowloon, Hong Kong
地址：香港九龍九龍灣承昌道一號香港兒童醫院A座五樓病人資料發放部

Points to note 申請須知

1. Decease's Medical Report 死者醫療報告

Please complete the deceased patient's details on the claim form (if applicable) and submit it with the application form. The Hospital reserves the right to provide the medical report in its prescribed format or in your form provided. A fee of HK$1,100 per medical report per specialty will be charged, subject to a maximum of HK$4,400.
有關申請填寫保險公司發出之表格，請將已填妥死者資料之保險公司表格，連同本院之申請表格一併交回。醫院保留權利填報閣下遞交之表格，或提供另一種合適的醫療報告以供閣下備用。申請死者醫療報告之費用，每一科每一份為港幣$1,100，最高合共收取港幣$4,400。

All medical reports are issued in English. This hospital does not provide translation service.
所有醫療報告均以英文簽發，本院並不提供翻譯服務。

Fee for the issuance of reports is non-refundable, except when HA is unable or deems inappropriate to provide such reports.
除因本院未能提供醫療報告外，所有費用概不退還。

2. Decease's Medical Records 死者醫療記錄

Processing fee and reproduction charges are payable for providing a copy of the medical records under request. A processing fee of HK$100 per request, covers up to 10 pages and postage. After initial processing, we will inform requester any additional reproduction charges payable on top of the processing fee. For paper-based records whether in the form of hard copy or electronic copy, the reproduction charge for the 11th page and onward is HK$1.5 per page. For duplicate copies of ECG, EEG or radiological images (e.g., plain X-ray / CT Scan / MRI) a reproduction charge of HK$300 per modality per disc / film will apply. The release of the copy medical records will await after receipt of the further fees payable (if applicable).
要求獲得所需的醫療記錄複本，需繳付處理費及複製費。初步處理費為港幣$100，已包含不多於十頁的複製費及郵費。申請經初步處理後，本部門會通知申請人繳付處理費之外所需的影印/複製費用。紙張類記錄第十一頁及以後頁數，每頁費用為港幣$1.5。X光片、電腦掃描片、腦電圖等複製費每張造影每張光碟 / 每張底片港幣$300。本部門會於申請人繳付有關費用後，提供該資料的真確副本。

The processing fee will be refunded if the Hospital cannot ascertain whether it holds the Data Subject's personal data.
若經查核本院的紀錄，而不能確定是否持有申請人所要求的個人資料，本院將退回所繳交的處理費。

3. Remarks 備註

For request made in-person, please submit the completed application form and produce the original of documents by hand or attach the true copy of documents for vetting. Afterwards, the requester will be provided with a payment slip and shall pass the payment slip to Shroff for fee settlement at G/F, Tower B and present the receipt to Patient Information Release Office at 5/F, Tower A.
如親身遞交申請，請將已填妥的申請表格交予本院病人資料發放部及出示有關文件的正本或附上有關文件的副本，經核對後，請前往本院B座地下的繳費處繳交費用，並將收據交回本院A座五樓病人資料發放部。

For application by post, please send the completed application form and attach the true copy of documents with a crossed cheque (made payable to "Hospital Authority") of the fee to Patient Information Release Office.
如以郵遞方式申請，請將已填妥的申請表格並附上有關文件的副本連同所需費用的劃線支票 (抬頭為「醫院管理局) 寄回本院病人資料發放部。

Part 1 Particulars of Deceased
第1部 死者資料

(a) Name: _____(English) _____
姓名 Surname 姓氏 Forename 名字 (英文) Chinese 中文姓名

(b) Sex: ☐ Male ☐ Female Age: _____ Date of Birth: _____
性別 男 女 年齡 出生日期

(c) Nature of Identity Document and Number: _____
身份證明文件類別及號碼

*# **Please produce in person the original or provide a true copy of the Deceased's identity document and Death Certificate. Please attach a copy of the Deceased's birth certificate if under 18 years of age.***
請親身出示死者的身份證明文件及死亡證明書正本或提交真確副本。如死者年齡未滿十八歲，請附上其出生證明書副本。

Part 2 Nature of Application
第2部 申請性質

(a) ☐ Deceased's Medical Records 死者的醫療記錄 *(Please select the type of data under Annex 2 Part 3) (請在附件二第三部份選取所需的資料類別)*

(b) ☐ Deceased's Medical Report 死者的醫療報告

Particulars
詳情

(c) ☐ Period: from _____ to _____
期間：由 至

(d) ☐ Specialty: _____
專科

(e) ☐ Purpose (Please specify):
用途 (請註明)：

_____

_____

Part 3 Particulars of Applicant
第3部 申請人資料

Name: _____
姓名

Address: _____
地址

Tel.No.: _____
電話號碼

HKID No.: _____
身份證號碼

Relationship with the Deceased: _____
與死者關係

***Please produce in person the original or provide a true copy of the identity document of the Applicant.***
請親身出示申請人的身份證明文件正本或提交真確副本。

***Please also attach a true copy of the documentary evidence to support the relationship between the Applicant and the Deceased.***
請一併附上能證明申請人與死者之間關係的證件真確副本。

***Please complete Annex 2 Part 2 to specify the method of collection, and fill in Annex 2 Part 1 if the recipient is not the applicant.***
請於附件二第二部份填寫領取方式。如申請人並非接收人，請在附件二第一部份填寫接收人資料。

Please indicate the capacity in which you are applying for the Deceased's Medical Report / Medical Records:-
請註明你以何種身份申請死者的醫療報告 / 醫療記錄：-

☐ I am an executor with grant of probate *[please refer to Part 4(a)]*
本人是遺囑執行人 (獲授予遺囑認證書) [*請參閱第4(a)部]*

☐ I am an executor appointed by the deceased's last valid will but without grant of probate *[please refer to Part 4(b)]*
本人是死者最後有效遺囑委任之遺囑執行人 (無授予遺囑認證書) [*請參閱第4(b)部]*

☐ I am appointed as an administrator by letters of administration *[please refer to Part 4(c)]*
本人獲遺產管理書委任為遺產管理人 *[請參閱第4(c)部]*

☐ I am a direct relative[1] of the Deceased who has a beneficial interest in the estate of the Deceased, and I have applied or intend to apply to the court to be appointed as administrator of the Deceased's estate *[please refer to Part 5(a)]*
本人是死者的直系親屬[1]，對死者遺產有實益權益，並已向法院申請或打算向法院申請成為死者的遺產管理人 *[請參閱第5(a)部]*

☐ I am **not** a direct relative of the Deceased but another person who is direct relative of the Deceased, and has a beneficial interest in the estate of the Deceased, has applied or intends to apply to the court to be appointed as administrator of the Deceased's estate *[please refer to Part 5(b)]*
本人**不是**死者的直系親屬，然而另一名死者的直系親屬，對死者遺產有實益權益 (下稱「該名人士」)，且該名人士已向法院申請或打算向法院申請成為死者的遺產管理人 *[請參閱第5(b)部]*

☐ None of the above *[please refer to Part 5(c)]*
以上皆不是 *[請參閱第5(c)部]*

Note 1 Including the following which is set out in descending order of priority in terms of being appointed as administrator: (i) the surviving spouse, (ii) children (or, if applicable, children of any child of the Deceased who died before the Deceased), (iii) parents, (iv) siblings (or, if applicable, children of any sibling of the Deceased who died before the Deceased), (v) grandparents, (vi) uncles and aunts (or, if applicable, children of any uncle or aunt of the Deceased who died before the Deceased) of the Deceased.

註 1 包括以下人士，按其獲委任為遺產管理人的優先次序由高至低排列：(i) 尚存配偶，(ii) 子女 (或死者去世之前的任何已故子女的子女，如適用)，(iii) 父母，(iv) 兄弟姊妹 (或死者的任何已故兄弟姊妹的子女，如適用)，(v) 祖父母，(vi) 叔伯舅父及姑媽姨媽 (或死者去世之前的任何已故叔伯舅父及姑媽姨媽的子女，如適用)。

Part 4 With a Personal Representative[2]
第4部 適用於有遺產代理人[2]

Please attach any one of (a) to (c) below as the case may be:
請按適用情況而夾附以下 (a) 至 (c) 中的任何一項：

(a) a copy of the grant of probate and the original written consent by the executor named in the grant of probate; or
遺囑認證授予書副本以及該遺囑認證授予書所指定的遺囑執行人的書面同意正本；或

(b) a copy of all relevant paragraphs of the last valid will of the Deceased showing that an executor is appointed under that will and the original written consent by the executor so appointed and your written confirmation that the copy provided is of the Deceased's last valid will and, to the best of your knowledge, there is no dispute regarding the appointment of that executor; or
死者的最後有效遺囑所有相關段落的副本以顯示該遺囑委任了遺囑執行人，以及該遺囑執行人的書面同意正本，並附上你的書面確認，證明所提供的副本為死者的最後有效遺囑，且據你的認知，對於該遺囑執行人的委任不存在任何爭議；或

(c) copy of the letters of administration and the original written consent by the administrator named in such letters of administration.
遺產管理書副本以及該管理書指定為遺產管理人的書面同意正本。

Part 5 Without a Personal Representative
第5部 適用於沒有遺產代理人

Please attach the documents required under scenarios (a) or (b) or (c) as the case may be:
請按 (a) 或 (b) 或 (c) 項所適用的情況而夾附下列文件：

(a) If you are a direct relative of the Deceased who have applied or intend to apply to administer the Deceased's estate:-
如你是死者的直系親屬，並 已申請或打算申請管理死者的遺產：-

Please provide (i) and (ii) below:
請提供下列 (i) 及 (ii) 項:

i. your written consent to the disclosure; and
你就相關披露的書面同意；以及

ii. a written confirmation made by you in the form as set out in Annex 1.
你按附件一形式所作出的書面確認。

(b) If you are **not** a direct relative of the Deceased but the Deceased's direct relative has applied or intends to apply to administer the Deceased's estate:-
如你**不是**死者的直系親屬，但死者的直系親屬已申請或打算申請管理死者的遺產：-

Please provide (i) to (iv) below:
請提供下列 (i) 至 (iv) 項：

i. a written consent by the direct relative to the disclosure;
死者直系親屬就相關披露的書面同意；

ii. a written confirmation made by the direct relative in the form as set out in Annex 1;
死者直系親屬按附件一形式所作出的書面確認；

Note 2 Personal Representative means a person who is (i) recognised as an executor by a grant of probate; (ii) appointed as an executor under the deceased patient's last valid will but not yet recognised by a grant of probate; or (iii) appointed as an administrator by letters of administration.

註 2 遺產代理人是指 (i) 被遺囑認證授予書認可為遺囑執行人的人；(ii) 依已故病人的最後有效遺囑被委任為遺囑執行人，但尚未授予遺囑認證的人；或 (iii) 透過遺產管理書委任為遺產管理人的人。

iii. produce in person the original or provide a true copy of the identity document of the direct relative; and
親自出示其直系親屬的身份證明文件正本或提交真確副本；以及

iv. a copy of the documentary evidence to support the relationship between the direct relative and the Deceased.
可證明死者與其直系親屬關係的文件副本。

(c) If scenarios (a) and (b) above are not applicable, please provide:
如上述 (a) 及 (b) 項情況並不適用，請提供：

i. written consents to the disclosure from every person who could potentially be involved in a dispute regarding the Deceased's estate, which should include:
每位可能涉及死者遺產爭議人士就相關披露的書面同意，該類人士應包括：
- ***every direct relative of the Deceased;***
死者的每一位直系親屬；
- ***any other person who is appointed in the Deceased's will as an executor, or otherwise claims to be so appointed; and***
任何在死者的遺囑中被委任為遺囑執行人或以其他方式聲稱被委任為遺囑執行人的人士；以及
- ***any other person who has applied or intends to apply to court to be appointed as administrator of the Deceased's estate;***
- ***任何已申請或打算申請成為死者遺產管理人的人士；***

ii. a written confirmation that, to the best of the knowledge of the Applicant, there is no other person in the above categories whose consent has not been obtained;
盡申請人所知，並沒有未向上述類別人士徵求其同意的書面確認；

iii. produce in person the original or provide a true copy of the identity document of each of the persons under item (i); and
親自出示項目 (i) 各人的身分證明文件正本或提交真確副本；以及

iv. a copy of the documentary evidence to support the relationship between each of the persons under item (i) and the Deceased.
可證明死者與項目 (i)各人關係的文件副本。

Consent & Declaration 同意及聲明

I, the Applicant, understand and agree that the hospital reserves the right to decline the application notwithstanding the above unless and until I obtain a court order under Order 24 Rule 7A of the Rules of the High Court (Cap 4A) and section 42 of the High Court Ordinance (Cap 4), or Order 24 Rule 7A of the Rules of the District Court (Cap 336H) and section 47B of the District Court Ordinance (Cap 336) requiring disclosure of the deceased's medical records or medical reports.

I, the Applicant, declare that the information given in this form is true, correct and complete to the best of my knowledge, information and belief.

本人明白及同意儘管上述情況，醫院可以保留權利拒絕處理是次申請。除非及直至本人已獲得根據《高等法院規則》(第4A章) 第24號命令第7A條規則及《高等法院條例》(第4章) 第42條，或根據《區域法院規則》(第336H章) 第24號命令第7A條規則及《區域法院條例》(第336章) 第47B條法庭命令要求醫院披露死者之醫療紀錄 / 報告。

本人現聲明據本人所知、所悉及所信，本表格內所填報的一切資料，均屬真實、正確及並無遺漏。

Date: _____ Signature of the Applicant: _____
日期 申請人簽署

Annex 1
附件一

WRITTEN CONFIRMATION 書面確認書

I, _____, of _____ ,hereby confirm that:
[full name] *[address]*
本人_____，現居於 _____，特此確認：
[中文全名] *[地址]*

(a) I am the _____ of _____(the "**Deceased**");
[relationship – e.g. spouse, child, etc.] *[full name of the deceased]*
本人是_____ (下稱「**死者**」) 的_____*；*
[死者的中文全名] *[關係 – 例如：配偶，子女等]*

(b) I have a beneficial interest in the Deceased's estate;
本人對死者遺產有實益權益；

(c) to the best of my knowledge, the Deceased's estate has no personal representative appointed within the meaning of the Probate and Administration Ordinance;
盡本人所知，死者的遺產沒有委任《遺囑認證及遺產管理條例》定義下的遺產代理人；

(d) I *[have applied / intend to apply]* to the court to be appointed as administrator of the Deceased's estate;
本人 *[已向法庭申請 / 打算向法庭申請]* 成為死者的遺產管理人；

(e) to the best of my knowledge, there are no other direct relatives of the Deceased who have a higher priority to be appointed as administrator of the Deceased's estate under Rule 21 of the Non-Contentious Probate Rules applying or intending to apply as administrator; and
盡本人所知，按《無爭議遺囑認證規則》第21條所訂明的優先次序，死者沒有其他擁有更高優先權而可被委任成為死者遺產管理人的直系親屬申請或打算申請成為遺產管理人；以及

(f) to the best of my belief, there will be no objection or dispute from any other person regarding my appointment as administrator of the Deceased's estate.
盡本人所信，沒有任何人將對本人委任為死者的遺產管理人作出反對或提出爭議。

AND I declare that the information given in this confirmation is true, correct and complete to the best of my knowledge, information and belief.

本人現聲明據本人所知、所悉及所信，本確認書內所填報的一切資料，均屬真實、正確及並無遺漏。

Date: _____ Signature of the Declarant: _____
日期 聲明人簽署

Annex 2
附件二

SUPPLEMENTARY 補充資料

1. Particulars of Recipient 接收人資料

(To be completed if recipient is other than the Applicant 如申請人為接收人，此項不須填寫)

Name: _____
姓名

Address: _____
地址

Tel.No.: _____
電話號碼

HKID No.: _____
身份證號碼

\# ***Please attach a copy of the identity document of the recipient to whom this report / medical record is to be sent if not the requester him / herself. The authorized recipient when collecting the information should produce identity proof and authorization letter (signed by the requester) for verification by staff. If the recipient is a limited company such as an insurance company, copy of the identity document is not required when submitting the request form. Company staff should produce documentary proof when they collect the information on behalf of the company.***
如果此醫療報告 / 醫療記錄複本非由申請人本人接收，請附上接收人的身份證明文件副本。接收人到取死者的病歷資料須出示身份證明文件及由申請人發出的授權書，以便職員核對資料。如若接收人為一有限公司 (如保險公司) 則提交申請表時不用附上接收人的身份證明文件副本。接收人代表公司到取死者的病歷資料時須出示証明文件。

2. Method of collection 領取方式

The requested medical report / copy of medical records would be sent by **registered mail** unless requester check the following box
除非申請人選擇以下領取醫療報告 / 醫療記錄複本的方式，否則申請人所要求的報告將會以**掛號郵件**寄出。

☐ Collect the requested item in person. Please inform me / recipient when the report is ready for collection.
到取所要求的資料，請在可以領取報告時通知申請人 / 接收人。

3. Type of Data 資料類別

(Please select the type of data for Deceased's Medical Records application 如申請死者的醫療記錄，請在下表選取資料類別)

☐ Hospitalization Record 住院記錄	☐ Out-patient Record 覆診記錄			
☐ Laboratory Result 化驗結果	☐ Discharge Summary 出院撮要			
☐ X-Ray X光	☐ Report 報告	☐ Film 底片	☐ Disc 光碟	
☐ Computed Tomography (CT) Examination 電腦掃描檢驗	☐ Report 報告	☐ Film 底片	☐ Disc 光碟	
☐ Magnetic Resonance Imaging (MRI) 磁力共振掃描造影	☐ Report 報告	☐ Film 底片	☐ Disc 光碟	
☐ Others, please specify 其他 (請註明) _____				

Date: _____ 日期

Signature of the Applicant: _____ 申請人簽署

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死者的證件號碼已經核對 * 香港身份證/護照/出生證明書/死亡證明書	*正本 / 副本	☐ 已收集副本
申請人的證件號碼已經核對 * 香港身份證/護照	*正本 / 副本	☐ Checked by: