

KWAI CHUNG HOSPITAL 葵涌醫院

Information Sheet for Deceased Patient's Medical Records

親屬申請死者醫療紀錄副本須知

<p>(1) Documents to be presented or submitted together with the completed application: 與填妥的申請表一併出示或提交之文件:</p> <ul style="list-style-type: none">▪ Please produce the Original or provide a true copy of the Deceased's identity document and Death Certificate. Please attached a copy of the Deceased's birth certificate if under 18 years of age. 請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，請附同其出生證明書副本。▪ Please produce the Original or provide a true copy of the Applicant's Identity document and attach a true copy of documentary evidence to support the relationship with the Deceased. 請出示申請人的身份證明文件正本或提交真確副本，並附上與死者關係的證明文件真確副本。▪ Probate or Letter of Administration 遺囑認證或遺產承辦書
<p>(2) Charges 收費:</p> <p>The charge includes a processing fee of HK\$76 and a reproduction charge for paper based records or radiological images. 收費包括處理費港幣 76 元及醫療紀錄副本/X 光片複本的複製費。</p> <p>Payment can be paid by cheque or cash 以支票或現金付款:</p> <p>By Cheque: Crossed Cheque payable to "HOSPITAL AUTHORITY" 支票付款: 劃線支票, 抬頭人為 "醫院管理局"</p> <p>By Cash: Please pay at the Shroff Office at 1/F Block L, Kwai Chung Hospital. 繳付現金: 請往葵涌醫院 L 座 1 樓 繳費處</p> <p>The processing fee is non-refundable except for unsuccessful location or retrieval of the medical records and/or X-ray films. 除本院未能提供醫療紀錄副本及/或 X 光片複本外, 所繳付之處理費, 概不發還。</p>
<p>(3) Timing 需時: Under normal circumstances, the processing time is about 4 to 6 weeks. 一般情況下, 處理需時 4 至 6 星期。</p> <p>If the total cost payable exceeds the processing fee HK\$76, our hospital will notify the applicant to settle the estimated cost and the copy data will be released after the residual cost is cleared. 如所需費用超出處理費港幣 76 元, 本院會先以書面通知申請人繳交預計複印資料費用, 而餘款亦須於資料發放前繳清。</p> <p>The duplicate medical records and the receipt (if applicable) will be sent by registered mail directly to the applicant. For duplicate X-ray films, applicant is required to collect in person. 所有醫療紀錄副本, 院方會連同收據(如適用者)以掛號郵件郵寄予申請人。如申請 X 光片複本, 申請人需要親自到本院領取。</p>
<p>(4) The completed application form can be submitted by hand or by post 填妥申請表後, 請遞交或郵寄本院:</p> <p>Address: Health Information and Records Department, 1/F, Kwai Chung Hospital Day Recovery Centre 地址: 葵涌醫院日間復元中心 1 樓 醫療資訊及紀錄部</p> <p>Office Hours: Monday - Friday: 9:00 am to 1:00 pm and 2:00 pm to 5:15 pm Saturday, Sunday, Public Holiday: Closed 辦公時間 星期一至五: 上午 9 時至下午 1 時 及 下午 2 時至 5 時 15 分 星期六、日及公眾假期: 休息</p> <p>For any enquiry, please feel free to contact 2959 8028 如有任何查詢, 請致電 2959 8028。</p>

Scale of Fees (Applicable from 18 June 2017)

收費表 (2017 年 6 月 18 日開始適用)

Processing fee: 處理費:	HK\$76 per request (inclusive of reproduction charge for not more than 10 pages and postage) 每次 76 元 (已包含不多於十頁的複製費及郵費)
Reproduction charge for the 11 th page and onward: 第十一頁及以後頁數的複製費:	HK\$1 per page 每頁 1 元
Reproduction charge for ECG, EEG or X-ray Film etc: X 光片、電腦掃描片、腦電圖等複製費:	HK\$230 per modality per disc HK\$230 per film 每種造影每張光碟 230 元 每張底片 230 元

KWAI CHUNG HOSPITAL 葵涌醫院
Deceased Patient's Medical Records Application Form
親屬申請死者醫療紀錄副本表格

For official use only:

<input type="checkbox"/> Applicant signed	<input type="checkbox"/> Applicant HKID checked
<input type="checkbox"/> Relationship proved	<input type="checkbox"/> Deceased HKID checked
<input type="checkbox"/> Deceased BC checked (<18)	
<input type="checkbox"/> Paid by Cash	<input type="checkbox"/> Paid by cheque

Checked by _____ Date _____

Ref. No.: _____

(Please tick the appropriate box. 請在適當空格上加上✓號)

1. Details of the Deceased Patient 死者資料:

- (a) Name: _____ (_____)
姓名 Surname 姓氏 Forename 名字 Chinese 中文姓名
- (b) Sex: Male Female (c) Age: _____ (d) Date of Birth: _____
性別 男 女 年齡 出生日期
- (e) HKID Card No.: _____ Passport No./Other No.: _____
香港身份證號碼 護照號碼/其他號碼

Please produce the Original or provide a true copy of the Deceased's identity document and Death Certificate. Please attached a copy of the Deceased's birth certificate if under 18 years of age.
請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，請附同其出生證明書副本。

2. Data Requested 所需索取的資料:

- (a) In Patient Records Out Patient Records Allied Health Records (please specify)
入院紀錄 門診紀錄 專職醫療紀錄 (請註明)

Period 期間: from 由 _____ to 至 _____

- (b) Purpose (please specify) 用途(請註明):

- (c) Mode of Collection 領取方式:

The requested medical records would be sent to you by registered mail unless you check the following box 除非你選擇以下的領取方式，否則你所要求的醫療紀錄副本將會以掛號郵件寄出:

- collect the requested medical records 親自領取醫療紀錄副本
 others, please specify 其他(請註明) _____

3. Details of the Applicant 申請人詳情:

Name of Applicant: _____ Relationship with Deceased: _____
申請人姓名 與死者關係

HKID Card No.: _____ OR Passport No./Other No.: _____
香港身份證號碼 或 護照號碼/其他號碼

Address: _____
地址

Daytime Telephone No.: _____ Other Contact Telephone No.: _____
日間聯絡電話號碼 其他聯絡電話號碼

Please produce the Original or provide a true copy of the Applicant's Identity document and attach a true copy of documentary evidence to support the relationship with the Deceased.
請出示申請人的身份證明文件正本或提交真確副本，並附上與死者關係的證明文件真確副本。

4. Declaration and Signatures 聲明及簽署:

I, the Applicant, declare as follows 本申請人現聲明如下:

- 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 estate.
本人已經向法庭申請或已經被法庭委任為死者的唯一或其中一位遺產代理人，管理死者的遺產。
- I am entitled to be the personal representative of the Deceased OR I can act for and on behalf of all persons who may 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的遺產的人士。

Signature of Applicant 申請人簽署

Date 日期