



聖德肋撒醫院
ST. TERESA'S HOSPITAL

醫療報告申請表格
Medical Report Application Form

[請在適當方格填上✓號] (Please ✓ in the appropriate box)]

Part A. 病人個人資料 Particulars of Patient

英文姓名(English Name):.....中文姓名(Chinese Name):

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

香港身份證號碼 / 國家護照號碼(HKID/Passport No.):.....

地址(Address):.....

SMS 短訊 / WhatsApp 手提電話號碼 (Mobile No.):.....

所需資料查閱的期間(For the period):

領取方式(Collect method):

親身/授權第三者到取(In-person or authorized person)

透過電郵領取 (Collect by Email)

電郵地址(Email Address):.....

\$50-掛號費 (\$50-Registered post)

Section B(i) to B (ii) to be completed if this request is made by a person other than the patient

**Part B (i) 申請人資料 Particulars and Capacity of the Applicant (如病人為申請人本人則不需填寫
if applicant is the patient then not necessary to fill in this Part)**

英文姓名(English Name):.....中文姓名(Chinese Name):

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

香港身份證號碼 / 國家護照號碼(HKID/Passport No.):.....

SMS 短訊 / WhatsApp 手提電話號碼 (Mobile No.):.....

Part B (ii) 授權 Authority

本人經以下途徑已取得病人授權作此申請: (請在適當的方格填上 ✓ 號)

I am authorised to make this request by reason of the following: (Please tick ✓ the appropriate box)

- 本人已取得病人書面授權代為作出此申請(請連同病人的授權同意書之副本以及身份證副本一起提交)。

I am authorised in writing by the patient to make this request on his/her behalf (please enclose a copy of the written authorisation and Hong Kong Identity card copy).

- 病人是未成年人士(十八歲以下)而本人為病人的父母或合法監護人(請連同病人的出生證明書或法定管養權證明書之副本一起提交)。

The patient is a minor (below the age of 18) and I have parental responsibility over the patient (please enclose copy of the patient's birth certificate or legal custody paper).

- 病人無能力處理本身事務而本人已經被法庭委任處理其事務(請連同有關法庭命令之副本一起提交)。

The patient is incapable of managing his/her own affairs and I have been appointed by a court to manage those affairs (please enclose a copy of the relevant Court Order).

- 根據精神健康條例第 136 章第 2 條,病人是精神上無行為能力而本人已被法庭委任為其監護人(請連同有關監護令之副本一起提交)。

The patient is mentally incapacitated within the meaning of section 2 of the Mental Health Ordinance (Cap. 136) and I have been appointed to be his/her guardian (please enclose a copy of the relevant Guardianship Order).

Part C. 申請原因 Reason for Application

- 購買保險(Buy Insurance)
- 保險索償(Insurance Claims)
- 法律申訴(Legal Proceeding)
- 醫療參考(Clinical Follow-up)
- 個人記錄(Personal Record)
- 其他-請註明 (Others-Please specify):.....

Part D. 申請項目 The Requested Records [可選多項]

- 醫療報告 (Medical Report)
 - 保險公司問卷 (Insurance Questionnaire /APS)
 - 醫生信/補充資料 (Doctor Letter / Supplementary Information) _____
- ** 請註明醫生 (Please specify Doctor): _____
- 物理治療師報告 (Physiotherapist Report)

Part E. 進一步資料及付款 Further Information and Payment

本人明白在處理有關申請之前，本人須先提供：
I understand that before complying with this request, you require me to provide:

- (a) 本人身份證明文件 (proof of my identity);
- (b) 如本人代表病人作出申請，病人之身份證明文件和病人已簽署之授權文件須一併提供(請見 B(ii) (proof of the patient's identity if I am making this request on behalf of the patient and further proof of authority for making this application specified in section B (ii) above);
- (c) 進一步資料(如有需要)以便院方翻查有關記錄(such further information as may be reasonably required for the Hospital to locate the requested records); and
- (d) 繳交應付費用 (payment of a fee charged).

Part F. 簽署 Signature

本人謹此聲明在本申請表格內所提供的資料準確無訛。本人已閱讀本申請表之附件『病人申請醫療資料須知』及明白其內容。

I declare that the information given in this Application Form is true and accurate. I have read and understand the contents of the "Notes of Application/Information" attached to this Application Form.

日期(Date) 簽署(Signature):.....
(病人/代表病人之有關人士)
(Patient/ Relevant Person on behalf of the patient)

只供有關部門填寫 (For Office Use Only)

- Applicant's ID checked Relationship/ authority checked
- Charges:\$Dr.\$Dr. Code:
- Status: Paid Payment Received: Cashier/Kiosk Cheque Transfer
- Status: Unpaid Date of Notification: 1. 2.
- Notice Applicant Date:Checked by: Waive by.....

NOTES OF APPLICATION OF MEDICAL REPORT

1. Please complete this Form in Chinese or in English. The hospital may refuse to comply with your request if your request is not made in either language.
2. Applicant must complete this Form and submit the original to Medical Record Office together with supporting documentation in person during opening hour or by mail. In case of any dispute, hospital reserves the rights for final decision.
3. It is important that you specify in this Form clearly and in detail the records that you request. The hospital may refuse to comply with your request if you have not supplied it with such information as it may reasonably require to locate the requested records. If you supply any false or misleading information in this Form for the purpose of having the Hospital comply with your request, you may be liable for committing an offence.
4. Failure to provide the Hospital with the requested identification or other supporting documentation may result in the data access request being refused.
5. The Hospital will charge a fee for complying with your request. The payment arrangement details as follow:

Method 1. Cash, payment in Hong Kong dollar only during office hour.
Method 2. Cheque, properly crossed and payable to “St. Teresa’s Hospital”.
Method 3. Bank Transfer, please contact our Medical Record Office for details.
6. Compliance with a data access request may be refused unless and until any such fee has been paid.
7. We regret that we would not handle medical report for patients under the care of our visiting doctors. Please contact the attending doctors directly.
8. Fees paid for medical reports may not be refunded if the application is withdrawn after the reports are prepared.
9. The applicant must provide identity document specified in **Part E** and supporting documentation in **Part B(ii)** of the Form if the application is made by another person other than the patient.
10. Under no circumstance will any records be released without prior consent from the patient or before the hospital has verified the identity of the *person other than the patient* making the request with all relevant supporting documentation in **Part B(ii) and / or Part E** of this Form
11. All medical reports are written in English. The hospital does not provide translation services.
12. Pursuant to the Personal Data (Privacy) Ordinance (Chapter 486) the hospital shall comply with a data access request not later than 40 days after receiving the request.
13. If you have any queries, please contact our Medical Record Office at:

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|------------------------|--|
| Telephone Direct Line: | (852) 2200 3434 Ext 697/ (852) 2200 3179 |
| Fax: | (852) 2200 3199 |
| WhatsApp : | (852) 9856 2033 (Enquiry Only) |
| E-mail address: | recordoffice@sth.org.hk |
| Office Hours | Monday to Friday 8:00 am to 6:00 pm Saturday, Sunday and Public Holidays 8:00 am to 4:00 pm |

- * Except with the prescribed consent of the individual concerned, the personal data provided in this Form will be used for the purpose of processing this data access request and other directly related purposes only.
- * The above detail will be subject to amendment without prior notice.

申請病人之醫療資料須知

1. 申請人必須以中文或英文填寫本表格。如本表格並非以中文或英文填寫，本院有權拒絕處理有關申請。
2. 申請人必須完成本表格，並將表格正本及所需的證明文件親身遞交或郵寄到本院之醫療記錄室。如有任何爭議，本院將保留最終決定權。
3. 請必須於表格內清楚地描述申請人所需的記錄。假如申請人無法提供本院需要用作翻查醫療記錄的有關資料，本院將保留拒絕接受其申請的權利。如申請人因任何理由故意地提供虛假或具誤導性的資料，申請人將可能受到刑事檢控。
4. 如申請人未能提供本院要求的證明文件或所需文件，申請人的查閱資料申請可能會被拒絕。
5. 就處理申請人的要求，本院將收取有關費用。方法如下：
方法一：現金 (在辦公時間到本院繳交)
方法二：郵寄支票，劃線支票抬頭寫上「聖德肋撒醫院」
方法三：轉帳 (詳情請與醫療記錄室聯絡)
6. 假若本院未能收到相關費用前，申請人提出的申請將可能不獲處理
7. 本院只負責處理駐院醫生填寫醫療報告。若非駐院醫生，請自行與醫生聯絡。不便之處，敬請見諒。
8. 如申請人在本院已處理其申請的醫療報告後才撤銷申請，本院可能不會發還有關費用。
9. 若申請人非病者本人，申請人遞交申請表時必須提交 Part E 和 Part B (ii) 內提及的所需證明文件。
10. 在任何情況下，本院在取得病人授權或核實第三方申請人所提交的相關支持文件(Part B (ii) 和/或 Part E) 前均不會向第三方發放任何有關病人的醫療報告。
11. 所有醫療報告均以英文簽發，本院不會提供翻譯服務。
12. 根據香港個人資料私隱專員公署第 486 章個人資料（私隱）條例的指引，本院會在收到有關申請後的 40 天內處理。
13. 如有任何查詢，請與本院之醫療記錄室聯絡：

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| 直線電話: | (852) 2200 3434 | 內線 697/ (852) 2200 3179 |
| 傳真: | (852) 2200 3199 | |
| WhatsApp : | (852) 9856 2033 (只限訊息回覆) | |
| 電郵: | recordoffice@sth.org.hk | |
| 辦公時間: | 星期一至五 | 早上八時至下午六時 |
| | 星期六、日及公眾假期 | 早上八時至下午四時 |

*除非得到有關人士的許可，否則於申請表上所提供的個人資料僅供本院處理有關申請之用。

*本院會隨時修訂上述資料，不作另行通知。