



(Except with the consent of the individual concerned, the personal data collected in this Form will be used for the purpose of processing this medical report / data access request and other directly related purposes only.)

(除獲有關個人的同意外，本表格收集的個人資料只可用於處理此項醫療報告/查閱資料要求申請及其他與之直接有關的目的。)

For Official Use Only

Applicant's ID checked Yes
Relationship proof checked Yes
Charges \$ _____
Handling Staff _____
SMS _____

Section 1 第一部份 (This Section Must be Completed) (此部份必須填寫)

1. Details of the Patient 病人詳情

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

(b) Sex 性別: Male 男 / Female 女 (c) Hospital No. 醫院編號: _____

(d) Age 年齡: under 18 years of age 未滿十八歲 18 years of age or over 十八歲或以上

(e) # HKID Card No. 香港身份證號碼: _____ / Passport No. 護照號碼: _____ /

Other Identity Document No. 其他證件號碼: _____

(f) Address 地址: _____

(g) Daytime Telephone Number 日間聯絡電話號碼: _____

Please produce in person the original or provide a true copy of the identity document when submitting this application form to our hospital. 請向本院提交本申請表格時，親身出示病人的證件正本或提交真確副本。

2. Details of the Requested Data 要求資料詳情

a) Requested Item 申請項目

Item 項目	Period 期間
<input type="checkbox"/> Hospitalization Record 住院記錄	_____
<input type="checkbox"/> Outpatient Record 門診記錄	_____
<input type="checkbox"/> Laboratory Result 化驗報告	_____
<input type="checkbox"/> Radiology Report 放射性治療報告	
<input type="checkbox"/> Plain X-ray 普通 X-光片照射 <input type="checkbox"/> C.T. Scan 電腦掃描	
<input type="checkbox"/> MRI 磁力共振 <input type="checkbox"/> Ultrasound 超聲波	_____
<input type="checkbox"/> X-ray Film Copy X-光片複本 (film 片 / disc 碟)	
<input type="checkbox"/> Plain X-ray 普通 X-光片照射 <input type="checkbox"/> C.T. Scan 電腦掃描	
<input type="checkbox"/> MRI 磁力共振 <input type="checkbox"/> Ultrasound 超聲波	_____
<input type="checkbox"/> Medical Report 醫療報告	
<small>(A minimum charge of HK\$720 per medical report and subject to the type and complexities of the request. 每份報告最低收費為港幣\$720，按所屬類別及專科而定。)</small>	
<input type="checkbox"/> Attendance Record 到診記錄	_____
<input type="checkbox"/> #Birth Record 出生記錄	_____
<input type="checkbox"/> #Birth Date & Time 出生日期及時間	_____
<input type="checkbox"/> #Newborn Immunization Record 初生免疫注射記錄(針咭)	_____
<input type="checkbox"/> Endoscopy Video Recordings 內視鏡錄像	_____
<input type="checkbox"/> Others 其他 (Please Specify 請註明)	_____

Please produce in person the original or provide a true copy of the birth certificate when submitting this application form to our hospital. 請向本院提交本申請表格時，親身出示病人的出生證明書正本或提交真確副本。

b) Reason for Request 申請原因

- Insurance Claim 申索保險賠償 Future Medical Purposes 日後醫療用途
 Employee Compensation Claims 申索工傷賠償 Legal Proceeding 法律申訴程序
 Others 其他 (Please Specify 請註明) _____

Section 2 第二部份 (To be completed if a Relevant Person Applies for Access on behalf of the Patient Referred to in Section 1 or an Applicant Applies for the information of a Deceased Patient) (如果本申請乃由有關人士代表第一部份所註明的病人提出或申請人申請有關已故病人的資料，則須填寫此部份)

1. **Details of the Relevant Person / Applicant 有關人士/申請人詳情**

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

(b) Sex 性別: Male 男 / Female 女

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

(d) Address 地址: _____

(e) Daytime Telephone Number 日間聯絡電話號碼 : _____

Please produce in person the original or provide a true copy of the identity document of the Relevant Person/Applicant when submitting this application. 在向本院提交本申請表格時，請親身出示有關人士/申請人的身份證明文件正本或提交真確副本。

2. **# Relationship between the Relevant Person and the Patient 有關人士與病人的關係**

(To be completed if a Relevant Person Applies for Access on behalf of the Patient Referred to in Section 1)
(如果本申請乃由有關人士代表第一部份所註明的病人提出，則須填寫此部份)

- EITHER (a) The Relevant Person has parental responsibility for the Patient who is under age 18;
請選擇 病人年齡未滿十八歲，而有關人士對病人有父母責任；
- OR (b) The Relevant Person has been duly authorized by the Patient to submit this and to collect
或 the Requested Data on behalf of the Patient;
有關人士獲病人授權提交本申請，以及代其領取要求資料；
- OR (c) The Patient is incapable of managing his own affairs and the Relevant Person has been
或 appointed by a court to manage those affairs.
病人無能力管理本身事務，有關人士獲法院任命管理該等事務。
- OR (d) The Patient is mentally incapacitated within the meaning of section 2 of the Mental Health
或 Ordinance (Cap. 136), and :-
病人屬《精神健康條例》(第 136 章) 第 2 條所指的精神上無行為能力，而：
- (i) The Relevant Person has been appointed under section 44A, 59O or 59Q of that Ordinance to be the Patient's guardian; or
有關人士根據該條例第44A、59O、59Q條獲委任擔任病人的監護人；或
- (ii) The Relevant Person has been vested the guardianship of the Patient or the Relevant Person has to perform the functions of the appointed guardian under section 44B(2A) or (2B) or 59T(1) or (2) of that Ordinance
有關人士根據該條例第44B(2A)或(2B)或59T(1)或(2)條獲轉歸病人的監護，或執行病人的監護人的職能

Please also provide a true copy of the documentary evidence to support the relationship between the Relevant Person and the Patient.
請一併提供能證明有關人士與病人之間關係的證件真確副本。



3. # Relationship between the Applicant and the Deceased Patient 申請人與已故病人的關係

(To be completed if an Applicant Applies for the information of a Deceased Patient) (如果本申請乃由申請人申請有關已故病人的資料，則須填寫此部份)

Relationship with the Deceased: _____
與死者關係

Please also provide 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。

Section 3 第三部份

Declaration and Signatures 聲明及簽署：

WHERE applicable. The Patient has irrevocably authorized the Relevant Person to deal with this application and to collect the Requested Data on behalf of the Patient. The Patient and (where appropriate) the Relevant Person understand and agree that all applicable fees listed in the Scale of Fees have to be paid prior to collection of the Requested Data.

在適用情況下，病人已向有關人士發出不可撤銷授權，准許其代表病人處理本申請及領取要求資料。病人及有關人士（如適用者）明瞭及同意需先繳交所有列於收費表內適用的收費後，才可領取要求資料。

The Patient and (where appropriate) the Relevant Person declare that the information given in this application form is accurate.

病人及有關人士(如適用者)謹此聲明在本申請表格內提供的資料準確無訛。

Signature of the Patient : _____ Date: _____
病人簽署 日期

If application by Relevant Person: 若由有關人士提交申請

Signature of Relevant Person (if applicable) : _____ Date : _____
有關人士簽署(如適用者) 日期

If application by Applicant for a Deceased Patient: 若由申請人申請已故病人的資料

I, the Applicant, declare as follows: (Please tick the appropriate box)
本申請人現聲明如下: (請在適當空格上加上「✓」號)

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 be 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 the Applicant: _____ Date: _____
申請人簽署 日期



1. For the “Scale of Fees” of a Copy Data Request for the Supply of Personal Data or Medical Report Application, please refer to “Medical Report / Patient’s Information Application Fee”.
有關申請「資料複本要求」及「醫療報告」的收費請參閱「醫療報告及病人資料申請費用」。
2. All medical reports are written in English. No translation service is provided in our hospital.
所有醫療報告均用英文書寫，本院並沒有提供翻譯服務。
3. The original or true copy of all relevant supporting documents of the patient and concerned parties should be presented for record and verification of identity. The supporting documents include:
 - ✓ Identity Document
 - ✓ Birth Certificate or Legal Custody Paper (if patient is under 18)病人及有關人士必須出示有關證明文件正本或真確副本，以作資料記錄及核實身份，文件包括：
 - ✓ 身份證明文件
 - ✓ 出生證明書或法定管養權證明書(若病人是十八歲以下)
4. Applicant should obtain patient’s consent for medical report / data access request.
申請人須取得病人的同意書或授權書，方可申請有關病人的醫療報告及病人資料。
5. Consent of patient’s parent / guardian should be obtained whereas the patient is under 18 years of age.
十八歲以下病人申請醫療報告及病人資料須得病人父/ 母/ 監護人同意。
6. Under no circumstances will the application for medical report/data access request be processed without receiving consent from patient or patient’s authorized person and presenting relevant supporting documents.
如未能呈交病人/病人的授權人之同意書或出示有關證明文件前，有關申請將不獲處理。
7. No refund of the application fee will be made once an application is submitted..
申請一經接納，所有已繳付之費用概不發還。
8. For requests made **in-person**, please submit a completed Application Form to Medical Records Department at G/F, Block C, Hong Kong Baptist Hospital for verification.
如在本院**即時申請**，請將填妥之申請表格交往香港浸信會醫院C座地下「病歷檔案部」。
9. Applicant can also return the completed form **by post** to Hong Kong Baptist Hospital, 222 Waterloo Road, Kowloon, Hong Kong. Please state “**Medical Records Department**” on the envelope.
申請人亦可以**郵遞方式**申請，請將填妥之表格寄回香港九龍窩打老道 222 號香港浸信會醫院收，信封面註明「**病歷檔案部**」。
10. In normal circumstances, the application for Medical Report / Data Access Request will be released within 40 days after all the required documents are received.
在一般情況下，醫療報告/查閱資料要求申請會在申請人提交所需文件後四十天內發出。
11. Please fill in the application form carefully. Insufficient or inaccurate information will lead to delay.
請清楚填妥申請表內每一項資料，若所填資料有不足或錯誤，此項申請將受到延誤。
12. Once the application is completed, hospital will contact the Patient / Relevant Person to approach Medical Records Department at G/F, Block C, Hong Kong Baptist Hospital together with the required payment for collection during *office hour (Only applicable to “in-person” collection)
當有關申請完成後，醫院將會聯絡病人/有關人士帶同有關費用於*辦公時間內到香港浸信會醫院C座地下「病歷檔案部」領取。(只適用於選擇親身領取方式之申請)
**Office Hour 辦公時間:*
Monday to Friday 9am – 1pm, 2pm – 5:30pm 星期一至五早上九時至下午一時, 下午二時至五時半
Saturday 9am – 1pm 星期六早上九時至下午一時
Sunday and Public Holiday Closed 星期日及公眾假期休息
13. Should you have any queries, please contact the “Medical Records Department” at Tel: 2339-8824 or Fax: 2339-4581.
如有任何查詢，請致電本院「病歷檔案部」，電話: 2339-8824 或 傳真: 2339-4581。



#	Items 項目	Fees 費用
1.	Medical Report (by Resident Doctors) 醫療報告書 (只限本院駐院醫生)	<ul style="list-style-type: none"> Minimum charge of HK\$720, subject to the type and complexities of the request 報告書之最低收費是港幣七百二十元，按所屬類別及專業而定
2.	Insurance Claim Form (by Resident Doctors) 保險賠償表 (只限本院駐院醫生) (a) Inpatient 住院	<ul style="list-style-type: none"> Free for first two applications and HK\$200 for subsequent applications (per copy) if the request is made on or before discharge 出院前的首兩份申請免費;其後每份申請為港幣二百元 HK\$200 for request made after discharge (per copy) 出院後每份申請為港幣二百元
	(b) Outpatient 門診	<ul style="list-style-type: none"> HK\$120 (per copy) 港幣一百二十元 (每份)
3.	Duplicate Copy of Medical Record 醫療記錄複本	<ul style="list-style-type: none"> HK\$300 for less than 30 pages 三十頁或以下: 港幣三百元 HK\$600 for 31 to 50 pages 三十一頁至五十頁: 港幣六百元 Reproduction charge for the 51th page and onward is HK\$2 per page 若超過五十頁，將額外收取每張二元 Local delivery charge of HK\$200 本地速遞費港幣二百元
4.	Birth Date & Time Copy 查詢出生時間	<ul style="list-style-type: none"> HK\$300 (per copy) 每份港幣三百元
5.	Re-issue of Immunization Record 補發免疫注射記錄 (針咭)	<ul style="list-style-type: none"> HK\$300 (per copy) 每份港幣三百元
6.	Certificate of Hospitalization (i.e. date of admission & discharge, attendance record) 病人住院證明信 (例如: 入院、出院日期, 到診記錄)	<ul style="list-style-type: none"> HK\$300 (per copy) 每份港幣三百元
7.	Copy of Invoice/ Receipt 賬單/收據副本 (a) Inpatient 住院	<ul style="list-style-type: none"> HK\$100 (per admission) 港幣一百元 (每單次住院)
	(b) Outpatient 門診	<ul style="list-style-type: none"> HK\$50 (per consultation) 港幣五十元 (每單次診症)
8.	X-ray film X 光片 (a) CD 光碟	<ul style="list-style-type: none"> HK\$240 up per CD (no report included) 港幣二百四十元起 (每隻, 不包括報告)
	(b) Film 片	<ul style="list-style-type: none"> HK\$240 up per film (no report included) 港幣二百四十元起 (每張, 不包括報告)
	(c) Xerox Paper Booklet Xerox 報告書	<ul style="list-style-type: none"> HK\$560 up per copy (Image plus report, without CD) 港幣五百六十元起 (影像加報告, 不包括光碟)
9.	Endoscopy Video Recordings 內視鏡錄像	<ul style="list-style-type: none"> HK\$210 (per USB Stick) 港幣二百一十元 (每隻記憶棒)

Last Updated on 15 Jan 2021 最後更新日期為二零二一年一月十五日

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.
[With effect from 3 Oct 2017]

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。詳情請聯絡病歷檔案部。[生效日期: 二零一七年十月三日]