



(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。)

(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.)

(請於適當的方格畫上☑ Please ☑ in the appropriate box)

For Official Use Only (by Post / In Person)

ID checked: ☐ ID Copy ☐ Relationship Proof

Patient No.: _____ Charge: HK\$ _____

SMS: _____ Staff: _____

第一部份 Section 1

1. 病人資料 Particular of Patient

(a) 姓名: _____ (英文) (_____)
Name 姓氏 Family Name 名字 Given Name (English) 中文 Chinese

(b) 性別: ☐男 ☐女 (c) 年齡: ☐未滿十八歲 ☐十八歲或以上
Sex Male Female Age under 18 years of age 18 years of age or over

(d) #香港身份證/護照號碼 (e) 聯絡電話號碼
HKID Card / Passport No.: _____ Contact Tel. No.: _____

2. 申請人資料 (如非病人本人) Particular of Applicant (If different from the Patient)

姓名 #香港身份證/護照號碼 聯絡電話號碼
Name HKID Card / Passport No. Contact Tel. No.

^與病人關係: 父母 / 有關人士獲法院任命 / 有關人士獲委任為病人的監護人 / 請註明:
Relationship with Patient parental responsibility Relevant Person appointed by Court Relevant Person with guardianship order Please specify _____

身故病人適用 For deceased patient:

•如病人已身故，請向本院提交本申請表格時，一併出示死亡證明書及遺產認證(如有)正本或提交真確副本。For deceased patient, please produce in person the original or provide a true copy of the death certificate and probate/letter of administration (if any) when submitting this application form to our hospital.

請未能提供遺產認證，申請人需聲明如下: If the Applicant cannot provide probate/letter of administration, please declare as follows:-

☐ 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。
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.

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

^請一併提供能證明病人與申請人之間關係的證件真確副本。Please also provide a true copy of the documentary evidence to support the relationship between the Patient and the Applicant.

3. 領取文件方法 Mode of Document Collection:

☐ 親身到取 In person
(如授權他人到取，請填寫授權人資料 Please provide the details of the Authorized Person if collect by others)

姓名 #香港身份證/護照號碼 聯絡電話號碼
Name HKID Card / Passport No. Contact Tel. No.

☐ 郵寄地址 Mailing Address (只發送掛號郵件 Registered Mail only)

For official use only

| | | | |
|--------------------------|-----------|-----------|-------------|
| Acknowledged Receipt By: | () | | |
| | Full Name | Signature | ID No. Date |



第二部份 Section 2: 查閱資料詳情 Details of the Data under Request

1. 申請期間 Requested Period: _____

2. 申請項目 Requested Item

| | 項目 Item | |
|--|--|---|
| 醫療記錄複本 Duplicate Copy of Medical Record | <input type="checkbox"/> 所有記錄 All Record <input type="checkbox"/> 住院記錄 Hospitalization Record <input type="checkbox"/> 門診記錄 Outpatient Record | <input type="checkbox"/> 藥物記錄 Medication Record <input type="checkbox"/> 化驗報告 Laboratory Result <input type="checkbox"/> 放射性治療報告 Radiology Report |
| 放射性治療的數碼檔案複本 Digital Copy of Radiology Image <input type="checkbox"/> 光碟/USB 記憶體 DVD/USB <input type="checkbox"/> Xerox 報告書 Xerox Paper Booklet | <input type="checkbox"/> 普通 X-光片照射 Plain X-ray (片 film / 光碟 DVD) <input type="checkbox"/> 正電子及電腦雙融掃描 PET CT | <input type="checkbox"/> 電腦掃描 CT Scan <input type="checkbox"/> 磁力共振 MRI <input type="checkbox"/> 超聲波 Ultrasound |
| 醫療報告 Medical Report (只限本院駐院醫生 by Resident Doctors only) | (請註明醫生姓名 Please specify the doctor name) _____ | |
| 病人資料 Patient Information | <input type="checkbox"/> *出生記錄 Birth Record <input type="checkbox"/> *出生日期及時間 Birth Date & Time <input type="checkbox"/> *補發初生免疫注射記錄(針咭) Re-issue of Newborn Immunization Record <input type="checkbox"/> 內視鏡錄像 Endoscopy Video Recordings (錄像由內視鏡檢查日期起計僅保存一個月 The recordings ONLY kept for 1 month from the date of Endoscopy performed) <input type="checkbox"/> 住院證明信 Letter of Certificate (請註明詳情 Please specify the details) | |
| 其他 Others: (請註明 Please specify) | _____ | |

*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。Please produce in person the original or provide a true copy of the birth certificate when submitting this application form to our hospital.

3. 申請原因 Purpose of Request

☐ 申索保險賠償 Insurance Claim

☐ 日後醫療用途 Future Medical Purposes

☐ 法律申訴程序 Legal Proceeding

☐ 申索工傷賠償 Employee Compensation Claims

☐ Others 其他: (Please Specify 請註明) _____

第三部份 Section 3: 聲明及簽署 Declaration and Signature

本人，即病人或其他申請人，謹此聲明在本表格內提供的資料及文件真確無訛及完整。在適用情況下，病人已向申請人發出不可撤銷授權，准許其代表病人處理本申請及領取要求資料。病人及申請人(如適用者)已閱讀及明白醫療報告/資料查閱要求-申請須知，並同意需先繳交處理此申請的收費及郵費(如適用)後，才可領取要求資料。本人簽署此表格同意及授權本院透露及發出病人的個人資料予上述接收人。

I, the Patient or other Applicant, declare that all information and documents given in this request form is accurate and complete. WHERE applicable, the Patient has irrevocably authorized the Applicant to deal with this application and to collect the Requested Data on behalf of the Patient. The Patient and the Applicant (where appropriate) have read and understood the matters set out in the "Medical Report / Data Access Request – Points to Note"; and agreed to pay related charges including postage fee (if applicable) prior to the collection of the Requested Data. By signing this request form, I consent and authorize the Hospital to disclose and release the patient's personal data to the receiver stated above.

病人簽署
Patient's Signature

父母 / 監護人 / 親屬 / 遺產代理人簽署 (如申請人非病人本人)
Parent / Guardian / Relative / Personal Representative's Signature
(If Applicant is different from the Patient)

日期
Date



1. 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」。

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 Information Application Fee”.

2. 病人或申請人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：

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:

| 請參閱下表有關遞交申請表格的方法所需證明文件正本或真確副本 Required Original / True Copies of Documentary Proof | 遞交申請表的人 Person who submit the Application | | | |
|---|---|---|---|--|
| | 病人本人 Patient (十八歲或以上 Aged 18 or above) | 有關人士對病人有父母責任 (#病人年齡未滿十八歲) Relevant Person has parental responsibility for # the Patient under aged 18 | 有關人士獲法院任命或獲委任擔任 病人的監護人管理病人的事務 Relevant Person who is appointed by court or guardianship order to manage Patient's affairs | 申請人申請已故病人的 資料 Applicant for Deceased Patient Information |
| 病人身份證明文件 Patient's ID | ✓ | | ✓ | ✓ |
| 有關人士或申請人身份證明文件 Relevant Person / Applicant's ID | | ✓ | ✓ | ✓ |
| 關係證明書 Proof of Relationship 例如：出生證明書/ 結婚證明書 e.g. Birth Certificate / Marriage Certificate | | ✓ | | ✓ |
| Legal Documentary Proof of the guardianship order or court order 監護人或法院任命管理人的證明文件 | | | ✓ | |
| <p>▲ 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。</p> <p># 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。</p> | | | | |

3. 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。

Under no circumstances will the application for medical report / patient information request be processed without receiving consent from patient or patient's authorized person and presenting relevant supporting documents.

4. 所有醫療報告均用英文書寫，本院並沒有提供翻譯服務。

All medical reports are written in English. No translation service is provided in our hospital.

5. 申請一經接納，所有已繳付之費用概不發還。

No refund of the application fee will be made once an application is submitted.

6. 請參閱下表有關遞交申請表格/領取文件的方法。

For submission of application and document collection, please follow the methods in the table below.

| | 親身 In-person | 郵遞方式 by post |
|--------------------------------|---|--|
| 遞交申請 Submission Application | 請於*辦公時間內親臨香港浸信會醫院C座地下-病歷檔案部。 | 請將填妥之表格連同所需證明文件的真確副本寄回香港九龍窩打老道222號香港浸信會醫院信封面註明「病歷檔案部」收。 |
| 領取文件 Collection of Document | Please approach the Medical Records Department – G/F, Block C, Hong Kong Baptist Hospital during *office hour. | 醫院將會聯絡病人/申請人繳交費用(申請及掛號郵遞費用)；當完成繳付有關費用後，有關文件將以掛號形式郵遞給閣下。 The Hospital will contact the Patient / Applicant to pay the related fee (application fee and charges for registered mail); The documents will be posted by registered mail after the payment is completed. |

7. 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。

In normal circumstances, the application for Medical Report / Data Access Request will be released within 40 days after all the required documents are received.

8. 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。

Please fill in the application form carefully. Insufficient or inaccurate information will lead to delay.

9. 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。

Should you have any queries, please contact the “Medical Records Department” at 2339-8824 or fax to 2339-4581.

* 辦公時間 Office Hour:

星期一至五早上九時至下午一時，下午二時至五時半 Monday to Friday 9am – 1pm, 2pm – 5:30pm;

星期六早上九時至下午一時 Saturday 9am – 1pm; 星期日及公眾假期休息 Sunday and Public Holiday Closed



| # | 項目 Items | | 費用 Fees | |
|-----|--|----------|--|---|
| 1. | 醫療報告書 (只限本院駐院醫生) Medical Report (by Resident Doctors only) | | ● 報告書之最低收費是港幣七百七十元，按所屬類別及專業而定 Minimum charge of HK\$770, subject to the type and complexities of the request | |
| 2. | 保險賠償表 (只限本院駐院醫生) Insurance Claim Form (by Resident Doctors) (a) 住院 Inpatient | | ● 出院前的首兩份申請免費;其後每份申請為港幣二百三十元 Free for first two applications and HK\$230 for subsequent applications (per copy) if the request is made on or before discharge ● 出院後每份申請為港幣二百三十元 HK\$230 for request made after discharge (per copy) | |
| | (b) 門診 Outpatient | | ● 港幣一百四十元 (每份) HK\$140 (per copy) | |
| 3. | 醫療記錄複本 Duplicate Copy of Medical Record (紙張 Paper / 相片 Photo) | 紙張 Paper | 黑白 Black and White Copy | △彩色 Color Copy |
| | | | ● 三十頁或以下: 港幣三百元 HK\$300 for less than 30 pages ● 三十一頁至五十頁: 港幣六百元 HK\$600 for 31 to 50 pages ● 若超過五十頁， 每張額外收取港幣五元 HK\$5 per each additional page if >50 pages | ● 若超過五十頁， 每張額外收取港幣十元 HK\$10 per each additional page if >50 pages |
| | | 相片 Photo | △行政費(以每個申請計算): 港幣二百元 Administration fee (per application): HK\$200 | |
| | | | 本地速遞費 Local Delivery Charge | ● 港幣二百一十元 HK\$210 |
| 4. | 查詢出生時間 Birth Date & Time Copy | | ● 每份港幣三百四十元 HK\$340 (per copy) | |
| 5. | 補發免疫注射記錄 (針咭) Re-issue of Immunization Record | | ● 每份港幣三百四十元 HK\$340 (per copy) | |
| 6. | 住院證明信 (例如：入院、出院日期，到診記錄) Letter of Certificate (i.e. date of admission & discharge, attendance record) | | ● 每份港幣三百四十元 HK\$340 (per copy) | |
| 7. | 賬單文件副本，包括賬單，收據，賬單明細表及其他相關文件 (每單次住院/診症) Copy of billing documents, including Invoice, Receipt, Invoice Breakdown Details and other related documents (per EACH admission / consultation) | | ● 行政費港幣一百元 (若超過十頁，將額外收取每張五元) Administration fee HK\$100 (HK\$5 per each additional page if >10 pages) | |
| 8. | 繳費記錄證明信 Certificate of Invoice/Payment Records | | ● 行政費港幣三百元 (若超過十個住院/診症，將額外收取每次住院/診症港幣二十元) Administration fee HK\$300 (HK\$20 per admission / consultation if >10 episodes) | |
| 9. | 核證文件的真實副本 Certified True Copy of Documents | | ● 行政費港幣一百元 (若超過十頁，將額外收取每張五元) Administration fee HK\$100 (HK\$5 per each additional page if >10 pages) | |
| 10. | 放射性治療的數碼檔案複本 Digital copy of Radiology Image (a) DVD 數碼多功能光碟 / USB 記憶體 | | ● 港幣二百八十元起 (每隻，不包括報告) HK\$280 up per DVD/USB (no report included) | |
| | (b) X-光片 X-Ray Film | | ● 港幣二百八十元起 (每張，不包括報告) HK\$280 up per film (no report included) | |
| | (c) Xerox 報告書 Xerox Paper Booklet | | ● 港幣六百一十元起 (影像加報告，不包括光碟) HK\$610 up per one (Image plus report, without DVD/USB) | |
| 11. | 內視鏡錄像 Endoscopy Video Recordings (錄像由內視鏡檢查日期起計僅保存一個月 The recordings ONLY kept for 1 month from the date of Endoscopy performed) | | ● 港幣二百三十元 (每隻記憶體) HK\$230 (per USB) | |

最後更新日期為二零二三年七月一日 Last Updated on 1 July 2023

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。

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.