

Patient's Data Access Request- Note of Application 病人資料申請須知

(1) Please read "Patient's Data Access Request – Note of Application" on pages 2 to 4 carefully before completing this form.

在填寫此表格前，請細閱第二至四頁的「病人資料申請須知」。

(2) Please note that Parents / Legal Guardian should complete Part VII if Data Subject is aged below 18.

如資料當事人未滿 18 歲，其父母 / 合法監護人必須填寫第七部分。

Part 1. Particulars of Data Subject 第一部分. 當事人資料

Name 姓名: (English 英文) _____ (Chinese 中文) _____

Sex 性別: ☐ M 男 ☐ F 女 Date of Birth (dd/mm/yy) 出生日期 (日/月/年): _____

HKID / Passport No. / EEP No. : _____ Contact No. 聯絡電話: _____
香港身分證 / 護照號碼 / 通行證號碼

Part 2. Nature of Data 第二部分. 資料性質

☐ In-patient 住院 (Admission Date (dd/mm/yy) 入院日期 (日 / 月 / 年): _____)

☐ Out-patient 門診 (Consultation Date (dd/mm/yy) 到診日期 (日 / 月 / 年): _____)

Part 3. Type of Data 第三部分. 資料類別

☐ Medical Record Copy 病歷副本

Type 類別: ☐ Test Report Copy 檢驗報告副本 (請註明 Please specify: _____)

☐ Others 其他: _____

☐ Medical Report / Attending Physician Statement 醫療報告 / 主診醫生報告 (Doctor's Name 醫生姓名: _____)

☐ Insurance Claim Form 保險索償申請表 (Doctor's Name 醫生姓名: _____)

☐ Certificate 證明書

Type 類別: ☐ Birth Date & Time Confirmation 出生日期及時間證明 ☐ Attendance Record 到診記錄

☐ Others 其他: _____ ☐ Immunization Record 疫苗接種記錄

☐ Radiological Image 放射掃描影像

Format 形式: ☐ CD 影像光碟 ☐ Film 片 ☐ Report 報告

Type 類別: ☐ C.T. Scanning 電腦掃描 ☐ MRI 磁力共振 ☐ Ultrasound 超聲波 ☐ X-Ray X 光 ☐ USB 記憶棒

Part 4. Reason for Request 第四部分. 申請原因 (For Reference Only 只供參考用途)

☐ Employee Compensation Claims 工傷索償 ☐ Clinical Follow-up 醫療參考

☐ Insurance Claims 保險索償 ☐ Legal Proceedings 法律申訴程序

☐ Personal Record 個人記錄 ☐ Others 其他 (Please specify 請註明): _____

Part 5. Payment Method 第五部分. 付款方式

☐ In Person 親身到付 ☐ Cheque by Mail 郵寄支票 (支票抬頭 Payable to: **GHK Hospital Limited**)

☐ Online Payment by Credit Card 信用卡網上付款:

Receive payment link by 接收網上付款連結方法:

☐ WhatsApp (Please provide phone no. 請提供電話號碼: _____)

☐ Email 電郵 (Please provide email address 請提供電郵地址: _____)

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Part 6. Collection Method 第六部分. 領取方法

6.1 Hard Copy 實體病歷報告 / 文件

- Collected in Person 親身領取: ☐ Collected by Data Subject aged 18 or above 由年滿 18 歲之資料當事人領取
☐ Parents or Legal Guardian of Data Subject aged below 18 / Authorized Person
由未滿 18 歲之資料當事人的父母或合法監護人 / 獲授權人士領取
(Please complete Part 7 請填寫第七部分)

☐ Posted to the address 郵寄地址: _____

6.2 Soft Copy 電子病歷報告 / 文件

(Document(s) will send to the following email address with encryption and the password will be sent by SMS:
加密的病歷報告會經電郵傳送到閣下所提供的電郵地址, 加密檔案的密碼會以手提電話短訊傳送:)

Email address 電郵地址: _____ Mobile Phone No. 手提電話號碼: _____

Part 7. Particulars of Parents / Legal Guardian / Authorized Person 第七部分. 父母 / 合法監護人 / 獲授權人士資料

(Parents / Legal Guardian should complete this part if Data Subject aged below 18. 如資料當事人未滿 18 歲, 其父母 / 合法監護人必須填寫此部分。)

Name 姓名: (English 英文) _____ (Chinese 中文) _____

Sex 性別: ☐ M 男 ☐ F 女 Relationship with Data Subject 與資料當事人關係: _____

HKID / Passport No. / EEP No. : _____ Contact No. 聯絡電話: _____
香港身分證 / 護照號碼 / 通行證號碼

Part 8. Declaration 第八部分. 聲明

I declare the personal data provided by me is accurate and complete, and I have read "Information Sheet for Patient's Data Request". I understand that if I fail to provide the information required or if the information provided is inaccurate or incomplete, my request may be rejected. 本人謹此聲明在申請表內提供的個人資料均屬準確及完整, 並已閱讀「申請病人資料須知」。我明白倘若我未能提供所需資料或提供不準確或不完整的資料, 有可能導致我的申請被拒絕。

Signature of Data Subject (If aged 18 or above)
資料當事人簽署 (如年滿 18 歲)

Date 日期

Signature of Requestor (If applicable)
申請人簽署 (如適用)

Date 日期

- I. This request is processed under the Personal Data (Privacy) Ordinance. An individual or a relevant person on behalf of an individual is entitled to make a Data Access Request to ascertain whether hospital holds the personal data of the Data Subject and to be supplied with a copy of such data.
本申請是根據《個人資料(私隱)條例》而進行。任何個人或代表個人的有關人士有權提出查閱資料及資料複本要求。
- II. The original "Patient's Data Access Request Form" and all relevant supporting documents payments shall be submitted by post, email (email address: record@gleneagles.hk), fax (fax no.: 3903 3486) or in person to Health Information & Records Department (HIRD) for processing.
請將「病人資料申請表」連同所需證明文件一併以郵遞、電郵(電郵地址: record@gleneagles.hk)、傳真(傳真號碼: 3903 3486)或親自呈交予本院之「醫療資訊及記錄部」處理。

III. Hospital will reply to the requestor **within 40 days** upon receipt of the request.

本院會在收到申請後的 **40 日內**向申請人作出書面回覆。

IV. All medical reports and patient's information are **written in English**. Information provided will be up to the request received date or up to doctor's decision on the relevancy of the case.

所有醫療報告及病人資料均以**英文書寫**，而本院提供的資料將截至申請當日為止或由負責醫生決定。

V. Application fee will be applied according to Hospital's current price list as below. No refund of charge will be made once a request is made.

本院將根據以下最新之價目表收取申請費用。一旦提出要求，將不會退還費用。

Type of Data 資料類別	Charges 價目 (HKD 港幣)	
Medical Record Copy 病歷副本 (e.g. Inpatient / SOC clinical records & test reports) (例如: 門診 / 住院病歷紀錄及檢驗報告)	\$180 Administration Charge 行政費 + \$5 / page 頁	
Medical Report / Attending Physician Statement 醫療報告 / 主診醫生報告	Per Resident / FTE Doctor 每位駐院 / 相當於全日製醫生	\$1,200
	Per Sessional Doctor 每位相當於時段制醫生	By Quotation 須另外報價
Inpatient Insurance Claim Form 住院保險索償申請表	Per Resident / FTE Doctor 每位駐院 / 相當於全日製醫生	Free of charge for the first two applications of the same case \$420 for each subsequent application 同一個案首兩項申請免費 其後每項額外申請收取\$420
	Per Sessional Doctor 每位相當於時段制醫生	By Quotation 須另外報價
Certificate 證明書 (e.g. Birth Date & Time Confirmation, Attendance Record, Immunization Record *Immunization card will not be re-issued*) (例如: 出生日期及時間證明, 到診記錄, 疫苗接種記錄 *針卡將不獲補發*)	\$380	
X-ray / CD / USB X 光片 / 影像光碟 / 記憶棒 e.g: MRI, CT 例如: 磁力共振造影, 電腦掃描	Free of charge for the first set of film(s) +/- CD per test (should be collected on examination day / discharge day) \$320 for each additional film \$180 for each additional CD \$500 for each additional USB 每項檢驗的首套 X 光片 +/- 影像光碟免費 (應於檢驗當日或辦理出院手續時領取) 其後每張 X 光片額外收取\$320 其後每隻影像光碟額外收取\$180 其後每隻記憶棒額外收取\$500 * One CD may contain several images. 每張影像光碟可包含多張掃描影像	

VI. If the requestor does not collect the requested data **within 3 months** after being notified it is ready for collection, the requested data shall be destroyed without prior notice.

若申請人於被通知可以領取資料後的 **3 個月內**仍未領取，有關資料將會被銷毀，而事前不會作另行通知。

VII. Part (7) of the request form must be completed under the following circumstances:

於下列情況下，申請表的第七部份必須填妥：

- (i) Data subject aged 18 or above authorizes third party to collect the requested data on behalf of him / her.
18 歲以上資料當事人授權第三者代為領取其記錄。
- (ii) This section must be completed by parents / legal guardian if data subject aged below 18.
如資料當事人未滿 18 歲，其父母 / 合法監護人必須填寫此部分。

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Checklist on Required Supporting Documents 所須證明文件一覽表		
Requestor 申請人	Data subject 資料當事人 / Patient 病人	Required documents for identity verification 所須核對文件*
Data subject 資料當事人 / Patient 病人	Aged 18 or above 年滿 18 歲	✓ Photocopy of identity document of patient 病人身份證明文件副本
Patient's Parents / Legal Guardian 病人父 / 母 / 合法監護人	Aged below 18 未滿 18 歲	✓ Photocopy of Birth Certificate of patient or other legal documents proving the identity as legal guardian 病人出生證明書副本或其他法律文件以證明合法監護人之身份 ✓ Photocopy of HKID / Passport of patient's parents or legal guardian 病人父 / 母 / 合法監護人之身份證明文件副本
Authorized Person 獲授權人士	Aged 18 or above 年滿 18 歲	✓ Photocopy of HKID / Passport of patient & authorized person 病人及授權人士之身份證明文件副本 ✓ Original copy of patient's authorization letter (Part VII of "Patient's Data Access Request Form") 病人授權書正本 (病人資料申請表的第七部份) Extra Required Supporting Documents for Death Case: 申請已離世病人的病歷報告所需的額外文件: ✓ Letters of Administration Issued by Court 由法庭頒佈的遺產管理書 ✓ Photocopy of Patient's Death Certificate 病人的死亡證副本 ✓ Photocopy of Relationship Certificate 關係證明副本
* Notes: Other supporting documents may be required if necessary. 註：如有需要，申請人須提供其他相關證明文件。		

VIII. Information for Application / Enquiry 申請及查詢資料

Address: 地址	Health Information & Records Department, Gleneagles Hong Kong Hospital 1 Nam Fung Path, Wong Chuk Hang, Hong Kong	香港黃竹坑南風徑 1 號 港怡醫院, 醫療資訊及記錄部
Office Hour: 辦公時間	Mondays to Fridays: 09:00 –18:00 Saturdays, Sundays & Public Holidays: Closed	星期一至五: 09:00 - 18:00 星期六、日及公眾假期：休息
Enquiry Telephone Number: 查詢電話	3153 9830	
Fax Number: 傳真號碼	3903 3486	
Enquiry Email: 查詢電郵	record@gleneagles.hk	

Record for Collected in Person 親身領取記錄
Signature of Patient / Authorized Person:

For internal use only 只供內部填寫

Date of collection: _____

Responsible staff: _____