

- (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:  All Medical Record Copy 所有病歷副本  
 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 放射掃瞄影像  
Type 類別:  C.T. Scanning 電腦掃瞄  MRI 磁力共振  Mammogram 乳房 X 光檢查  X-Ray X 光  
 Ultrasound 超聲波  PET-CT 正電子電腦斷層掃描  PET-MR 正電子磁力共振掃描  
Format 形式:  CD 影像光碟  Film 片  Report 報告  USB Flash Drive 記憶棒
- Endoscopy Video Recordings 內視鏡錄像  
Format 形式:  Report 報告  USB Flash Drive 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**)
- Credit Card 信用卡 (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: \_\_\_\_\_)

# Patient's Data Access Request- Note of Application

## 病人資料申請須知

### Part 6. Collection Method 第六部分. 領取方法

#### 6.1 Hard Copy 實體病歷報告 / 文件

- Collect 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)

- Post to the address 郵寄地址: \_\_\_\_\_  
(To safeguard personal data, only registered mail will be arranged and the fee will be \$30. 為保障個人資料，僅安排掛號郵寄，費用為\$30)

#### 6.2 Soft Copy 電子病歷報告 / 文件

(Document(s) will be sent 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. 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。
- VI. 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)	\$300 for 30 or less pages \$600 for 31 to 100 pages By quotation if >100 pages	30 頁或以下收取\$300 31 頁至 100 頁收取\$600 超過 100 頁須另外報價
	* Administration fees are included in the fees mentioned above. 上述費用已包括行政費	
Medical Report / Attending Physician Statement 醫療報告 / 主診醫生報告	Per Resident / FTE Doctor 每位駐院 / 相當於全日制醫生	\$1,200
	Per Sessional Doctor 每位相當於時段制醫生	By Quotation 須另外報價
Insurance Claim Form 保險索償申請表	Inpatient 住院申請 Per Resident / FTE Doctor 每位駐院 / 相當於全日制醫生	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
	Outpatient 門診申請	By Quotation 須另外報價
Certificate 證明書 (e.g. Birth Date & Time Confirmation, Attendance Record, Immunization Record) (例如: 出生日期及時間證明, 到診記錄, 疫苗接種記錄) *Immunization card will not be re-issued 針卡將不獲補發*	\$380	
X-ray / CD / USB flash drive 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/ USB flash drive may contain several images. 每張影像光碟/ 記憶棒可包含多張掃描影像	

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## 病人資料申請須知

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寫：

- (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。

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	<ul style="list-style-type: none"> <li>✓ Photocopy of identity document of patient 病人身份證明文件副本</li> </ul>
Patient's Parents / Legal Guardian 病人父 / 母 / 合法監護人	Aged below 18 未滿 18 歲	<ul style="list-style-type: none"> <li>✓ 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</li> <li>✓ 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</li> </ul>
Authorized Person 獲授權人士	Aged 18 or above 年滿 18 歲	<ul style="list-style-type: none"> <li>✓ Photocopy of HKID / Passport of patient &amp; authorized person 病人及授權人士之身份證明文件副本</li> <li>✓ 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)</li> </ul> <p>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:</p> <ul style="list-style-type: none"> <li>✓ Letters of Administration Issued by Court 由法庭頒佈的遺產管理書</li> <li>✓ Photocopy of Patient's Death Certificate 病人的死亡證副本</li> <li>✓ Photocopy of Relationship Certificate 關係證明副本</li> </ul>

\* 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 Hospital Hong Kong 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  *Email enquiries will be responded to within two working days. 電郵查詢將於兩個工作天內獲得回覆。	

Collection of data in person 親身領取資料 Signature of Patient / Authorized Person:  _____	For internal use only 只供內部填寫  Date of collection: _____  Responsible staff: _____
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