

## 病人資料申請須知 Information Sheet for Patient Data Request

### I. 申請方法及程序 Application Method & Procedure:

(1) 請填妥「病人資料申請表格」(申請表)連同所有相關之所須文件及有關費用及 / 或收費交予香港中文大學醫學中心有限公司(中大醫院)。

Please complete the Patient Data Request Form (**Request Form**) and submit the request to CUHK Medical Centre Limited (**CUHKMC**) with all relevant supporting documents and payment of related fees and/or charges.

(2) 需要與申請表一併提交之文件副本\* **Copy of documents\* to be submitted with the Request Form:**

| 申請人<br>Requestor  | 病人年齡<br>Patient's Age            | 所須文件 <sup>#</sup> (須與應診 / 入院時身份證明文件相同)<br>Required Supporting Documents <sup>#</sup> (identification document should be same as the one used for visit/admission)    |   |
|---|----------------------------------|--|---|
| 病人<br>Patient   | 年滿 18 歲<br>Above 18 years of age | <ul style="list-style-type: none"> <li>病人的身份證明文件 (如透過電郵提交申請, 病人需在副本上簽名)</li> </ul>   | <ul style="list-style-type: none"> <li>Patient's identification document (<b>Patient's signature is required on identification document's copy if request is sent by email</b>)</li> </ul>  |
| 父母/監護人<br>Parent/Guardian   | 未滿 18 歲<br>Under 18 years of age | <ul style="list-style-type: none"> <li>病人出生證明書; 及</li> <li>其父母 / 監護人身份證明文件; 及</li> <li>監護人之證明 (如適用)</li> </ul>   | <ul style="list-style-type: none"> <li>Patient's birth certificate; and</li> <li>Identification document of the parent/ guardian; and</li> <li>Documentary proof of guardianship (if applicable)</li> </ul>   |
| 獲授權人士<br>Authorised Person  | 年滿 18 歲<br>Above 18 years of age | <ul style="list-style-type: none"> <li>病人的身份證明文件 (如透過電郵提交申請, 病人需在副本上簽名); 及</li> <li>獲授權人士的身份證明文件; 及</li> <li>授權書</li> </ul>  | <ul style="list-style-type: none"> <li>Patient's identification document (<b>Patient's signature is required on identification document's copy if request is sent by email</b>); and</li> <li>Authorised person's identification document; and</li> <li>Authorisation letter</li> </ul>   |
| 獲法庭委任的有關人士或根據《精神健康條例》獲委任或轉歸的監護人<br>Relevant Person appointed by the court or guardian appointed or vested under the Mental Health Ordinance | 年滿 18 歲<br>Above 18 years of age | <ul style="list-style-type: none"> <li>病人的身份證明文件; 及</li> <li>有關人士或監護人的身份證明文件; 及</li> <li>相關獲委任或轉歸文件</li> </ul>   | <ul style="list-style-type: none"> <li>Patient's identification document; and</li> <li>Identification document of relevant person/ guardian; and</li> <li>Relevant appointment or vesting document(s)</li> </ul>  |
| 遺產代理人<br>Personal Representative  | 去世<br>Deceased                   | <ul style="list-style-type: none"> <li>死者的身份證明文件 (如死者年齡未滿十八歲, 其出生證明書); 及</li> <li>死亡證明書; 及</li> <li>申請人的身份證明文件; 及</li> <li>遺產認證; 及</li> <li>申請人與死者關係的證明文件</li> </ul> | <ul style="list-style-type: none"> <li>The Deceased's identification document (birth certificate if the Deceased is under 18 years of age); and</li> <li>Death Certificate; and</li> <li>Requestor's identification document; and</li> <li>Probate/ Letter of Administration (as the case maybe); and</li> <li>Documentary evidence to support the relationship between Requestor and the Deceased</li> </ul> |

\*中大醫院可要求查核任何文件的正本或經核證真實副本。

CUHKMC may require inspection of the original or certified true copy of any such documents.

<sup>#</sup>如有需要, 中大醫院可要求申請人提供額外證明文件。

CUHKMC may require additional supporting documents from the Requestor if necessary.

所有提供的文件副本只作處理有關申請之用, 完成有關申請後將於一段合理時間內銷毀。  
All copies of documents provided will be used solely for the purpose of processing the request and will be destroyed within a reasonable period of time after completion of the request.

- (3) 填妥申請表後，請親自提交、郵寄、傳真或電郵至中大醫院。  
Please submit the completed Request Form to CUHKMC in person, by post, by fax or by email.

**親自提交**  
**In person:** 請交到香港新界沙田澤祥街 9 號香港中文大學醫院地下入院部  
Submit to Admission Office, G/F, CUHK Medical Centre, 9 Chak Cheung Street, Sha Tin, New Territories, Hong Kong

|                       |                                     |                              |
|-----------------------|-------------------------------------|------------------------------|
| 辦公時間<br>Office Hours: | 星期一至星期五<br>Monday – Friday          | 上午 7 時至下午 6 時<br>7 am – 6 pm |
|                       | 星期六<br>Saturday                     | 上午 7 時至下午 1 時<br>7 am – 1 pm |
|                       | 星期日及公眾假期<br>Sunday & Public Holiday | 休息<br>Closed                 |

**郵寄地址**  
**Postal Address:** 香港新界沙田澤祥街 9 號香港中文大學醫院醫療紀錄部  
Medical Records Office,  
CUHK Medical Centre,  
9 Chak Cheung Street, Sha Tin, New Territories, Hong Kong

|                       |   |  |
|-----------------------|---|--|
| 辦公時間<br>Office Hours: | 星期一至星期五<br>Monday – Friday                      | 上午 9 時至下午 1 時；下午 2 時至下午 5 時<br>9 am – 1 pm ; 2 pm – 5 pm |
|                       | 星期六、日及公眾假期<br>Saturday, Sunday & Public Holiday | 休息<br>Closed   |

Tel 電話：(852) 3946 6399 Fax 傳真：(852) 3504 3615 Email 電郵：mro@cuhkmc.hk

- (4) 拒絕申請 Refusal:

有關申請可能因以下原因被拒絕：所提供的申請資料及 / 或支持申請的文件不足；或尚未全數支付申請費用及 / 或收費；或法律允許的其他原因。

Request may be refused on the following grounds: the application information and/or supporting documents provided is not sufficient; or the request fees and/or charges are not paid in full; or other reasons as permitted by law.

- (5) 處理需時 Processing Time:

醫療報告 / 主診醫生報告 / 醫療問卷：收到申請及繳交有關費用及 / 或收費全數後 4 至 6 個星期。醫療紀錄及其他紀錄複本及其他資料申請：收到申請後 40 日內作出回覆。所需資料會連同收據（如適用者）郵寄給申請人或通知申請人親自領取。

For Medical Report/ Attending Physician Statement/ Medical Questionnaire: 4 to 6 weeks after receipt of request and payment of related fees and/ or charges in full. For duplicate of medical records and other records and other data request: reply within 40 days after receiving the request. The requested data and the receipt (if applicable) will be sent by post directly to the Requestor or to be collected in person after notifying the Requestor.

若申請人要求親自領取，但在中大醫院發出領取通知後的三個月內仍未領取所需資料，或申請人於被通知後的三個月內仍未全數支付申請費用及 / 或收費，所需資料將被銷毀而不作另行通知。

If the Requestor has requested collection in person, but the requested data is not collected within 3 months after CUHKMC has given collection notification to Requestor, or the request fees and/ or charges are not paid in full within 3 months after such notification, the requested data will be disposed of without any prior notice.

- (6) 所有醫療報告均用英文書寫，中大醫院沒有提供翻譯服務。

All medical reports are written in English. No translation service is provided by CUHKMC.

## II. 收費表 Fee Schedule

| 文件種類 Types of Document  |   | 收費價目 Charges (港幣 HKD)   |
|---|---|---|
| 醫療紀錄複本<br>Duplicate of Medical Record<br>(including duplicate of test reports)  |   | 行政費 Administrative Fee : \$200<br>-- 黑白 Black & White : \$5 (每頁 per page) ;<br>-- 彩色 Colour : \$11 (每頁 per page)  |
| X光片或影像複本 (不包括報告)<br>Duplicate of Films or Image (no report included)  |   | 就每項檢查 Per examination<br>-- 片或光碟 film/ CD : \$50 (每張 per film or CD)<br>-- USB : \$150 (每隻 per USB)   |
| 病理顯微圖像<br>Microscopic Pathology Image   |   | 行政費 Administrative Fee : \$200<br>-- 病理顯微圖像 Microscopic Pathology Image : \$300   |
| 醫療報告 / 主診醫生報告 / 醫療問卷<br>(只限本院駐院醫生或其他醫療專業人員)<br>Medical Report/ Attending Physician Statement/<br>Medical Questionnaire (in-house doctors/<br>healthcare professionals only) |   | 行政費 Administrative Fee : \$200<br>收費 Charges : 另需報價 By quotation<br>(最低收費為 720 元, 須按所屬類別、專業及複雜性而定。<br>Minimum \$720, charge amount is dependent on the type,<br>specialty and complexity of report)   |
| 到診紀錄 Attendance Record  |   | \$350 (每份 per record)   |
| 免疫注射紀錄 Immunisation Record  |   | \$350 (每份 per record)   |
| 出生日期和時間紀錄 Birth Date and Time Record  |   | \$350 (每份 per record)   |
| 保險賠償表<br>Insurance Claim Form   | 急症門診<br>Emergency<br>Medicine Centre    | \$200 (每份 per copy*)<br>*非會診當天遞交申請, 另每次申請收取行政費 200 元<br>Submission after the day of consultation, additional<br>administrative fee \$200 will be incurred for each request  |
|   | 專科門診<br>Specialist<br>Outpatient Centre | 首份申請 First copy : 免費 Free of charge ;<br>其後每份申請 Each subsequent copy* : \$380<br>*非會診當天遞交申請, 另每次申請收取行政費 200 元<br>Submission after the day of consultation, additional<br>administrative fee \$200 will be incurred for each request   |
|   | 住院 Inpatient                            | <u>住院期間遞交申請 Submission before discharge</u><br>首份申請 : 免費 ;<br>其後每份申請 : 380 元<br>First copy: Free of charge<br>Each subsequent copy: \$380<br><u>出院後遞交申請 Submission after discharge</u><br>每份申請 : 380 元, 另每次申請收取行政費 200 元<br>Per copy: \$380, additional administrative fee \$200 will be<br>incurred for each request |
| 賬單或收據複本 Duplicate of Invoice/ Receipt   |   | \$5 (每頁 per page)   |
| 海外郵遞費 Overseas Postage Fee (如有 if any)  |   | 按實際費用收取 Exact Cost will be levied   |

### 付款方法 Payment Method:

|                        |   |
|------------------------|---|
| 繳費處<br>At Cashier:     | 申請人可前往中大醫院繳費處以現金、易辦事、信用卡或其他中大醫院設有的電子支付方式付款。<br>Requestor may pay at CUHKMC by cash, EPS, credit card or other electronic payment means available there. |
| 支票<br>Cheque:          | 請用劃線支票, 支票抬頭請寫上「香港中文大學醫學中心有限公司」。<br>Payment by cheque should be crossed and made payable to "CUHK MEDICAL CENTRE LIMITED".                              |
| 銀行轉帳<br>Bank Transfer: | 有關轉帳資料, 請向「醫療紀錄部」查詢。<br>Please contact Medical Records Office for the details.  |

申請一經提出, 所有付款, 概不發還。

**All fees and/ or charges paid will not be refunded once a request is made.**