Department of Health

Professional Development and Quality Assurance Service

Application for Medical Report / Copy of Medical Record

Application Notes

1. All medical reports/ medical records are written in English. Translation service will not be provided. The format of medical report/ medical record is decided by the Department of Health.
2. Documents required for application
   a. A copy of patient's identity document is essential to process the application. Provision of additional information may be requested when necessary. Insufficient or incorrect information may cause delay or failure in processing the application.
   b. If the patient is under 18 year-old, please also submit (i) a copy of the patient's birth certificate or documentary evidence showing your relationship of guardianship, and (ii) a copy of the applicant's identity document.
   c. For the application of medical report/ copy of medical record for a deceased patient, please also submit (i) a copy of patient's death certificate, (ii) a copy of documentary evidence showing the relationship between the applicant and the deceased (e.g. marriage certificate, birth certificate, etc), and (iii) a copy of the applicant's identity document.
   d. For the requests from patient representatives/ third parties (e.g. insurance companies, law firms, etc), please also submit (i) the documentary evidence that patient's consent has been obtained, and (ii) a copy of the applicant's identity document if the application is not submitted by a company.
3. Charges
   a. As stipulated in the Gazette, HK$960 will be levied for <u>one</u> medical report. Payment must be made at the time when the medical report is requested. For the application for copy of medical record, a charge reflecting the cost of photocopying will be imposed. Applicants will be advised in advance of payment.
   b. A crossed cheque/ bank draft shall be made payable to "The Government of the Hong Kong Special Administrative Region". Please write down your name, identity document number and contact number on the back of the cheque/ bank draft. If you wish to pay in cash, please submit it to the Shroff at clinic/ centre concerned (please refer to Table 1 for the addresses). Cash should NOT be sent by post. Charges will NOT be refunded even if the request is withdrawn before the medical report is issued.
4. Processing Time
   The application will be processed after confirmation with you on the application and relevant charges. Processing time is normally 4 to 6 weeks. The medical report and/ or copy of medical record, together with an official receipt, will be sent to the collection point or local address that specified in the application. You will be notified when the document is ready for collection. If the document is not collected within 3 months after notification, the document will be destroyed without further notice and no refund of charge paid will be made.
5. Submission of Application
   a. In person to the clinic/ centre concerned (please refer to Table 1 for the addresses); OR
   b. By post to Administration Section, Professional Development and Quality Assurance Service (PDQAS), Department of Health (Address: 3/F, Lam Tin Polyclinic, 99 Kai Tin Road, Lam Tin, Kowloon); OR
   c. Through web-form. Please visit the website of the Department of Health.
6. Statement of Purpose
   The personal data provided will be used for processing the application and record management. For details, please refer to the Statement of Purposes for Collection of Personal Data.
7. Enquiry
   For any enquiries, please contact Administration Section, PDQAS, Department of Health at 3163 4593.

Table 1

Clinic/ Centre	Address
Hong Kong Island	
Chai Wan Families Clinic (CWFC)	1/F, Main Block, Pamela Youde Nethersole Eastern Hospital, 3 Lok Man Road, Chai Wan
Hong Kong Families Clinic (HKFC)	3/F, Tang Chi Ngong Specialist Clinic, 284 Queen's Road East, Wan Chai
Kowloon	
Kowloon Families Clinic (KFC)	6/F, Kowloon City Health Centre, 42 Bailey Street, Hung Hom
Education and Training Centre in Family Medicine (ETCFM)	2/F, Ngau Tau Kok Jockey Club Clinic, 60 Ting On Street, Ngau Tau Kok
New Territories	
Fanling Families Clinic (FFC)	8/F, Fanling Health Centre, 2 Pik Fung Road, Fanling
New Territories Families Clinic (NTFC)	G/F, Maurine Grantham Health Centre, 115 Castle Peak Road, Tsuen Wan
Sai Kung Families Clinic (SKFC)	1/F, Mona Fong Clinic, 23 Man Nin Street, Sai Kung

Department of Health

Professional Development and Quality Assurance Service

Application for Medical Report / Copy of Medical Record

To: ☐ CWFC ☐ HKFC ☐ KFC
☐ NTFC ☐ FFC ☐ SKFC
☐ ETCFM
(Note: Please only submit application to ONE clinic/ centre in each application form.)

Application for: ☐ Medical Report ☐ Copy of Medical Record
(Note: Please select appropriate box(es).)

Section 1: Particulars of Applicant

Please indicate if the applicant is the patient:
☐ Yes *(please complete Section 1)* ☐ No *(please complete Sections 1 and 2)*

Name: _____ _____
(English in block letters) (Chinese)

Sex: ☐ Male ☐ Female

Hong Kong Identity Card No.: _____ OR Passport No.: _____

Contact Address: _____

_____

Contact No.: _____ E-mail Address: _____

Section 2: Particulars of Patient (to be completed if the applicant is not the patient)

(Note: Please refer to paragraph 2 of "Application Notes" for the documents required for the application.)

Name: _____ _____
(English in block letters) (Chinese)

Sex: ☐ Male ☐ Female Relationship with the applicant: _____

Hong Kong Identity Card No.: _____ OR Passport No.: _____

Contact Address: _____

_____

Contact No.: _____ E-mail Address: _____

Section 3: Details of Medical Report under Request (HK$960 for each report)

☐ Medical Report Period: from _____ to _____

☐ Psychological Report Period: from _____ to _____

☐ Physiotherapy Report Period: from _____ to _____

☐ Others *(please specify)*: _____ Period: from _____ to _____

*Please delete whichever is inappropriate
☐ Please tick (✓) as appropriate

Department of Health

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Section 4: Details of Copy of Medical Record under Request					
☐ Medical Consultation Note	Period:	from	_____	to	_____
☐ Clinical Psychological Consultation Note	Period:	from	_____	to	_____
☐ Dietetics Consultation Note	Period:	from	_____	to	_____
☐ Physiotherapy Consultation Note	Period:	from	_____	to	_____
☐ Laboratory Result *(please specify the type of test):* _____	Period:	from	_____	to	_____
☐ Others *(please specify):* _____	Period:	from	_____	to	_____

Section 5: Purpose of Application

☐ For medical follow-up
(Note: please provide relevant document such as official note by medical practitioner if any.)

☐ For insurance claim

☐ For personal record

☐ Others *(please specify)*: _____

Section 6: Method of Collection

☐ In person at CWFC / HKFC / KFC / NTFC / FFC / SKFC / ETCFM*

☐ By registered post to

- ☐ Applicant's contact address (same address as Section 1 indicated)
- ☐ The following person/ organisation:

  Recipient Name: _____

  Recipient Address : _____

  Recipient Contact No.: _____

Section 7: Declaration and Consent

☐ I have read and agreed the aforementioned "Application Notes".

☐ I declare that the information given in this application is accurate. I by signing this Form authorise/ have obtained patient's authorisation to Professional Development and Quality Assurance Service of the Department of Health to disclose and send the medical report and/or copy of medical record under this application to me/ the recipient in Section 6 above.

Signature of Applicant/ Patient: _____

Name of Applicant/ Patient: _____

Date: _____

*Please delete whichever is inappropriate

☐ Please tick (✓) as appropriate