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. Application for medical report
      i. As stipulated in the Gazette, HK$960 will be levied for one medical report. **Payment must be made at the time when the medical report is requested.** Charges will NOT be refunded even if the request is withdrawn before the medical report is issued. Please select the payment method in Section 6.
   b. Application for copy of medical record
      ii. A charge reflecting the cost of photocopying per page will be imposed. You will be advised in advance of payment when your application is received. Please select the payment method in Section 6.
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 (Please fill in Section 1, Section 3 to 8) ☐ Copy of Medical Record (Please fill in Section 2, Section 3 to 8)

(Note: Please select appropriate box(es).)

Section 1: 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	

Section 2: Details of Copy of Medical Record under Request
(HK$1.5 per page of photocopying cost for the copy of medical record)

☐ 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 3: Particulars of Applicant

Please indicate if the applicant is the patient:

☐ Yes *(please complete Section 3)* ☐ No *(please complete Sections 3 and 4)*

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

Sex: ☐ Male ☐ Female

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

Contact Address: _____

_____

*Please delete whichever is inappropriate

☐ Please tick (✓) as appropriate

Contact No.: _____ E-mail Address: _____

Section 4: 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 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 Payment

☐ A crossed cheque/ bank draft.

☐ Through payment methods as provided in the "General Demand Notes" issued by the Department of Health:

- ☐ Please send the "General Demand Notes" to my email address.
- ☐ Please send the "General Demand Notes" to my contact address in the Hong Kong Special Administrative Region.

☐ In cash or through Octopus/ Faster Payment System/ Chinese Mainland's Licensed Digital Wallets to the Registration Office at CWFC / HKFC / KFC / NTFC / FFC / SKFC / ETCFM*.

Section 7: 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 3 indicated)
- ☐ The following person/ organisation:

  Recipient Name: _____

  Recipient Address : _____

  Recipient Contact No.: _____

*Please delete whichever is inappropriate

☐ Please tick (✓) as appropriate

Section 8: 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 7 above.
Signature of Applicant/ Patient: _____
Name of Applicant/ Patient: _____
Date: _____

*Please delete whichever is inappropriate

☐ Please tick (✓) as appropriate