



FAMILY HEALTH SERVICE
DEPARTMENT OF HEALTH
衛生署家庭健康服務

Application for Copy of Health Record / Investigation Report (Adult)

申請索取健康記錄 / 化驗報告副本 (成人)

Particulars of Applicant 申請人資料:

Name of Applicant:

姓名

English 英文

Chinese 中文

Hong Kong ID/

Travel Document no.:

身份證/旅遊證件號碼

Name of Centre:

健康院/婦女健康中心名稱

Please indicate the record of specific type of service and the period of consultation from which you would like to obtain a copy (you may tick more than 1 category).

請註明索取健康記錄副本之服務類別及所需的日期 / 時段 (可「✓」多過一項)。

Important Notice: Application will not be processed if type of service(s) required for medical report is not indicated.

請注意，如未能清楚註明所需醫療報告副本之服務類別，申請將不會受理。

| | | |
|---|------------------|---|
| <input type="checkbox"/> Antenatal Service 產前檢查服務 | No.: 編號 _____ | Period: From _____ to _____ 期間：由 _____ 至 _____ |
| <input type="checkbox"/> Postnatal Service 產後檢查服務 | No.: 編號 _____ | Period: From _____ to _____ 期間：由 _____ 至 _____ |
| <input type="checkbox"/> Family Planning Service 家庭計劃服務 | No.: 編號 _____ | Period: From _____ to _____ 期間：由 _____ 至 _____ |
| <input type="checkbox"/> Woman Health Service 婦女健康服務 | No.: 編號 _____ | Period: From _____ to _____ 期間：由 _____ 至 _____ |
| <input type="checkbox"/> Cervical Screening Record 子宮頸普查服務 | No.: 編號 _____ | Period: From _____ to _____ 期間：由 _____ 至 _____ |

Psychosocial Assessment
Record ^{note 1}
心理社會評估記錄 ^{註解 1}

Period: From _____ to _____
期間：由 _____ 至 _____

Others, please specify:
其他，請註明： _____

Copy of Investigation Report (Adult) 化驗報告副本 (成人)

I would like to apply for a copy of investigation report (Adult), please specify:
本人現申請索取化驗報告副本 (成人) (請註明): _____

^{note 1} Psychosocial assessment refers to the assessment of the woman's mental health condition (eg. mood problem) and social service needs conducted when the woman attend any of the above service or when she attend Child Health Service with her child in MCHC.

^{註解 1} 心理社會評估包括為婦女評估她的精神健康狀況(例如情緒問題)及社會服務的需要。此評估可於婦女本人到母嬰健康院接受上列各項服務或當她與子女接受兒童健康服務時進行。

N.B.: If you have received service by the visiting specialist team from the Hospital Authority in Maternal and Child Health Centre, and want to obtain **copy of their record, please approach the relevant hospital record office for the application.** A separate charge will be levied by the Hospital Authority.

請注意：如你曾於母嬰健康院接受醫院管理局專科到訪服務，並需要索取他們所寫的記錄副本，請向所屬醫院病歷檔案部索取有關申請表格。醫院管理局將另收取行政費用。

Purpose(s) of Application:

申請記錄之用途

- | | | |
|--|---|--|
| <input type="checkbox"/> For future medical purposes 日後醫療用途 | <input type="checkbox"/> For insurance application 保險申請 | <input type="checkbox"/> For insurance claim 保險索償 |
| <input type="checkbox"/> For legal proceedings 法律申訴程序 | <input type="checkbox"/> Others, please specify: 其他(請註明) _____ | |

Please read the following notes before you sign the application form:

簽署申請表格前，請先閱讀以下條例：

- All health records / investigation reports are written in English. We do not provide translation service.
健康記錄 / 化驗報告副本以英文簽發，我們並沒有翻譯服務。
- The applicant needs to produce her HKID card (either original or photocopy) when applying for a copy of the health record / investigation report.
如申請健康記錄 / 化驗報告副本，申請人須提供身份證明文件（正本或副本）。

3. A charge reflecting the cost of photocopying the record will be levied. **You will be advised in advance the cost of photocopying the record and the method of payment.**

我們會按照影印記錄所需的成本收取費用，並會預先通知你所需繳付的影印記錄費用及付款方法。

4. You may be asked to provide additional information to help us meet your request. We may not be able to process your application if you do not provide sufficient information.

你或需提供更多資料，以協助我們處理你的申請。如你未能提供足夠資料，我們可能無法進一步處理你的申請。

5. The information you provide will be used for processing your application for access to personal data. It may also be disclosed to other Government departments or agencies for the same purpose.

你所提供的資料，將用於處理有關你申請索取個人資料的事宜上。你所提供的資料亦可能會被送交其他政府部門或有關機構，作同樣用途。

6. If the applicant requests disclosure of personal data to a third party (e.g. insurance company, legal adviser, etc.), please fill in the Client Consent Form (Disclosure of Personal Data to 3rd Party) (FHS 122).

如申請人須向第三者(例如保險公司、法律顧問等)披露個人資料，請填妥顧客同意書(向第三者披露個人資料)(FHS 122)。

7. The duly completed application form, and the relevant documents can be returned by mail or in person to the Maternal and Child Health Centre, Woman Health Centre that you are attending or the Family Health Service (General Registry, Head Office, Room 1308, 13/F, Guardian House, 32 Oi Kwan Road, Wanchai, Hong Kong). Please state "Application for copy of Health Record" on the envelope. For the addresses of Maternal and Child Health Centres / Woman Health Centres, you may visit our website at www.fhs.gov.hk.

請填妥申請表格，並連同有關文件正本或副本，以郵寄或親身遞交方式，交回所屬的母嬰健康院、婦女健康中心或香港灣仔愛群道 32 號愛群商業大廈 13 樓 1308 室家庭健康服務總部辦理，信封面註明「申請健康記錄副本」。有關母嬰健康院 / 婦女健康中心的地址，你可以瀏覽本署的網頁 www.fhs.gov.hk。

8. You will be notified when the document is ready for collection. You may collect the document in person or authorise a representative to collect it on your behalf (on production of Authorisation for collection of copy of health record / medical report (FHS 123) and proof of the individual's identity e.g. Hong Kong identity card). If the document is not collected within 3 months after the notification, the document will be destroyed without further notice and no refund would be made.

收到本院通知後，申請人必須於三個月內親自或授權他人(代取人須出示領取健康記錄(副本) / 健康報告授權書 (FHS 123)及其身份證明文件，例如香港身份證)領取所申請的文件，否則文件將被消毀而所收款項亦不會退回。

9. Please make a copy of this application form for your personal keeping if necessary.

如有需要，請自行影印此申請表格，以作保管。

I have read and understood the above notes (Please tick the box on the left).
我已閱讀並明白以上條例(請於方格內劃上「√」號)。

Signature of applicant:

申請人簽署

Name of applicant:

申請人姓名

HKID / Travel Document no.:

香港身份證 / 旅遊證件號碼

Contact telephone number:

聯絡電話

Address:

地址

Date:

日期

To be completed by staff

職員填寫

| | |
|-----------------------------------|-------------------|
| Date of application received: | Name & Signature: |
| Date of notification: | Name & Signature: |
| Date of *completion / withdrawal: | Name & Signature: |