



Precious Blood Hospital (Caritas)

113 Castle Peak Road, Shamshuipo, Kowloon, Hong Kong

Tel: (852) 3971-4406 Fax: (852) 8148-7474

E-mail : medrec@pbh.hk

Medical Report / Copy of Medical Records / Birth Certificate (Time of Birth) Application Form

Particulars of Patient / Data Subject	
Name (English) :	(Chinese)
Date of Birth :	Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female
Identity Card/Travel Document No. :	
Address :	
Contact Tel. No. :	E-mail :
Patient No. :	Attending Doctor :
Date of Admission :	Date of Discharge :
Item Applied : (Please ✓ in the appropriate box)	
<input type="checkbox"/> Medical Report	<input type="checkbox"/> Insurance Claim Form
<input type="checkbox"/> Copy of Medical Records	<input type="checkbox"/> Copy of Laboratory Report
<input type="checkbox"/> Birth Certificate (Time of Birth)	<input type="checkbox"/> Copy of X-ray Report
<input type="checkbox"/> Delivery Record	<input type="checkbox"/> Copy of C.T. Scan Report
<input type="checkbox"/> Re-Issuance Newborn Immunization Record	<input type="checkbox"/> Copy of M.R.I. Scan Report
<input type="checkbox"/> Others _____	
Purpose of Request: <input type="checkbox"/> Personal Reference <input type="checkbox"/> Future Medical Purposes <input type="checkbox"/> Insurance Claim <input type="checkbox"/> Employee Compensation <input type="checkbox"/> Legal Proceedings <input type="checkbox"/> Others _____	
Particular of Relevant Person (To be completed if the applicant is not the Patient)	
Name (English) :	(Chinese)
Identity Card/Travel Document No. :	Contact Tel. No. :
Address :	
Relationship : <input type="checkbox"/> Parents / Guardian of the patient who is under age 18 <input type="checkbox"/> Authorized person representing the patient to submit this request and to collect the requested	

Signature of the Patient : _____ Date : _____

Signature of Relevant Person (If applicable) : _____ Date : _____

Staff Signature : _____ Date : _____

Remark : _____

* Attachment "Notes & Procedure of Application for Medical Report / Medical Record"



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Attachment I

Notes & Procedure of Application for Medical Report / Medical Record

1.	Applicant must complete the form of “Application for Medical Report / Medical Record” and submit the form to Patient Services Office (“PSO”) by e-mail / fax / in person.
2.	Applicant must provide a true copy of the following documents and show original documents for checking: - (i) Patient / Data Subject’s identity card / travel document (ii) Authorization Letter signed by the patient for release of medical records information(if necessary) (iii) Authorized person’s identity card / travel document (if necessary) (iv) Enquiry for Time of Birth Record, applicant should submit HK Certificate of Birth and their mother’s copy of identity document
3.	In accordance with the payment of the administrative fee for each application. Particular charges please refer to “Charges for Medical Record Document”. Application category are as follows: - (i) Apply for medical report / copy of medical records / after discharge, ward nurse informed the patient to take the report, the patient has not take the report within 7 days / re-issuance newborn immunization record (ii) Apply for birth certificate (time of birth) record / delivery record No refund will be made even the application is withdrawn before the report is issued, but also non-transferable. The application will be rejected, if the necessary documents are not fully submitted within 40 days.
4.	Compliance with a data access request may be refused unless and until any such fee has been paid.
5.	The hospital will normally keep in-patient records for 7 years and out-patient records for 3 years.
6.	Payment methods will be accepted by Cash / EPS / Visa / Master / Union Pay / WeChat Pay / Apple Pay / Samsung Pay / FPS / Transfer to "Bank of China" account: 012-774-10144060
7.	Applicant may collect the medical report / copy of medical records in person. (The hospital does not provide by fax / e-mail services). The authorized person collect the report should provide original authorization letter signed by the applicant, authorized person’s copy of identity card / travel document and applicant’s copy of identity card / travel document.
8.	In normal circumstances, the application for duplicate medical report / medical record will be released within 28 days after all the required documents are submitted. The requested item will be disposed if the applicant are not collected within 3 months.
9.	All medical records are written in English. The hospital does not provide translation services.
10.	Opening Hours: - Monday ~ Friday: 9:00am ~ 5:00pm (1:00pm ~ 2:00pm Lunch Time) Saturday, Sunday & Public Holiday: Closed

* The above detail will be subject to amendment without prior notice.