

Appendix 1: 醫療報告申請表 Medical Data Request Form

*填表前請細閱「醫療報告申請須知」

Please read the "Notice for Application of Medical Report" carefully before completing the form

1. 資料當事人 Data Subject

姓名 Name			
證件類別及編號 Type and No. of ID	出生日期 DOB		聯絡電話 Telephone No.

2. 申請用途 Purpose of Request

日期 Visit Date	____/____/____ 至 to ____/____/____		
申請項目 Data Type	<input type="checkbox"/> 門診/體檢報告副本 Outpatient/health assessment medical record <input type="checkbox"/> 醫學影像報告副本/光碟 Medical imaging report/CD <input type="checkbox"/> 住院報告副本 Inpatient medical record <input type="checkbox"/> 其他 Others: _____ <input type="checkbox"/> 化驗報告 Laboratory report		
內容要求 Content Required	無特殊要求者不需填寫 leave this column blank if there are no specific requirements		
原因及用途 (僅作參考用途) Reason and Purpose (For reference only)	<input type="checkbox"/> 醫療轉診 Medical referral <input type="checkbox"/> 疾病津貼 Sick allowance <input type="checkbox"/> 福利援助申請 Social assistance application <input type="checkbox"/> 保險索償 Insurance claim <input type="checkbox"/> 法律訴訟 Legal proceedings <input type="checkbox"/> 其他(請註明) Other (please specify) _____		

3. 申請人資料及簽署 Particulars and Signature of Applicant

- 為資料當事人 (年滿十八歲) Data Subject (aged 18 or above)
 為當事人代表 Representative

代表人類別 Category of Representative	<input type="checkbox"/> 未滿成年人之父/母 Father/ Mother of the minor <input type="checkbox"/> 獲授權人士 Authorized Person <input type="checkbox"/> 已故者的法定繼承人 Legal Heir of the Deceased		<input type="checkbox"/> 獲法院授權管理當事人事務之人士 Person appointed by courts to manage the affairs of the Data Subject	
代表人姓名 Name of Representative			證件類別及編號 Type and No of ID	
聯絡電話 Telephone No.				

本人所提供的個人資料均為準確及完整，亦已閱讀「醫療報告申請須知」，明白如資料錯誤或不完整，醫院將無法處理本人之申請。I declare the personal data provided is accurate and complete and I have read "Notice for Application of Medical Report". I understand that if I fail to provide the information required or if the information provided is inaccurate or incomplete, my request may be rejected.

本院保留一切的權利，可隨時不經通知而更改或終止本須知條款及細則。Hospital reserve the right to change the Terms and Conditions without prior notice.

申請人簽署 及 日期 (按證件式樣簽署)
Signature of Applicant (Please sign according to the identity document)

4. 委託領取 Collection by a Third Party

本人為上述申請人，現委託 _____ 持證件類別及編號 _____ 代為領取醫療報告。 I, the abovementioned applicant, now entrust _____, holder of identity document (nature and number) _____ to collect the medical report.	
_____ 申請人簽署 及 日期 (按證件式樣簽署) Signature of Applicant (Please sign according to the identity document)	
內部人員填寫 For Official Use	領取報告 Collection of Report
記錄編號 Record No.	領取人簽收 (按證件式樣簽署) Received by (Please sign according to the identity document)
<input type="checkbox"/> 收取者/日期 Received/Date: ____/____/____ <input type="checkbox"/> 負責者/日期 Processed/Date: ____/____/____ <input type="checkbox"/> 覆核者/日期 Collected/Date: ____/____/____	_____ 日/月/年 day/ month/ year
醫療主管審批/日期 Medical Superintendent Approval/Date _____/____/____	

醫療報告申請須知

注意事項

- 申請人需填妥申請表並提交有關證明文件（詳閱所需文件部份）後始可作出申請；
- 申請人提供的資料和證明只作該次申請審核和存檔用途。倘提供不正確 / 不完整的資料需承擔因此所引起的責任和後果；
- 獲授權之保險公司或機構應提交由資料當事人或法定代表（需連同有關證明）簽署的有效授權書確認本。

辦理地點

地點：澳門銀葵醫院接待處

查詢電話：+853 2832 2283

辦公時間：上午 9 時至晚上 7 時（週一至週六）週日及公眾假期休息。

申請資格

資料當事人（需年滿十八歲之當事人、未成年者需由監護人提出）或獲當事人授權人士。

所需文件

- 填妥之「醫療報告申請表」；
- 出示以下證明文件正本及遞交副本。

申請人類	證明文
資料當事人（需年滿十八歲）	身份證明文件（澳門居民身份證或護照）
未成年人士父/母	尊親屬關係證明及雙方身份證
獲授權人士	授權書及雙方身份證
已故者的法定繼承人	死亡證明書、繼承人證明及雙方身份證
獲法院授權管理當事人事務之人士	法院發出的證明文件及雙方身份證

領取及所需時間

約需時 7 個工作天，以電話或電郵通知申請人領取。

領取	需出示/提交證
申請人領取	1. 醫療報告申請表副本 2. 申請人證件正本
受委託人領取	1. 醫療報告申請表副本 2. 申請人證件副本 3. 受委託人證件正本及提交副本

Notice for Application of Medical Report

Important Notes

- Applicants are required to complete the request form and provide the relevant supporting document (see "Required Documents" for details);
- The information and documentary evidence provided by the applicant will only be used for the purposes of application review and file handling. Any inaccurate or incomplete information shall be held responsible for all consequences arising therefrom;
- Authorized insurance companies or institutions must provide a true copy of a valid authorization letter signed by the Data Subject or legal representative (together with relevant documentary evidence). The letter must be submitted by using the company's official letter, and must indicate the requesting department, requesting date, and reason for request.

Location for Application

Location: Reception, Macau Yin Kui Hospital

Enquiry: +853 2832 2283

Service Hours: 09:00 to 19:00 (Mondays to Saturdays), closed on Sundays and public holidays

Eligibility

Data Subject (should be aged 18 or above; guardian may apply on behalf of their children aged below 18) or person authorized by the Data Subject.

Required Documents

- A duly completed Medical Report Request Form;
- A photocopy of the following supporting documents, applicant must produce the original for verification.

Applicant Category	Supporting Document
Data Subject (at least 18 years of age)	Identity documents (Macau ID or Passport)
Father/ mother of the minor	Proof of ascendant relation and identity document of both parties
Authorized person	Authorization Letter and identity document of both parties
Legal heir of the deceased	A death certificate, proof of heir and identity document of both parties
Person appointed by courts to manage the affairs of the Data Subject	A court document issued by a court and identity document of both parties

Collection and Processing Time

The processing time is about 7 working days. The applicant will be notified by telephone.

	Supporting documents to be produced/provided
Applicant	1. Medical Data Request Form Copy 2. Original ID of the applicant
A third party	1. Medical Data Request Form Copy 2. ID Copy of the applicant 3. Original ID and ID copy of the authorized person.