For Official Use Only		
Fee		(Cash/Cheque)
Receipt no.		
Date		
Received by	:	Clinic/YHCC/Admin. Dept.

THE FAMILY PLANNING ASSOCIATION OF HONG KONG * MEDICAL RECORD/MEDICAL REPORT/MEDICAL NOTE APPLICATION FORM

(Please read application guidelines)

l.	Particulars of *Client/Applicant: (Please complete part III if the client is deceased.)			
	Name:Surname Forenam			
	Sumame Forenam			
	* HKID/Passport No.: Se			
Correspondence Address:				
	Contact Tel. No.: Registrati			
Date of First Visit: * Service/Clini				
	Reasons for Application: * insurance claim/immigration application/personal r			
	others	(please specify)		
Method of Collection: * (1) collected by * client/authorized person or (2) sent to * cl				
authorized person by * surface/registered mail				
	Signature: Date:			
 .	Authorization of *Client/Applicant (To be signed by the *client/applicant. Please complete Part III if the client is deceased.)			
	I,(name of * clie	ent/applicant), hereby authorize		
	the Family Planning Association of Hong Kong to release my medical informatio			
	the authorized person whose * HKID/Passpo			
	is			
	Signature: Date:			
<u></u>	. Authorization of the *Client/Deceased's Next of Kin (Fo	r deceased client only)		
	Name:* HKID/Passport No.:			
	Contact Tel. No.:Relationship with	the Client:		
I hereby authorize the Family Planning Association of Hong Kong to release				
	client's medical information to the authorized person			
	whose * HKID/Passport No. is	·		
	Signature: Date:			
IV.	Receipt of * Medical Record/Medical Report/Medical Note			
		Date:		
		Date:		

^{*} Please delete as appropriate

Application Guidelines:

- 1. The authorization has to be signed or chopped by the client. If the client is deceased, his/her next of kin has to sign under Part III and submit the application with a copy of the documentary evidence to support the relationship.
- 2. Please attach Insurance Claim Form together with the Application Form for doctor's completion as necessary.
- 3. Please fill in all relevant items listed in the Application Form clearly. Insufficient or inaccurate information will delay the processing of the application.
- 4. No refund of the charges will be made if the application is withdrawn before the medical record/medical report/medical note is issued.
- 5. If a medical record/medical report/medical note is required on a particular date but it is unlikely that the report can be released on or before that, the application will then be rejected and the remittance will be returned to the applicant.
- 6. a) The basic charge for a medical record is HK\$250. If the photocopying fee exceeds \$250, the extra fee in addition to \$250 has also to be paid. (Photocopying fee: \$3.5 per page including laboratory results, doctors' and nurses' notes, etc.)
 - b) Medical reports for insurance claim and other general purposes are charged at HK\$1,000 each. If no report can be prepared due to insufficient information given or any other reasons, an administrative fee of HK\$250 will still be charged. (The applicant can send two cheques of HK\$250 and HK\$750 to speed up the refund after an administrative fee is charged.)
 - c) Medical notes (To Whom It May Concern) is charged at HK\$100 each.
 - d) Payment should be made by cheque payable to "The Family Planning Association of Hong Kong" and crossed. The completed form and cheque should be returned to the Association's Clinics/Youth Health Care Centres or the Administration Department, 10/F, Southorn Centre, 130 Hennessy Road, Wan Chai, Hong Kong.
 - e) Payment by cash should be handed in with the form to the Association's Clinics/Youth Health Care Centres/Administration Department during office hours.
- 7. All payment has to be settled before the application will be processed.
- The applicant can collect the medical record/medical report/medical note in person or receive it by surface mail. If registered mail is required, additional postage will be charged.
- 9. The Association has the right to revise the above without any further notice.