病歷複製申請單(Medical Record Request Form)

申請日期(Request Date)：西元　　年(*yyyy*)　　月(*mm*)　　日(*dd*)病歷號碼:

病人姓名 Patient's Name		出生日期 DOB	年 (*yyyy*) 月 (*mm*) 日 (*dd*)	身分證字號 ID No.	
代理人姓名 Authorized Representative		出生日期 DOB	年 (*yyyy*) 月 (*mm*) 日 (*dd*)	身分證字號 ID No.	
聯絡方式 contact method (簡訊、Email 通知)	電話 Phone： 電子信箱：Email		郵寄地址 Mailing addres		
申請用途 Purpose of Request	□轉診 Transfer □出國 Going abroad □看護 Caregiver □兵役 Military □行政相驗 Death Certificate □保險 Insurance Underwriting, Claim □事前審查 Prior review □重大傷病申請 Catastrophic illness □訴訟 Litigation□自行留存 Keep on file□其他 Other_____				

申請內容(Information Requested)	義大 (EA)	癌治療 (EC)	大昌 (ED)	期間 (Visit Dates)	份數 (Unit)	作業流程 Operating Procedure
1.檢驗報告單：血液、尿、糞等 Lab Report (blood, urine, stool test, etc.)						申請人簽章：Applicant's signature
2.病理組織或切片 Pathology Report						
3.放射線報告(一般、MRI、CT) Radiology Report (X-ray, MRI, CT)						
4.核醫造影 Nuclear Medicine Imaging Report						
5.超音波(腹部、腎臟、泌尿等) Ultrasound Report (abdominal, kidney, breast, heart, etc.)						影印張數：　張 Number of page(s) copied: ___ 影印/稽核人員簽章：Signature of photocopy/auditing personnel
6.心電圖(靜態、運動、24 小時) EKG Report (resting, treadmill, 24 hrs Holter)						
7.神經生理檢查(肌電圖、腦波等) Neurophsyiological Examination Report (e.g., EMG, EEG)						
8.內視鏡(胃、大腸、支氣管等) Endoscopy Report (e.g., Gastroscopy, Colonoscopy, Bronchoscopy)						
9.門診記錄 Records of Outpatient Clinic						
10.出院病歷摘要 Discharge Summary (若需中文病歷摘要請備註說明)						收費員簽章：Cashier's signature
11.手術記錄 Operation Note						
12.其他：_____ Other Reports:						

委託書(申請病歷複製)

本人因不克親臨　貴院申請病歷複製，特委託_____君前往辦理病歷複製事宜並同意檢附本人及受託人身分證正、反面影本供留存。病歷複製之內容範圍為：□義大醫院□義大癌治療醫院□義大大昌醫院_____(務必請勾選醫院、填寫病名或日期區間)。

此致　義大醫院

委託人簽章/日期：_____/_____　受託人簽章/日期：_____/_____

Authorization Letter for Medical Record Release

To whom it may concern,

Due to my being unable to visit□E-Da □E-Da Cancer □E-Da Dachang Hospital in person, I, _____,(*your name*) hereby authorize _____ (*name of representative*) to request a copy of my medical record. I agree my and my representative's copied IDs to be retained. Please release my medical records related to treatment for _____ (*medical conditions*) from _____ / ___ / ___ (*yyyy/mm/dd*) through _____ / ___ / ___ (*yyyy/mm/dd*).

Signature of Patient: _____ Date: _____ / _____ / _____ (*yyyy/mm/dd*)

Signature of Patient's Representative:_____ Date: _____ / ___ / ___ (*yyyy/mm/dd*)

身分證正、反面影本請黏貼於背面 Please glue the front and back of your ID onto the spaces provided on the last page

病歷複製申請單(Medical Record Request Form)

病歷複製申請說明(Medical Record Request Instructions)：

一. 為保護病友隱私，申請資料請備妥相關證件並同意影印證件影本供本院留存：

(1) 本人申請：身分證件正本。

(2) 受委託人申請:(a)病人或法定代理人身分證影本 (b)受委託人身分證影本 (c)關係證明文件(如:戶口名簿) (d)病人或法定代理人簽訂之委託書(載明委託意旨及範圍)

1. In order to protect our patients' privacy, please provide us with the documentation below:

(1) If you are the patient himself/herself, please provide us with the original ID for our identity check.

(2) If you are the patient's representative, please provide us with the following items:

(a) The patient's copied ID (b) The representative's copied ID (c) Proof of relationship with the patient (e.g., household certificate) (d) The patient's authorization letter (specify purpose, disease, and date)

二. 依據醫療法第七十一條，醫療機構依診治病人之要求，提供病歷複製本，其所需費用由病人負擔。

2. According to Article 71 of Taiwan medical law, health care institute should offer a copy of the medical record based on patient's request. The expense incurred will have to be paid by the patient.

三. 依衛福部醫字第 0930217501 號函：為減少病人申請病歷多次往返醫院之舟車勞苦，本院提供郵寄方式，其產生之郵寄費用由病人負擔(國內郵寄費用：50 張以內 50 元，51 張(含)以上 80 元)。

3. In accordance with the intention of the official letter from the Ministry of Health and Welfare No. 0930217501 to reduce the patient's inconvenience caused by going back and forth to the hospital for medical record request, our hospital offers mailing services for medical record delivery. The mailing expense incurred will have to be paid by the patient. (1 - 49 page(s): NTD 50; >50 pages: NTD 80)

四. 申請(現場取件)時間及地點：

(1) 時間：星期一至星期五 08：00~17:00;星期六 08:00-12:00

(2) 地點：一樓複製櫃檯申請。

4. Request Location and Time for Pick-up on-site

(1) Time (Monday to Friday):08:00~17:00; Saturday: 08:00~12:00 (noon)

(2) Location: 1st floor Admission Counter (Medical Record Request Counter)

五. 作業時間：

(1) 檢驗檢查報告(申請內容第 1~8 項)：當天取件。(2) 前述以外之病歷資料：2 天(工作日)。(3) 中文病歷摘要：5 天(工作日)。

5. Pick-up Time

(1) Lab reports, examination reports, and radiographs (including CT and MRI) are released on the day of application.(Information Requested Items 1~8.)

(2) Chinese discharge summary is released on 5 workdays .

(3) Others are released on 2 workdays.

六. 保險公司申請病歷複製，應以公文來函方式為之，不得經由病歷複製申請櫃檯提出申請。

6. If the request for medical record release is made by an insurance company, official document should be sent to the hospital. Application through the counter for Medical Record Request is not accepted.

七. 申請資料不符，不予受理。

7. Medical records can be released only after the required information on the application form has been provided completely and correctly.

委託人身分證影本 正面 A Copy of Patient's ID Front	委託人身分證影本 反面 A Copy of Patient's ID Back
受委託人身分證影本 正面 A Copy of Patient Representative's ID Front	受委託人身分證影本 反面 A Copy of Patient Representative's ID Back