

THE UNIVERSITY OF HONG KONG

Rm 206, 2/F
Academic Building
3 Sassoon Road
Pokfulam, Hong Kong



Tel: (852) 3917 6881
E-mail: uhssr@hku.hk

UNIVERSITY HEALTH SERVICE @ SASSOON ROAD

Authorisation Form for Others to Collect Medical Documents or Medications

代取醫療文件或藥物授權書

Please read the Personal Information Collection Statement (PICS) before you provide any personal information to the University Health Service.

在您向香港大學醫療保健處提供任何個人資料前，請先閱讀個人資料收集聲明。

<https://www.uhs.hku.hk/>→About Us→Personal Information Collection Statement

I hereby authorize 本人授權：_____

of UID / HKID / Passport No.* 大學 / 身份證 / 護照編號* _____ (* Please delete where appropriate 請刪去不適用者)

to collect the following on my behalf 代表本人領取: (please check the appropriate; 請在適當空格內加上√號)

- Medical Records or Reports 醫療記錄或報告
- Referral Letters 轉介信
- Medications 藥物
- Others (please specify)
- 其他(請註明)：_____

This authorisation 本授權書 (please check the appropriate 請在適當空格內加上√號):

- is valid for this time only 只於這次有效
- is valid until further notice 持續有效，直至另行通知
- Others (Please specify)
- 其他(請註明)：_____

A copy of my identification is enclosed for verification. Thank you.

現附上本人之身份證明文件副本以作核實。謝謝。

Name (IN BLOCK LETTERS) 姓名 (全名)：_____

University ID 大學編號：_____

Signature 簽名_____

Date 日期：_____

Authorised persons are required to show their identification and photocopy of patient's identity document for verification. 授權人士須出示身份證明及病人之身份證明副本以作核實。