BERKSHIRE HATHAWAY SPECIALTY INSURANCE

醫療護理授權証

持書人因工受傷已獲准接受尚證行有限公司委派之醫療服務機構提供之醫療護理。

本醫療護理授權証之有效期為 1 個月。此書只可由尚證行有限公司授權之人仕簽署方為有效。此書為尚證行有限公司所有，非法使用此書將會被檢控。如有疑問，歡迎致電黃姑娘，電話號碼: 2180 9882 / 6235 4411 或電郵 (cherry.wong@anzure.com)。

受傷僱員資料		
姓名	香港身份證號碼	電話
意外地點	意外日期	住址

僱主/承辦商資料			
名稱	工程編號	授權簽署人姓名	授權簽署人職位
授權簽署人聯絡電話	授權人簽署 (連公司印章)		簽發日期

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授權聲明

本人為上述之受傷僱員，現根據《個人資料(私隱)條例》第 486 章，授權尚證行有限公司（“尚證行”）查驗、檢閱及/或索取有關本人在意外日期前或後接受的醫療諮詢、治療及檢查的所有醫療報告/紀錄/筆記的副本 (包括但不限於放射性及掃描影片和底片、臨床照片、測試結果、到診紀錄等)，以及有關意外的任何調查報告、口供、照片及紀錄 (統稱為“本人的醫療和個人資料”)，以作調查、評估受傷賠償和協助本人康復之用，並監察本人的康復情況及/或復康進度。本人授權任何持有本人的醫療和個人資料的醫院、醫生、診所、醫療或保健機構及政府部門為此目的提供上述資料予“尚證行”。

本人確認尚證行之復康經理 (“復康經理”) 可參與本人和醫療專業人士的醫療諮詢，以協助本人的治療和康復計劃。醫療專業人士及/或復康經理可就本人的情況、治療和康復狀況討論或制定進一步的資料(“進一步醫療和個人資料”)。本人現授權任何醫療專業人士及/或復康經理提供進一步醫療和個人資料予尚證行，以評估本人的賠償金額和協助本人康復。

本人確認及明白任何復康經理乃由尚證行委聘。本人同意復康經理可與尚證行討論任何進一步醫療和個人資料及/或任何其他已跟本人討論的事項。

個人資料收集聲明

本人確認及同意尚證行向/與以下機構或人士 (不論是在香港或其他地方) 轉移/討論本人的醫療和個人資料及任何進一步醫療和個人資料，作為調查並評估本人的賠償金額、協助本人康復、監察、審計和追討賠償之用：勞工處及其他政府部門；巴郡保險公司；本人的僱主(包括負責安排、監督及/或管理本人僱主是次工程工作的承辦商及次承辦商)；公証行、律師、核數師、代表保險公司處理賠償之機構；醫療或保健的專業人士；復康經理；及向其追討申索的機構。

本人確認明白本授權書的內容。本授權書由簽署日起計有效兩年。本授權書的副本與正本有同等效力。

本人明白自己乃自願提供本人的醫療和個人資料及進一步醫療和個人資料，但如果本人不提供或停止提供上述資料，尚證行未必能評估本人的賠償金額或協助本人康復。

受傷僱員簽名 : _____ 簽署日期 : _____

傳譯員姓名(如適用) : _____ 傳譯語言 : _____ 傳譯員簽署: _____

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Medical Treatment Authorization

The person named hereon is authorized to receive medical treatment from Anzure Limited appointed medical services provider for injuries sustained at work.

The Medical Treatment Authorization is valid for ONE month. This sheet may only be issued by persons authorized by Anzure Limited. This sheet is the property of Anzure Limited, unauthorized use of this sheet will result in prosecution. For enquiry, please call Cherry Wong at 2180 9882 / 6235 4411 or email to (cherry.wong@anzure.com).

Information of injured worker		
Name	HKID no	Telephone no.
Place of accident	Date of accident	Home Address

Information of Employer/Contractor			
Name (s)	Job no.	Name of authorized person	Position of authorized person
Telephone no. of authorized person	Signature of authorized person (with Company Chop)		Date of issue

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DECLARATION AND AUTHORIZATION

I am the abovementioned injured worker, hereby authorize Anzure Limited ("Anzure"), to inspect, review and/or obtain copies of all medical reports/records/notes (including but not limited to radiological and scan films and negatives, clinical photographs, test results, records of attendances, etc.) relating to medical consultations, treatments and examinations received by me both before and since the date of accident and any investigation reports, statements, photographs and records relating to the accident (together "My Medical and Personal Data") for the purpose of investigating and assessing compensation for my injury as well as assisting me with rehabilitation, and monitoring the progress of my recovery and/or rehabilitation in accordance to the Personal Data (Privacy) Ordinance Cap. 486. I authorize any hospital, doctor, clinic, medical or healthcare institution, and government department which hold My Medical and Personal Data to release it to Anzure for this purpose.

I confirm that Healthcare Manager of Anzure ("HM") may attend my medical consultations with medical professionals for the purposes of assisting with my treatment and rehabilitation plan. The medical professionals and/or HM may discuss, or formulate further documentation about, my condition, treatment and rehabilitation, including the formulation of medical management plans ("Further Medical and Personal Data"). I hereby authorize any medical professionals and/or HM to provide the Further Medical and Personal Data to Anzure for the purpose of assessing my compensation as well as assisting me with rehabilitation.

I acknowledge and understand any HM are engaged by Anzure. I consent for the HM to discuss with Anzure any Further Medical and Personal Data and/or any other matters discussed with me.

PERSONAL INFORMATION COLLECTION STATEMENT

I acknowledge and consent for Anzure to transfer/discuss My Medical and Personal Data and any Further Medical and Personal Data to/with the following persons (whether located in Hong Kong or elsewhere) strictly and solely for the purpose of investigating and assessing my compensation, assisting me with rehabilitation as well as for monitoring, auditing and recovery purposes: the Labour Department and other government departments; Berkshire Hathaway Specialty Insurance Company; my employer (including contractors and subcontractors that arrange, supervise and/or manage my employer's works on this contract); loss adjusters, lawyers, auditors, and claims processing organisations acting for the insurer; medical or healthcare professionals; HM; and organisations against which recovery of the claim is pursued.

I confirm that I understand the contents of this authorization. This authorization is valid for two years from the date of signing. A copy of this authorization has the same effect as the original.

I understand it is voluntary for me to provide My Medical and Personal Data and the Further Medical and Personal Data but if I do not provide it or cease to provide it, Anzure may not be able to assess my compensation or assist with my rehabilitation.

Signature of injured worker: _____ Date: _____

Name of interpreter (where applicable): _____ Language of interpretation: _____

Signature of interpreter _____

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