

PARKWAY HOSPITALS SINGAPORE PTE LTD



CONSENT FOR RELEASE OF MEDICAL INFORMATION

INSTRUCTIONS

1. This form must be fully completed. It should be signed by the patient or the patient's parents (If the patient is below 21 years of age). The patient's consent is required for medical enquiries.
2. If the patient is deceased or lack mental capacity, consent is required from the authorized representative. Authorized representatives are to provide photocopies of their NRIC or passport, Court Orders, Lasting Power of Attorney and/or other legal documents (where applicable). A copy of the patient's death certificate is required.
3. Photocopies of relevant documents (e.g. birth certificate, marriage certificate, death certificate and letters of administration) are to be attached as proof of relationship to patient if applicable.
4. The patient has to enclose a photocopy of own NRIC (front & back view), passport or Birth Certificate for submission of this request. The release of the medical information is subject to official approval. The Hospital reserves the right to refuse a request for the release of patient medical information if the Hospital finds that such persons do not have the authority to make such requests.

PART A: PATIENT'S PARTICULARS

Name (as in NRIC / Passport)	
NRIC / Passport Number	
Residential Address	
Contact Number	
Period or Date of Visit	

PART B (1): AUTHORISATION

I, _____ (name) of _____ NRIC / Passport Number _____ hereby authorise PARKWAY HOSPITALS SINGAPORE PTE LTD to furnish and release the requested medical information below to **myself / my Authorised Representative** (delete where applicable). I consent to having details in relation to my National Identification Number (NRIC, passport, birth certificate, foreign identification work permit number), including copies, to be collected, used and / or disclosed for the purpose of processing my request for medical information set out below.

Discharge Summary
 Investigation Results
 Others (*Please specify*):



PART B (2): DETAILS OF THE AUTHORISED REPRESENTATIVE

Name	Address
NRIC / Passport Number	Contact Number

PART C: PURPOSE OF REQUEST

<input type="checkbox"/> Insurance Claims	<input type="checkbox"/> Work injury compensation	<input type="checkbox"/> Continuity of Care
<input type="checkbox"/> Legal proceedings	<input type="checkbox"/> Second Opinion	<input type="checkbox"/> Others (Please specify):

PART D: PREFERRED MODE OF COLLECTION

I will personally collect the medical information once it is ready. **I am aware that I will need to furnish my NRIC upon collection for verification and that the medical information cannot be released if I am unable to do so.**

Send to the address of Patient / Authorised Representative (delete where applicable) as indicated above.

Via Email _____

The medical information will be collected by my representative(s). **An authorisation letter with the representative's name and NRIC / Passport No. and a copy of my NRIC has to be furnished upon collection. The medical information cannot be released if I am unable to do so.**

PART E: AUTHORISATION

By signing on the consent below I acknowledge that I have read and understand the Notes on application for the Release of Medical information. I confirm that I shall not hold Parkway or any of its employees, servants or agents responsible in any way whatsoever for the release of the said medical information (including to any other party authorised by me) in the event of any loss or damage arising directly or indirectly, as a result or in connection with the release of such medical information. By reason of the aforesaid, I undertake full responsibility and liability arising from the release of the said medical information.

Signature of Patient / Date	Signature of Parent(s) / Guardian / Next-of-Kin / Administrator of Estate/Date (Refer to the above stated instructions 1 & 2)	Relationship to Patient
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NOTES ON CONSENT FOR THE RELEASE OF MEDICAL INFORMATION

1. In accordance to the Personal Data Protection Act (No.26 of 2012), the application can only be made by the patient,
 - a. exception if the patient is (i) a minor, (ii) deceased, (iii) mentally incapacitated.
 - b. Or if the report is for workmen compensation. (i) Workmen Compensation reports can be applied by the patient or his / her employer. The completed report will be given directly to the Ministry of Manpower.
2. If the patient is a minor, the application is to be made by both of the patient's parents or legal guardian. A copy of the patient's birth certificate is required. A minor is someone who is below 21 years old, who is not an active National Serviceman, and who is not married or a widower or widow.
3. If patient is deceased,
 - a. The Application is to be made by the Legally Appointed Representative of the Estate. This is either an executor of the deceased's "Will" who has been granted probate, or a person who has been appointed as an administrator of the deceased's estate by the Singapore Court.
 - b. If the deceased does not have a Legally Appointed Representative of the Estate, then the application is to be made by the deceased's Next-of-Kin (who is living and has the mental capacity to do). The nearest relative is the individual first listed: (i) Spouse, (ii) Child, (iii) Parent, (iv) Sibling, (v) Other relation.
4. If the patient lacks mental capacity, and in accordance to the Mental Capacity Act (Cap 177A)
 - a. The application is to be made by the Legally Appointed representative, who is a Donee of a Lasting Power of Attorney granted by the patient, or by a Deputy appointed for the patient by the court.
 - b. If the patient does not have a Legally Appointed Representative of the Estate, then the application is to be made by the patient's Next-of-Kin (who is living and has the mental capacity to do).
5. Forms and supporting documents required are:
 - a. Copy of the completed "Application & Consent for Release of Medical Information".
 - b. Scanned copies / photocopies of the patient's NRIC (or appropriate identification documents), both front and back views.
 - c. Scanned copies / photocopies of the applicant's NRIC (or appropriate identification documents), both front and back views.
 - d. Scanned copies / photocopies of all relevant documents (e.g. Birth Certificate, Marriage Certificate, Grant of Probate, Letter of Administration, Lasting Power of Attorney, Order of the Court (Appointment of Deputy) as proof of the applicant's relationship to patient, if the applicant is not the patient.
 - e. For deceased patient, scanned copy / photocopy of the death certificate.
In addition for deceased or patient who lacks mental capacity, and for whom the applicant is the Next-of-kin:
 - f. Scanned copies / photocopies of the relevant verification documents (e.g. marriage certificates, birth certificates) are to be provided by each declaration (i.e. spouses/ children/ siblings) as proof of relationship to the deceased patient.
6. Parkway Hospitals Singapore Pte Ltd can only process your application upon fulfilling the verification and receipt of all necessary forms, supporting documents (if any). The release of the medical information is also subjected to the official approval by Parkway Hospitals Singapore Pte Ltd.

7. Contact & Application Information

<p>Gleneagles Hospital 6A Napier Road Singapore 258500 Tel : 6470 3450 Fax No: 6470 3446 Email : SG.GEH.MRO@parkwaypantai.com</p>	<p>Mount Elizabeth Hospital 3 Mount Elizabeth Singapore 228510 Tel : 6731 2217 Fax No : 6235 0486 Email : SG.MEH.MRO@parkwaypantai.com</p>
<p>Mount Elizabeth Novena Hospital 38 Irrawaddy Road Singapore 329563 Tel : 6933 0497 Fax No: 6933 0505 Email : SG.MNH.MRO@parkwaypantai.com</p>	<p>Parkway East Hospital 321 Joo Chiat Place Singapore 427990 Tel : 6340 8646 Fax No : 6340 8644 Email : SGPEHMRO@parkwaypantai.com</p>

Operating Hours:

Monday – Friday: 8.30am – 5.30pm (last registration at 5.15pm)

Closed on Saturday, Sunday & Public Holidays