

**CONSENT FOR RELEASE OF PATIENT'S MEDICAL REPORTS AND MEDICAL INFORMATION
INSTRUCTIONS**

1. This form must be fully completed and signed by the patient. If the patient is below 21 years old, the form should be signed by the patient's parent/guardian.
2. If the patient is deceased/mentally incompetent, consent is required from the patient's authorised representative(s). Authorised representative(s) 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 (where applicable). If an authorised representative has not been appointed, a separate Letter of Undertaking has to be completed by all family members of the patient.
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 the patient (where applicable).
4. The patient has to enclose a photocopy of his/her own NRIC (front & back view), Passport or Birth Certificate if the patient is submitting this request via mail, fax and/or email.
5. Alexandra Hospital (AH) reserves the right to refuse a request for release of the patient's medical report(s) and/ or medical information if AH is of the view that such person(s) may not have the necessary authority to make the request.
6. The release of any medical report(s) and/ or medical information of the patient is always subject to the final decision and approval of Alexandra Hospital (AH).

PATIENT'S PARTICULARS

Name : _____

NRIC/HRN : _____ Contact No. : _____

Mailing Address : _____ Postal Code : _____

Date of Hospital Attendance : _____ Clinical Department : _____

REQUEST FOR MEDICAL REPORT(S) AND/OR MEDICAL INFORMATION

I, _____ (Requestor Name) of NRIC No. _____ (Requestor NRIC) hereby authorize ALEXANDRA HOSPITAL to furnish and release the abovementioned patient's medical report(s) and/or medical information of the type(s) stated below

TO: Name of Company or Person: _____
Address of Company or Person: _____

Type of Request:

- | | |
|--|--|
| <input type="checkbox"/> Ordinary Medical Report (\$80.25) | <input type="checkbox"/> Specialist Medical Report (\$180.20) |
| <input type="checkbox"/> Detailed Insurance Form (\$80.25) | <input type="checkbox"/> Lasting Power of Attorney Assessment (\$225.00) |
| <input type="checkbox"/> Psychiatric Mental Capacity Report (\$480.00) | <input type="checkbox"/> Diagnosis/ Procedure (\$21.40) |
| <input type="checkbox"/> Copy of Medical Certificate / Day Surgery Report / Lab Results/ X-ray (\$10.70) _____ | |
| <input type="checkbox"/> Others (please specify) _____ | |

Purpose of Request:

- | | |
|--|---|
| <input type="checkbox"/> Third Party Claim | <input type="checkbox"/> Continuity of Care |
| <input type="checkbox"/> Insurance Claims | <input type="checkbox"/> Insurance Application |
| <input type="checkbox"/> Second Opinion | <input type="checkbox"/> Legal Proceedings (please specify) _____ |
| <input type="checkbox"/> Personal (New employment) | <input type="checkbox"/> Others (please specify) _____ |

Besides the fee for the medical report(s) and/or medical information, I undertake to pay all additional associated charges such as x-ray and laboratory investigation charges that may be incurred during AH's preparation of the patient's medical report(s) and/or medical information.

Restricted, Sensitive (Normal)

PREFERRED MODE OF DELIVERY

- Self-Collection:** I will personally collect the medical report(s) and/or medical information once it is ready. **I am aware that I will need to furnish my NRIC/Passport to AH upon collection and that the medical report(s) and/or medical information cannot be released to me if I am unable to do so.** My contact number is _____.
- Representative Collection:** The medical report(s) and/or medical information will be collected by my representative. **I am aware that I have to produce the necessary documents required in Form B on the day of collection and that the medical report(s) and/or medical information cannot be released if my representative is unable to do so.**
- Mail:** Send to the address of Patient/Applicant/Company* (*Delete accordingly*) as indicated by Normal / Registered Mail* (*Delete accordingly*)
- Email:** Send to this email address: _____

I consent to the Institution of NUHS Group releasing the medical information requested. I confirm that I have read and understood the “Notes on Application & Consent for the Release of Medical Information” and have provide true copies of the relevant verification documents required for the release of the medical information. I agree that the Institution releasing the medical information shall not be liable for any omissions, false or incorrect information given under this application and I will indemnify the Institution for any claims arising under this application. I confirm that the address I have provided is correct. I acknowledge and further agree that if I have requested for the medical information to be delivered by post, the Institution will not be responsible for any loss, non-delivery, inadvertent disclosure to wrong recipients, unauthorised access or use of my medical information during delivery caused by a third party.

I further acknowledge and agree that if I provide an overseas postal address or if I open the email overseas, the overseas country may not have any data protection laws or have data protection laws which are dissimilar to Singapore’s Personal Data Protection Act 2012, and I do so at my own risks.

Signature of Patient & Date

Signature of patient / Next of Kin
Administrator of Estate / Donee/ Deputy* & Date
(Refer to Instruction 1& 2)

Relationship to Patient

Types of Medical Information / Services

Completion of Detailed Insurance Form (Ordinary)

It is a detailed insurance claim form to be completed by the doctor. The form will require information such as: diagnosis, details of injuries suffered, treatment given. This form should contain less than 20 questions.

Completion of Detailed Insurance Form (Ordinary Plus)

It is a detailed insurance claim form to be completed by the doctor. The form will require information such as: diagnosis, details of injuries suffered, treatment given. This form contains between 21 to 40 questions.

Completion of Insurance Form (Specialist or Disability Claim)

It is a detailed insurance claim form provided by the insurance company for the doctor to assess the patient's *disability status*. The form will require information such as: prognosis, diagnosis, details of injuries suffered, treatment given. *Consultation fees will be charged separately by the clinic on the day of the assessment.*

Simple insurance form (Outpatient Only)

It is a simple insurance form usually requested by insurance company of a *Group Department*. The form will require information such as: Diagnosis, Diagnosis code, Procedure, Procedure code, Referring doctor.

Ordinary Medical Report

It is a report put up by the doctor based on patient's medical records. It is a factual record of the patient's medical problem.

Specialist Medical Report

This is a detailed medical report that usually highlights the history of medical complaint or injury. The doctor will include findings of the assessment as well as their opinion and prognosis of the patient. For Orthopaedics' cases, an appointment will be arranged for the patient to be reviewed by the doctor. For other disciplines, an appointment would only be arranged if the doctor request on a needs basis. *Consultation fees will be charged separately by the clinic on the day of the assessment.*

Specialist Psychiatrist Report

This report is prepared by the patient's psychiatrist in response to requests that require a professional opinion with regards to the patient's prognosis and disabilities. It is based on an actual assessment of the patient and may involve a review at the Psychological Medicine Specialist Outpatient Clinic. Consultation fees will be charged separately by the clinic on the day of the assessment.

Work Injury Compensation Medical Board

This is a report when you, your employer or the insurer objects to the % permanent incapacity assessment given by the hospital or clinic within 14 days of the notice of assessment. Your injuries will be reassess by a panel appointed by the Work Injury Compensation

Medical Board. The panel will comprise two senior consultants from restructured hospitals.

Work Injury Compensation Assessment

This is an assessment to determine work-related injuries, the degree and period of disability for workmen's compensation purpose under the Workmen's Compensation Act. Scope of the report is as per "Medical Report on Traumatic Injuries for Workmen's Compensation" form prescribed by the Ministry of Manpower.

Mental Capacity Act Report

This report is prepared by the patient's psychiatrist in response to requests that require a professional opinion with regards to the patient's prognosis and disabilities. It is based on an actual assessment of the patient and may involve a review at the Psychological Medicine Specialist Outpatient Clinic. Applicant has to make an appointment with the clinic for the affidavit to be signed together with the Commissioner of Oath.

LPA (Lasting Power of Attorney) Report

Issuance of LPA Certificate. Medical report fees do not include the consultation fees, if patient has to be assessed by a specialist first for the purpose of providing these reports. Consultation fees will be charged separately by the clinic on the day of the assessment.

Second Opinion Report (non-NUH patient only)

A medical report requested by non-NUH patient seeking second opinion from NUH specialist. An appointment will be arranged for Consultant to assess the patient. Patients may be required to provide the attending specialist with their previous medical report or investigation results.

Investigation Results/ Inpatient Discharge Summary/ Memo/ Day Surgery Report Photocopy of *investigation results* such as X-ray reports, CT scan reports, blood test results, ECG reports, Histopathology reports, Cytogenetic reports, Bone Density Report and Urine Test Result. *Inpatient Discharge Summary* is a document that provides a summary of the patient's medical condition, investigations done and medication given during a specific hospitalization episode. *Memo* is a one or two statement from doctor to state patient's diagnosis with no explanation of medical condition. *Day Surgery Report* is a duplicate copy of the Day Surgery Discharge Summary. It will provide brief information of the surgery, diagnosis and procedure.

Duplication of Medical Certificate/ Medical Report

It is an application for a certified true copy of medical certificate for hospitalization/outpatient medical leave issued by doctors or a duplicate copy of medical report that was previously applied before.

Referral Letter

A duplicate copy of patient's referral letter from Polyclinic and/or General Practitioners.

- These notes are to be retained by the Applicant -

NOTES ON APPLICATION & CONSENT FOR 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) except 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 either of the patient's parents or legal guardian. 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 the 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) In circumstances where the deceased has no "Will" and no person has been appointed as the Legally Appointed Representative of the Estate, then the application can be made by the deceased' closest relative (who is living and has the mental capacity to do) as prioritised below. The closest relative is the individual listed below, and is the elder or eldest of two or more such individuals:
 - i) First priority: Spouse.
 - ii) Second priority: Child (includes legally adopted child).
 - iii) Third priority: Parent.
 - iv) Fourth priority: Sibling.
 - v) Fifth priority: 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, then the application is to be made by the patient's Main Caregiver.
- 5) Psychiatric medical reports cannot be addressed or released to the patient's family members unless authorisation is given (i.e. Form B)
- 6) Application that has a blank insurance form to be completed by doctor can be submitted by the patient or a representative on behalf, provided that the blank insurance form is signed by the patient.
- 7) Forms and supporting documents required are:
 - a) Copy of the completed "Application & Consent for Release of Medical Information" (i.e. "Form A").
 - 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 and a copy of completed "Authorisation for Application of Medical Report (i.e. "Form B1").
 - 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 and relevant verification documents, e.g. Grant of Probate, Letter of Administration, or any other legal document that certifies the applicant is the Legally Appointed Representative. Please note the Will itself shall not suffice as verification documentation.
- 8) AH can only process your application upon fulfilling the verifications and receipt of all necessary forms, supporting documents and payment.
- 9) Application Method:
 - A) Email: AH_Medical_Records@nuhs.edu.sg
 - B) Phone Call: (65) 6379 3380
 - C) Walk-In Requests:
 - Service Touch Points
 - Urgent Care Centre @ Blk 1
 - Admission and Service Center @ Ward 10 & 13 iCare Clinic @ Blk 1, Level 2
- 10) Mode of Payment:
 - a) NETS (Preferred), Cash and Credit Card (if application is made in person)
 - b) Cheque (*if application is sent via mail*) should be crossed and made payable to **Alexandra Hospital**.
 - c) AXS Kiosks E-Payment (Online)
- 11) As a general guide, the time required for processing medical reports is about six weeks, from the date of receiving the completed forms, or the date of medical appointment for assessment, whichever comes later. Duplicate copies of investigation results or medical certificate can be collected on the spot if the request is made in person at the respective application locations.
- 12) Administrative charges of one-third of the payment made will be imposed if a cancellation request is made while them medical report is being processed.
- 13) The release of the medical information is subjected to the official approval by Alexandra Hospital.
- 14) A refund of the payment will be made in the event that the medical information cannot be released.
- f) For deceased patient, where the applicant is the nearest relative the following documents are required:
 - i) Scanned copy / photocopy of the death certificate; and
 - ii) Copy of the completed "Additional Consent & Declaration for Release of Medical Information for Deceased Patient" (i.e. "Form C"). Section 1 must be completed by the applicant. Section 2 must be completed by all living spouse(s) / children / parent / siblings of the deceased patient (other than the applicant), if the applicant is not the only living spouse / child / parent / sibling. Scanned copies / photocopies of the relevant verification documents (e.g., marriage certificates, birth certificates) are to be provided by each declarant (i.e. spouse / child / parent / sibling) as proof of relationship to the deceased patient.
- g) For patient who lacks mental capacity, and for whom the applicant is the Main Caregiver:
 - i) Copy of the completed "Additional Declaration for Release of Medical Information for Patient with Mental Incapacity" (i.e. Form D). This is to be completed by the Main Caregiver.
 - ii) If there is more than one Main Caregiver, the declaration has to be made by each and every Main Caregiver, by signing this Additional Declaration for Release of Medical Information for Patient with Mental Incapacity" (i.e. Form D) separately.
- h) If patient is a foreign worker who has left Singapore or has gone missing, and for whom the applicant is the Employer:
 - i) Copy of the completed "Indemnity Form for Workmen Compensation" (i.e. Form E) by the Employer. (*Strictly for application of Discharge Summary only*).
 - ii) Scanned copies/ photocopies of MOM's letter to verify that patient has left Singapore and/or police report for missing worker(s).