

Additional Consent & Declaration for Release of Medical Information of Deceased Patient (Form C)

- Note:
- This form is required if the applicant of "Application & Consent for Release of Medical Information" (i.e. "Form A") is the nearest relative of the deceased patient in the absence of a Legally Appointed Representative.
 - Section 1 is to be filled by the Applicant.
 - Section 2 is to be filled by all living spouses/ children/ parents/ siblings (other than the Applicant) of the deceased patient, if the Applicant is not the only living spouse / child / sibling.
 - Scanned copies / photocopies of the relevant verification documents (e.g. marriage certificates, birth certificates) are to be provided by each declarant (i.e. spouses / parent/ children / siblings) as proof of relationship to the deceased patient.
 - If the closest relative is not a spouse/child/parent/sibling of the deceased, must provide the appropriate declaration under Section 1.
 - Additional declarations may be required by the Institution(s) if necessary.
 - Use additional copies of this form if the space provided is insufficient.

Section 1 – Declaration from the Applicant

I, _____ (Name) _____ (NRIC) am the closest relative,
 _____ (Relationship) of the deceased patient _____ (Name) _____
 (NRIC).

- I hereby declare that the deceased has no Will and there is no Legally Appointed Representative of the deceased.
- I hereby declare that I am the *only / not only (delete accordingly) *living spouse/ child/ parent/ sibling (delete accordingly) of the deceased patient, and therefore declare that the contents below are true to the best of my knowledge, information and belief.
- I hereby declare that I am not the spouse/ child/ parent/ sibling but a relation of the deceased and further declare that the contents below are true to the best of my knowledge, information and belief.

I understand that legal action may be taken against me for any omission, false or incorrect statement(s) made.
 By reason of aforesaid, I undertake full responsibility and liability arising from the release of such medical information of the deceased patient as requested.

Signature: _____
 Date: _____

Section 2 – Consent & Declaration from All Other Living Spouses / Children / Parent / Siblings

We, the *spouse/ children/ parent/ siblings (delete accordingly) of _____ (Deceased Patient's Name)
 _____ (Deceased Patient's NRIC) hereby authorise the above mentioned Institution(s) of **Alexandra Hospital** to furnish and release the medical information / medical report of the above-mentioned patient. By reason of the aforesaid, we undertake full responsibility and liability arising from the release of the medical information.

Name:
NRIC Number:
Relationship to Patient:
Signature & Date:

Name:
NRIC Number:
Relationship to Patient:
Signature & Date:

Name:
NRIC Number:
Relationship to Patient:
Signature & Date:

Name:
NRIC Number:
Relationship to Patient:
Signature & Date: