



### **APPLICATION & CONSENT FOR RELEASE OF MEDICAL INFORMATION**

Brief Notes (Refer to the attached **Notes on Application for the Release of Medical Information** for full details.):

1. This form must be fully completed and signed by the patient or other relevant requestor. If the patient is a minor, the application may be made by the patient's parent or legal guardian (Please refer to note 1(a)).
2. Copies of patient's NRIC and all relevant documents (e.g. Birth Certificate, Marriage Certificate, Grant of Probate, Lasting Power of Attorney) as proof of the applicant's relationship to patient are required (Please refer to note 2 for further details).
3. This application is subject to Changi General Hospital Pte Ltd's approval.

#### **PATIENT'S PARTICULARS**

Name (as in NRIC / Passport): \_\_\_\_\_ NRIC / HRN: \_\_\_\_\_

Address: \_\_\_\_\_ Contact No: \_\_\_\_\_

#### **AUTHORISATION**

I, \_\_\_\_\_ of NRIC No \_\_\_\_\_ hereby authorise

CHANGI GENERAL HOSPITAL PTE LTD to furnish and release the requested medical information below to:

Myself  My Authorised Representative (Please specify relationship): \_\_\_\_\_

**TO:** Name of Recipient: \_\_\_\_\_ Contact No: \_\_\_\_\_

Address of Recipient: \_\_\_\_\_

#### **PREFERRED MODE OF DELIVERY**

**Local Registered Mail** to my home address or to the address of the company or person as stated above.

**Email:** I would like the report to be emailed to me and I understand the original hardcopy **will not** be provided thereafter.

Email Address: \_\_\_\_\_

<b>Please Tick</b>	<b>Report Type</b>	<b>Fee (Incl of GST)</b>	<b>Admission / Visit Date</b>	<b>Clinical Department</b>
	Ordinary Medical Report / Ordinary Insurance Form	\$121		
	Ordinary Medical Report / Ordinary insurance Form (Psychiatric)	\$232		PSY
	Specialist Medical Report / Permanent Disability Form	\$222		
	Specialist Medical Report / Permanent Disability Form (Psychiatric)	\$475		PSY
	Court Appointment for Deputy Report	\$485		
	Work Injury Compensation Form (Initial / Re-Assessment)	\$121		
	Work Injury Compensation Medical Board Assessment	\$370		
	Admin Fee for Duplication of Medical Certificate / Certified True Copy (per copy)	\$12		
	Admin Fee for Duplication of Discharge Summary / Investigation Results / Referral letter <i>*Admin fee charges may differ depending on the nature of the request</i>	\$12		
	Others (Please specify):			

**FOR THE PURPOSE OF:**  Insurance  Legal Proceedings (please specify): \_\_\_\_\_

Continuity of Care  Others (please specify): \_\_\_\_\_

In addition to the medical report fee, I undertake to pay any additional charges such as consultation fees, radiological procedures and laboratory investigation charges that may be incurred in the preparation of the report.

I hereby declare and confirm that I am competent to give the above consent and that the information given above is accurate and true to the best of my knowledge, and that the requisite information is required for the sole purpose stated above. I understand that I may be liable for prosecution for making any false declaration herein. Further, I confirm that I shall not hold Changi General Hospital Pte Ltd or any of its employees, servants or agents responsible in any way whatsoever for the release of the said medical information to any party by me in the event of any loss or damage arising directly or indirectly, as a result of or in connection with the release of such confidential information. By reason of the aforesaid, I undertake full responsibility and liability arising from the release of the requisite information. By providing the information set out in this form and submitting the same to you, I confirm that I have read, understood and consent to the SingHealth Data Protection Policy, a copy of which is available at <https://www.singhealth.com.sg/AboutSingHealth/Personal-Data-Protection-Act-PDPA/Pages/Home.aspx>

Signature of Patient & Date \_\_\_\_\_

Signature of Applicant & Date \_\_\_\_\_

Relationship to Patient \_\_\_\_\_

**(THIS PAGE IS INTENTIONALLY LEFT BLANK)**

## NOTES ON APPLICATION FOR THE RELEASE OF MEDICAL INFORMATION

- 1) Any application for the release of medical information should be made by the patient him or herself subject to the following:
  - a. (where patient is below 21 years of age) The patient's parent or legal guardian may request for the relevant medical information.
  - b. (where medical information is sought in connection with a claim of work injury compensation) In addition to the patient, the employer of the patient may request for the relevant medical information. In such cases, the relevant medical report shall be furnished directly to the Ministry of Manpower (MOM) or designated Insurer.
  - c. (where patient is deceased)
    - i. The application should be made by the executor of the estate (where the deceased patient made a will) or the individual appointed by the Singapore Court as the administrator of the deceased's estate.
    - ii. In circumstances where no executor or administrator as mentioned in 1(c)(i) above exists, the application may be made by the deceased's nearest living relative as determined under the following order of priority:
      - spouse;
      - adult child above 21 years of age (including legally adopted child);
      - parent;
      - adult sibling above 21 years of age; and
      - other relative of deceased patient above 21 years of age.
  - d. (where patient does not have the requisite mental capacity) in accordance to the Mental Capacity Act (Cap 177A). Accordingly:
    - i. The application should be made by the donee under a Lasting Power of Attorney granted by the patient, or the deputy appointed by the Singapore Court; or
    - ii. In circumstances where no donee or deputy as mentioned in 1(d) (i) above exists, the application may be made by the patient's nearest living relative as determined under the following order of priority:
      - spouse;
      - adult child above 21 years of age;
      - parent;
      - adult sibling above 21 years of age; and
      - other relative of patient above 21 years of age.
- 2) Forms and supporting documents required:
  - a. Copy of the completed "Application & Consent for Release of Medical Information".
  - b. Copy of patient's NRIC (or appropriate identification documents), both front and back views.
  - c. Copy of the applicant's NRIC (or appropriate identification documents), both front and back views.
  - d. Copies of all relevant documents (e.g. Birth Certificate, Marriage Certificate, Grant of Probate, Letter of Administration, Lasting Power of Attorney, Court Order for Appointment of Deputy) as proof of the applicant's relationship to the patient, if the applicant is not the patient.
  - e. For deceased patient, where the application is made by the executor / administrator of the deceased's estate, the following documents are required:
    - i. Copy of the Death Certificate;
    - ii. Copy of the completed "Application & Consent for Release of Medical Information". Copies of the 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.
  - f. For deceased patient, where the application is made by the nearest relative the following documents are required:
    - i. Copy of the Death Certificate
    - ii. Copy of the completed "Letter of Undertaking from Patient's Next-of-Kin". Copies 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 does not have the requisite mental capacity, where the application is made by the donee or court appointed deputy, copy of the completed "Application & Consent for Release of Medical Information" is required together with the relevant verification documents, e.g. Court Order for Appointment of Deputy.
  - h. For patient who does not have the requisite mental capacity, where the application is made by the nearest relative, copy of the completed "Letter of Undertaking from Patient's Next-of-Kin" is required. Copies of the relevant verification documents (e.g. Marriage Certificates, Birth Certificates) are also to be provided by each declarant (i.e. spouse / child / parent / sibling) as proof of relationship with the patient.

- 3) For patient who is a foreign worker that has left Singapore, and for whom the applicant is the Employer:
  - a. Copy of the completed "Letter of Indemnity for Releasing Medical Information (Medical Report) of Foreign Workers to Employers" by the Employer.
  - b. Copy of MOM's letter to verify that the patient has left Singapore.
- 4) Changi General Hospital Pte Ltd can only process your application upon fulfilling the verifications and receipt of all necessary forms, supporting documents and payment.
- 5) Medical report fees are chargeable as per discipline. Additional charges will be borne by the applicant such as consultation fees, radiological procedures and laboratory investigation charges that may be incurred in the preparation of the report.
- 6) As a general guide, the time required for processing of ordinary medical reports is about 4 to 6 weeks, from the date of receiving the completed forms, or the date of medical appointment for assessment, whichever comes later. Specialist medical reports and Medical reports for Work Injury Compensation require a longer processing time as a review at the Specialist Clinic may be required after the patient has been discharged or given an open date for clinic review.
- 7) The release of medical information is subject to the official approval by Changi General Hospital Pte Ltd.
- 8) A refund of the payment will be made in the event that the medical information cannot be released.
- 9) Application Information & Contact Details:

<b>Online e-Services</b>	Submit your requests via Health Buddy for SingPass account holders
<b>Email</b>	Scan and submit your <b>forms</b> and <b>supporting documents</b> * to <a href="mailto:medicalreport@cgh.com.sg">medicalreport@cgh.com.sg</a>
<b>Mail</b>	Mail your <b>forms</b> and <b>supporting documents</b> * to:  Health Information Management Services Changi General Hospital Pte Ltd 2 Simei Street 3 Singapore 529889
<b>Contact Details</b>	For enquiries, contact us at 6850 4545 / 4546 during office hours (Mon to Fri, 8:30am-5:30pm)
<b>Payment Modes</b>	<ol style="list-style-type: none"> <li>a. Credit or Debit Card Complete and email us the Credit Card Authorisation form</li> <li>b. PayNow UEN: 198702955E02M Please indicate patient's full name as NRIC and notify us once payment is made</li> <li>c. GIRO / Bank Transfer DBS 12 Marina Boulevard DBS Asia Central, Marina Bay Financial Centre Tower 3 Singapore 018982 Account Name: CHANGI GENERAL HOSPITAL PTE LTD CO MOHH Account Number: 8859022005</li> <li>d. AXS Payment can be made once you have received your MR reference number from us</li> </ol>

\*refer to Note 2 for further details