

AUTHORISATION TO COLLECT DOCUMENTS ON BEHALF OF PATIENTIntroduction

We respect our patients' privacy. We understand that our patients may be unable to collect their documents in person due to time or other constraints. To help us ensure that your information is shared only with authorised persons, we will require you to authorise us to release documents to your representative if you are unable to collect your documents in person.

TO BE FILLED IN BY PATIENT/GUARDIAN/DEPUTY/LPA DONEE

I, _____ NRIC No _____ hereby
authorise CHANGI GENERAL HOSPITAL to release my/the patient's documents to my/the
patient's representative named below.

Name of Representative: _____ NRIC No: _____

Patient's Name: _____ NRIC No: _____

(if signed by Guardian/Deputy/ LPA Donee)

Signature of Patient / Guardian / Deputy / LPA Donee
(delete accordingly)

Date

TO BE FILLED IN BY REPRESENTATIVE

Please present this document together with your NRIC. We will not be able to release the documents if we are unable to confirm your identity. This form will be retained by the hospital for record purposes.

I declare that I am authorised to collect the documents on the above-named patient's
behalf.

Signature of Representative

Date

FOR HOSPITAL'S USE ONLY

☐ Representative's ID checked.

Documents issued:

☐ Discharge Summary ☐ Prescription ☐ Memo/Referral ☐ Results ☐ Appointments

☐ Medical Certificate

☐ Others: _____

Issued by:

Name / Department/ Signature

Date/Time