



**AUTHORISATION TO COLLECT DOCUMENTS ON BEHALF OF PATIENT**

Introduction

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

DOCUMENT IS TO BE SCANNED INTO PATIENT DOCUMENT SCANNING SYSTEM AFTER COMPLETION