

## **LETTER OF UNDERTAKING FROM PATIENT'S NEXT-OF-KIN**

Brief Notes (Refer to the attached **Notes on Letter of Undertaking from Patient's Next-of-Kin** for full details.):

1. An application for the release of medical information pertaining to a deceased patient may be made by the patient's nearest relative (who is living and has the mental capacity to do) determined under Note 1.a.ii under circumstances where no legal representative of the deceased exists.
2. An application for the release of medical information pertaining to a patient lacking the capacity to consent may be made by the patient's nearest relative (who is living and has the mental capacity to do) determined under Note 1.b.ii.
3. Copies of patient's NRIC and all relevant documents (e.g. Birth Certificate, Marriage Certificate) as proof of the applicant's relationship to patient are required (Please refer to Note 2 for further details).
4. 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: \_\_\_\_\_

### **DECLARATION OF NEXT-OF-KIN**

I / We\*, the nearest next-of-kin of the above named patient hereby declare and confirm that I / we\* are competent to give the above consent and that the information given is accurate and true to the best of my / our\* knowledge, and that the requisite information is required for the sole purpose stated below. I / We\* understand that I / we\* may be liable for prosecution for making any false declaration herein. Further, I / we\* confirm that I / we\* 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 / us\* 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 / we\* 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>

I / We\* authorise CHANGI GENERAL HOSPITAL Pte Ltd to release the below stated medical report to:

Name of Company or Person: \_\_\_\_\_

Address of Company or Person: \_\_\_\_\_

Please Tick	Report Type	Fee (Incl of GST)	Admission / Visit Date	Clinical Department
	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 / we\* 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.

\*Delete where appropriate

Duly Signed and Executed by:

No	Name in Block Letters	NRIC No	Relationship to Patient	Signature	Date
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

#### 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: \_\_\_\_\_

\_\_\_\_\_  
Name of Applicant

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

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

– These notes are to be retained by the Applicant –

#### NOTES ON LETTER OF UNDERTAKING FROM PATIENT'S NEXT-OF-KIN

- 1) a. (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(a)(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.
  - b. (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(b)(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 "Letter of Undertaking from Patient's Next-of-Kin".
  - 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. 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.
  - e. 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) Changi General Hospital Pte Ltd can only process your application upon fulfilling the verifications and receipt of all necessary forms, supporting documents and payment.
- 4) 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.
- 5) 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.
- 6) The release of medical information is subject to the official approval by Changi General Hospital Pte Ltd.
- 7) A refund of the payment will be made in the event that the medical information cannot be released.

8) 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 and supporting documents*</b> to <a href="mailto:medicalreport@cgh.com.sg">medicalreport@cgh.com.sg</a>
<b>Mail</b>	Mail your <b>forms and 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 during office hours (Mon to Fri, 8:30am-5:30pm)
<b>Payment Modes</b>	<ul 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> </ul>

*\*refer to Note 2 for further details*