



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. Scanned copies / photocopies 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 <http://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	Admission / Visit Date	Clinical Department
	Ordinary Medical Report	\$110		
	Ordinary Medical Report (Psychiatric)	\$210		PSY
	Ordinary Insurance Form	\$110		
	Ordinary Insurance Form (Psychiatric)	\$210		PSY
	Specialist Medical Report / Permanent Disability Form	\$210		
	Specialist Medical Report / Permanent Disability Form (Psychiatric)	\$430		PSY
	Court Appointment for Deputy Report	\$460		
	Work Injury Compensation Form	\$110		
	Work Injury Compensation Medical Board Assessment	\$357		
	Admin Fee for Duplication of Medical Certificate (per copy)	\$10.70		
	Admin Fee for Duplication of Discharge Summary / Investigation Results / Referral Letter	\$10.70		
	Others (Please Specify):			

FOR THE PURPOSE OF: Continuity of Care Insurance
 Legal Proceedings (Please specify): _____
 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:

1.

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Name in Block Letters	NRIC No.	Relationship to Patient	Signature & Date

2.

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Name in Block Letters	NRIC No.	Relationship to Patient	Signature & Date

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Name in Block Letters	NRIC No.	Relationship to Patient	Signature & Date

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Name in Block Letters	NRIC No.	Relationship to Patient	Signature & Date

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Name in Block Letters	NRIC No.	Relationship to Patient	Signature & Date

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Name in Block Letters	NRIC No.	Relationship to Patient	Signature & Date

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Name in Block Letters	NRIC No.	Relationship to Patient	Signature & Date

8.

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Name in Block Letters	NRIC No.	Relationship to Patient	Signature & Date

Name & 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 courts 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. Scanned copies / photocopies of patient's NRIC (or appropriate identification documents), both front and back views.
 - c. Scanned copies / photocopies 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. scanned copy / photocopy of the death certificate; and
 - ii. copy of the completed "Letter of Undertaking from Patient's Next-of-Kin". Scanned copies / photocopies 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. Scanned copies / photocopies 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 workmen compensation medical reports require a longer processing time as a review at the Specialist Outpatient 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) Completed medical reports will be sent to the local mailing address via local registered mail. Overseas postage of medical report is not applicable.

9) Contact & Application Information:

E-services	Submit your requests via HealthHub for SingPass account holders.
Dropbox Application	Drop your forms and supporting documents* into the Medical Report Dropbox at: Health Information Management Services (HIMS) (Medical Records Office) Changi General Hospital Pte Ltd Basement 1, Lift Lobby A <u>Operating Hours:</u> Mondays to Fridays : 8.30AM to 5.30PM Saturdays (counter only) : 8.30AM to 12.30PM Sundays and Public Holidays : Closed
Email Application	Scan and submit your forms and supporting documents* to medicalreport@cgh.com.sg
Mail Application	Mail your forms and supporting documents* to: Health Information Management Services Changi General Hospital Pte Ltd 2 Simei Street 3 Singapore 529889
Contact Details	Contact Details: Tel No. : 6850 4545 Fax No. : 6260 2427 Email : medicalreport@cgh.com.sg
Modes of Payment	All major credit and debit cards, AXS, NETS and PayNow (UEN: 198904226R). Please indicate your MR Reference no. or Full name as NRIC for all payments to ensure timely capturing of your payment.

**refer to Note 2 for further details*