

CONSENT FOR RELEASE OF MEDICAL INFORMATION (MEDICAL RECORDS)

Notes:

1. This form must be fully completed and signed by the patient. If the patient is below 21 years old, the form should be signed by the patient's parent.
2. If the patient is deceased or unable to give consent, consent is required from the appointed representative of the estate. Where applicable, the "Consent for release of medical information by all children / siblings" form must be filled up. A copy of patient's death certificate is required if patient passed away outside TTSH.
3. Photocopies of relevant documents (e.g. birth certificate, marriage certificate and letters of administration) are to be attached as proof of relationship to patient if applicable.
4. Patient has to enclose a photocopy of own NRIC (front & back view) if submitting via mail and fax.
5. Completed form must be submitted with appropriate fee and a fee of \$10 for overseas postage is applicable.
6. The release of the medical information is subject to official approval and the requester would be notified about the status and the fee incurred.

PATIENT'S PARTICULARS

Given Name (As in *NRIC/Passport): _____

NRIC No : _____

Mailing Address: _____

Period of Attendance / Admission in TTSH: _____

Clinical Department: _____

REQUEST

I, _____ of NRIC No : _____

hereby authorize TAN TOCK SENG HOSPITAL to furnish and release the following medical records

TO: Name of Company or Person: _____

Address of Company or Person: _____

Type of Medical Records: Original X-rays Duplicate X-rays X-ray Reports
 Lab Results Discharge Summary
 Others (Please specify): _____

Purpose: Continuity of Care Legal Proceedings Second Opinion
 Insurance Claims Others (Please specify): _____

Remarks: _____

PREFERRED MODE OF COLLECTION

- I will personally collect the records once it is ready. Contact No: _____
- Send to my mailing address as stated above. (Not applicable for X-ray films)
- Send to the address of the company or person as stated above. (Not applicable for X-ray films)
- The records will be collected by my representative. I am aware that an authorization letter with the representative's name & NRIC No and a copy of my NRIC has to be furnished upon collection.

I hereby declare and confirm that the information given above is accurate and true to the best of my knowledge and belief, and that the requisite information / Medical Record is required for the purpose stated above. I understand that I may be liable for prosecution for making a false declaration. Further, I confirm that I shall not hold the Hospital or any of its employees, servants or agents responsible in any way whatsoever for the release of the said information / Medical Record to any party by me in the event of any loss or damage arising directly or indirectly as a result or in connection with the release of such confidentiality information / Medical Record. By reason of the aforesaid, I undertake full responsibility and liability arising from the release of the requisite information / Medical Record.

Relationship: _____

Signature of *Patient / Next of Kin / Administrator of Estate

Date: _____

APPROVAL BY ATTENDING CLINICIAN

Department: _____

Approved / Not Approved (Please circle)

Reason(s) for non-approval

: _____

Name & Signature

Date

FOR X-RAY DUPLICATION ONLY (To be completed by patient requesting duplication)

I undertake to return the original X-ray film(s) to HIS through the X-ray Department after duplication. Number of X-ray film(s) taken for duplication: _____

Request to duplicate X-ray film(s) from computer archive
Number of X-ray film(s) requested: _____

Request to duplicate x-ray images on CD from computer archive

Acknowledgement by the recipient:

Name & Signature of Recipient

Date

FOR RELEASE OF ORIGINAL X-RAYS (Applicable to private patients only)

Request for the original x-ray film(s) and undertake to bring them along on my next appointment at TTSH. Number of X-ray film(s) taken: _____

Request to print of X-ray film(s) from computer archive
Number of X-ray film(s) printed: _____

Request to print x-ray images on CD from computer archive

Acknowledgement by the recipient:

Name & Signature of Recipient

Date