



Health Information Services (MRO)
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**ADDITIONAL CONSENT & DECLARATION FOR RELEASE OF MEDICAL
 INFORMATION FOR MENTALLY INCAPACITATED /
 DECEASED PATIENT (Form B)**

Instructions:

1. This form is required for requestor who is applying on behalf of mentally incapacitated or deceased patient.
2. This form must be submitted together with Form A.
3. The requestor should be the Patient's Legally Appointed Representatives – (i) Appointed Donee under Lasting Power of Attorney (LPA) or a Deputy by the Singapore Courts for mentally incapacitated patient, (ii) An Administrator of estate for deceased patient).
4. Section 1 must be filled by the requestor.
5. Section 2 must be filled by all other living parents / spouse / children / siblings of the mentally incapacitated / deceased patient.
6. Photocopies of relevant documents (e.g. birth certificates, marriage certificates, legal documents) must be attached as proof of relationships to patient.
7. Please use additional copies if the space provided is not sufficient.

Section 1 – Declaration by Requestor

I, (Name as in *NRIC/Passport): _____ NRIC No: _____ am the (relationship to patient): _____ of the patient (name): _____ NRIC No: _____.

1. I, the undersigned, hereby declare and confirm that:

- a. I am the Patient's Legally Appointed Representative ((i) Appointed Donee under Lasting Power of Attorney (LPA) or a Deputy by the Singapore Courts, (ii) An administrator of estate).

*Section 2 is not required if a is 'ticked'. Please provide supporting documents.

Or

- b. ***[If the patient is mentally incapacitated]*** I am not aware of any formally appointed Donee under LPA or a Deputy by the Singapore Courts for the management of Patient's welfare. I have also obtained consent and declaration from all other living children / siblings in Section 2 below.

- c. ***[If the patient is deceased]*** I am not aware of any Will or any Legally Appointed Representative of the deceased. I have also obtained consent and declaration from all other living children / siblings in Section 2 below.

The above content are true to the best of my knowledge, information and belief. I understand that legal action may be taken against me for any false statement(s) made. By reason of the aforesaid, I undertake full responsibility and liability arising from the release of such medical information of the patient as requested.

Signature of *(Next of Kin / Legally Appointed Representative)	Relationship to Patient	Date
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Section 2 – Declaration from all other living parents / spouse / children / siblings

We, *the children / siblings of (Patient's Name): _____ of NRIC No _____ hereby authorize TAN TOCK SENG HOSPITAL to furnish and release the medical information of the above-mentioned patient to the above-mentioned requestor. By reason of the aforesaid, we undertake full responsibility and liability arising from the release of the medical information

 Signature of Patient's Next-of-Kin
 Name: _____
 NRIC: _____
 Relationship: _____

 Signature of Patient's Next-of-Kin
 Name: _____
 NRIC: _____
 Relationship: _____

 Signature of Patient's Next-of-Kin
 Name: _____
 NRIC: _____
 Relationship: _____

 Signature of Patient's Next-of-Kin
 Name: _____
 NRIC: _____
 Relationship: _____