Tan Tock Seng
HOSPITAL

Personal Data Change Request Form

As part of Personal Data Protection Act, we would require you and/or the Personal Data Owner to fill up this form. This is to protect your/the Personal Data Owner's personal data from unauthorized changes.

1. Your particulars

Name as in NRIC/Passport/FIN* : ____________________

NRIC/Passport/FIN* number : ____________________

Contact number : ____________________

Email Address : ____________________

2. Your relationship to the Personal Data Owner whose personal data you are changing

(Please tick (√) one)

☐ Self

☐ Next-of-Kin

☐ Employer

2A. Particulars of the Personal Data Owner whose personal data you are changing

(Please leave this section blank if Personal Data Owner is Self)

Name as in NRIC/Passport/FIN* : ____________________

NRIC/Passport/FIN* number : ____________________

Contact number : ____________________

2B. Please update my personal data under this TTSH patient

(Please leave this section blank if TTSH patient is Self)

Name as in NRIC/Passport/FIN* : ____________________

NRIC/Passport/FIN* number : ____________________

Contact number : ____________________

3. Your/Personal Data Owner's new personal data

(Please tick (√) one or more boxes, where applicable)

☐ Name as in NRIC/ Passport/ FIN* : ____________________

☐ NRIC/Passport/FIN* number : ____________________

☐ Date of birth : ____________________

☐ Gender : ____________________

Please present NRIC/Passport/FIN to staff.
We require Deed Poll to be presented for changes to Name.

Note: We need 5 working days after receiving your request to update your records.
*Please delete when inapplicable

4. Declaration and Authorization by Requester

I hereby declare and confirm that the information given above is accurate and true to the best of my knowledge. I understand that I may be liable for prosecution for making a false declaration.

I understand that TTSH receives or collects personal data for the purpose of planning and administering public health policies. As such, TTSH may share necessary data within the Group or with Government agencies (where such entities have been authorized to carry out specific Government services), so as to serve me in a most efficient and effective way, unless such sharing is prohibited by legislation.

I understand that NHG will retain my personal data only as necessary for the effective delivery of public services to me and that NHG will safeguard my personal data, all electronic storage and transmission of personal data with secure and appropriate security technologies.

______________________ ______________________ ______________________

Name | Signature | Date and Time

5. Authorization by Personal Data Owner / Appointed Next-Of-Kin / Lasting Power of Attorney*
(Please complete this section if requester is not the patient)

I hereby provide my consent to the change in my personal data.

______________________ ______________________ ______________________

Name | Signature | Date and Time

FOR HOSPITAL USE ONLY

Receiving Department: ____

Document sighted by:

______________________ ______________________ ______________________

Name & Designation | Signature | Date and Time

*Please delete when inapplicable