



APPLICATION AND CONSENT FOR RELEASE OF MEDICAL INFORMATION

INSTRUCTIONS

1. As a general rule, application can only be made by the patient. Please refer to notes 1 – 5 for exceptions and details. This is in accordance to the Personal Data Protection Act (No. 26 of 2012) in the absence of a Legally Appointed Representative.
2. Scanned copies / photocopies of patient's and applicant's NRIC and all relevant documents are required for verification. Please refer to note 6 for details.
3. If the patient is deceased, is a minor or lacks mental capacity, please complete the "Consent For Release Of Medical Information By Spouse / Parents / All Children / Siblings".
4. The release of the medical report is subjected to official approval by National Heart Centre Singapore.
5. Please refer to the "Notes on Application For The Release of Medical Information" printed overleaf for full details.

PATIENT'S PARTICULARS

Name: _____ NRIC No./HRN: _____

Address: _____

Contact No: _____ Email: _____

Date of Attendance: _____ Clinical Department: _____

AUTHORISATION

I, _____ of NRIC No: _____,
hereby authorize National Heart Centre Singapore to furnish and release the requested medical information below:

To: ☐ Myself ☐ My Authorised Representative (*please specify relationship*) _____

**Please refer to Notes overleaf for details and definitions. If patient is a minor (below 21 years of age), deceased or lacks mental capacity, please complete the Form "Consent For Release of Medical Information By Spouse / Parents / All Children / Siblings".*

TO: Name of Company or Person: _____

Address of Company or Person: _____

Contact No: _____ Email: _____

TYPE OF REQUEST:

Tick ✓	Format of Report	Fees	Tick ✓	Format of Report	Fees
<input type="checkbox"/>	Ordinary Medical Report	\$120	<input type="checkbox"/>	MOM Work Injury Compensation Form	\$120
<input type="checkbox"/>	Completion of Insurance Form	\$120	<input type="checkbox"/>	Admin Fee for Duplication of Investigation Results/ Inpatient Discharge Summary	\$12.00
<input type="checkbox"/>	Specialist Medical Report	\$220	<input type="checkbox"/>	Others (<i>please specify</i>)**	

FOR THE PURPOSE OF:

- ☐ Continuation of Care ☐ Insurance Claims / Proposal
☐ Legal Proceedings (*please specify***) ☐ Others (*please specify***)

** Details: _____

Method of Collection:

- ☐ To Collect ☐ By Registered Post (Overseas address is subjected to additional charges)

Besides the medical report fee, I undertake to pay any additional charges such as consultation fees, radiological procedure and laboratory investigation charges that may be incurred in the preparation of the report.

By signing on the consent below, I acknowledge that I have read and understood the Notes on Application for the Release of Medical Information.

Signature of Patient & Date


Signature of Applicant & Date

Name of MRU Processing Staff, Signature & Date

Name, Signature and Date Checked by MRU Supervisor

NOTES ON APPLICATION FOR THE RELEASE OF MEDICAL INFORMATION

1. In accordance to the Personal Data Protection Act (No. 26 of 2012), the application can only be made by the patient,
 - a. except if the patient is
 - i. A minor
 - ii. Deceased
 - iii. Mentally incapacitated
 - b. or if the report is for workman compensation.
 - i. Workman Compensation reports can be applied by the patient or his / her employer. The completed report will be given directly to the Ministry of Manpower.
2. If the patient is a minor, please complete "Consent For Release Of Medical Information By Spouse / Parents / All Children / Siblings" (D-MRO-FM-010).
3. If the patient is deceased, please complete "Consent For Release Of Medical Information By Spouse / Parents / All Children / Siblings" (D-MRO-FM-010).
4. If the patient lacks mental capacity, in accordance to the Mental Capacity Act (Cap 177A), please complete "Consent For Release Of Medical Information By Spouse / Parents / All Children / Siblings" (D-MRO-FM-010).
5. An application that has a blank insurance form to be completed by a doctor can be submitted by the patient or a representative on behalf, provided that the "Application and Consent for Release of Medical Information" is signed by the patient.
6. Forms and supporting documents required are:
 - a. Copy of the completed "Application and Consent for Release of Medical Information"
 - b. Scanned copies / photocopies of the 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.
7. Contact and Application Information

<p>Application in Person or by Mail:</p> <p>Medical Reports Unit Health Information Management Services National Heart Centre of Singapore Pte Ltd 5 Hospital Drive Singapore 169609</p>	<p>Mode of Payment:</p> <p>Cash, Credit Card, NETS (if application is made in person)</p> <ul style="list-style-type: none"> Payment to be made at the Medical Reports Unit Counter (Level 4) <p>Cheque</p> <ul style="list-style-type: none"> Cheque should be crossed and made payable to <i>National Heart Centre of Singapore Pte Ltd</i> Write the patient's full name and NRIC No. at the back of the cheque
<p>Contact Details:</p> <p>Tel: 6704 2322 Fax: 6844 9055 Email: medicalreport@nhcs.com.sg</p> <div style="text-align: center;">  </div> <p>QR code:</p>	<p>Operation Hours:</p> <p>8.00am to 5.00pm – Monday to Friday Closed on Saturday, Sunday and Public Holidays</p>

8. National Heart Centre Singapore can only process your application upon fulfilling the verification and receipt of all necessary forms, supporting documents and payment.
9. As a general guide, the time required for processing medical reports is about three weeks from the date of receiving the completed forms, or the date of medical appointment for assessment, whichever comes later.
10. Specialist consultation charges will be borne by the applicant separately for medical reports that require an assessment and a review of the patient at the Cardiac Clinics / Specialist Outpatient Clinics. This is in addition to further tests such as radiological images or laboratory investigation procedures that are required for the completion of the medical report.
11. The release of the medical information is subjected to the official approval by National Heart Centre Singapore.
12. A refund of the payment will be made in the event that the medical information cannot be released.