

NATIONAL HEART CENTRE OF SINGAPORE PTE LTD

DOC. NO./REV.NO.: D-MRO-FM-003/23

APPLICATION AND CONSENT FOR RELEASE OF MEDICAL INFORMATION

INSTRUCTIONS

- 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.
- If the patient is deceased, is a minor or lacks mental capacity, please complete the "Consent For Release Of Medical Information By 3. Spouse / Parents / All Children / Siblings".

 The release of the medical report is subjected to official approval by National Heart Centre Singapore.
- Please refer to the "Notes on Application For The Release of Medical Information" printed overleaf for full details.

		PATIE	ENT'S P	ARTICULARS	
Name:				NRIC No./HRN:	
	s:				
				il:	
Date of Attendance:			Clinical Department:		
		A	UTHOR	RISATION	
l,				of NRIC No:	
hereby below:	authorize National Heart Cer	ntre Singar	oore to f	furnish and release the requested medical in	formation
To: □	Myself ☐ My Authorised Rep	oresentativ	re (pleas	se specify relationship)	
or lacks				s. If patient is a minor (below 21 years of age), consent For Release of Medical Information By	
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
	Ordinary Medical Report	\$121		MOM Work Injury Compensation Form	\$121
	Completion of Insurance Form	\$121		Duplication of Investigation Results/ Inpatient Discharge Summary (Admin Fee)	\$12.00
	Specialist Medical Report	\$222		Others (please specify)**	
FOR TI	HE PURPOSE OF:				
☐ Cont	inuation of Care		□ Insu	ırance Claims / Proposal	
☐ Legal Proceedings (please specify**)			☐ Others (please specify**)		
** Deta	ils:				
	d of Collection:				
		arad Doot (and the control of th	
☐ To C	Ollect Dy Registe	eleu Fosi (Overseas	address is subjected to additional charges)	
				additional charges such as consultation fees, ray be incurred in the preparation of the report.	adiologica
	ning on the consent below, I a Release of Medical Informat		dge that	I have read and understood the Notes on A	pplicatio
	Signature of Patient & Date		_	Signature of Applicant & D	ate

Restricted, Sensitive (Normal)

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

Application in Person or by Mail: Mode of Payment: Medical Reports Unit Cash, Credit Card, NETS (if application is made in person) Health Information Management Services Payment to be made at the Medical Reports Unit National Heart Centre of Singapore Pte Ltd Counter (Level 4) 5 Hospital Drive Singapore 169609 Cheque Cheque should be crossed and made payable to National Heart Centre of Singapore Pte Ltd Write the patient's full name and NRIC No. at the back of the cheque **Contact Details:** Operation Hours: Tel: 6704 2322 8.00am to 5.00pm - Monday to Friday Fax: 6844 9055 Closed on Saturday, Sunday and Public Holidays Email: medicalreport@nhcs.com.sg QR code:

- 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 <u>separately</u> 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.