



**CONSENT FOR RELEASE OF MEDICAL INFORMATION BY SPOUSE / PARENTS / ALL CHILDREN / SIBLINGS**  
**(FOR PATIENT WHO IS BELOW 21 YEARS OF AGE / UNABLE TO GIVE CONSENT / DECEASED PATIENT)**

Notes:

1. Spouse / parents / all children / siblings of the patient are to fill up Section 1 of the form, and the appointed representative of the patient's spouse / parents / children / siblings is to fill up Section 2 of the form. This serves as consent to release the patient's medical information.
2. Scanned copies / photocopies of patient's and applicants' NRIC and all relevant documents (e.g. birth certificate, marriage certificate, grant of probate, lasting power of attorney) as proof of the applicants' relationship to patient are required. Please refer to Notes 2 and 6 for details.
3. If the patient is a deceased, a scanned copy / photocopy of the death certificate is required.
4. The release of the medical report is subjected to official approval by National Heart Centre Singapore.
5. Refer to the attached Notes On Application For The Release Of Medical Information for full details.

**1. DECLARATION FROM SPOUSE / PARENTS / ALL CHILDREN / SIBLINGS OF THE PATIENT**

\*I / We, the \*spouse / parents / children / siblings of (Patient's Name): \_\_\_\_\_ of  
NRIC No. \_\_\_\_\_ hereby authorize NATIONAL HEART CENTRE SINGAPORE to furnish and release  
the medical information of the above-mentioned patient. 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: \_\_\_\_\_

\_\_\_\_\_  
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NRIC: \_\_\_\_\_  
Relationship: \_\_\_\_\_

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

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

## 2. REPRESENTATIVE OF SPOUSE / PARENTS / ALL CHILDREN / SIBLINGS

I, \_\_\_\_\_ of NRIC No. \_\_\_\_\_ am appointed by the abovementioned \*spouse / parents / children/ siblings of (Patient's Name) \_\_\_\_\_ of NRIC No. \_\_\_\_\_ as the representative for the release of the medical information (*please select the type of medical information required*)

- |   |   |
|---|---|
| <input type="checkbox"/> Ordinary Medical Report      | <input type="checkbox"/> MOM Work Injury Compensation Form  |
| <input type="checkbox"/> Completion of Insurance Form | <input type="checkbox"/> Admin Fee for Duplication of Investigation Results / Inpatient Discharge Summary |
| <input type="checkbox"/> Specialist Medical Report    | <input type="checkbox"/> Others ( <i>please specify</i> )**   |

of the patient who was treated at the Hospital as a patient in the Department of Cardiology / Department of Cardiothoracic Surgery from \_\_\_\_\_ to \_\_\_\_\_.  
(Date) (Date)

The medical report / information is required for the purpose of

- |  |   |
|--|---|
| <input type="checkbox"/> Continuation of Care                          | <input type="checkbox"/> Insurance Claims / Proposal        |
| <input type="checkbox"/> Legal Proceedings ( <i>please specify</i> )** | <input type="checkbox"/> Others ( <i>please specify</i> )** |

\*\*Details: \_\_\_\_\_

Once the medical report/information is completed/ready,

- |   |
|---|
| <input type="checkbox"/> I prefer to collect the medical report / information in person. Please contact me at Tel No: _____ |
| <input type="checkbox"/> Send the medical report/information by post to my address: _____                                   |

I hereby declare that the above contents 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 Appointed Representative

\_\_\_\_\_  
Date


## 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, the application is to be made and signed by both of the patient's parents or legal guardian. A copy of the patient's birth certificate is required. A minor is someone who is below 21 years old, who is not an active National Serviceman, and who is not married or a widower or widow.
  
3. If the patient is deceased,
  - a. the application is to be made by the Legally Appointed Representative of the Estate. This is either an executor of the deceased's "Will" who has been granted probate, or a person who has been appointed as an administrator of the deceased's estate by the Singapore Court.
  - b. if the deceased does not have a Legally Appointed Representative of the Estate, then the application is to be made by all the deceased's Next-of-Kin (who is living and has the mental capacity to do).
  - c. the nearest relative is the individual first listed below:
    - i. Spouse
    - ii. Child
    - iii. Parent
    - iv. Sibling
    - v. Other relation
  
4. If the patient lacks mental capacity, in accordance to the Mental Capacity Act (Cap 177A),
  - a. the application is to be made by the Legally Appointed Representative, who is a Donee of a Lasting Power of Attorney granted by the patient, or by a Deputy appointed for the patient by the court.
  - b. if the deceased does not have a Legally Appointed Representative of the estate, then the application is to be made by all the deceased's Next-of-Kin (who is living and has the mental capacity to do)
  - c. the nearest relative is the individual first listed in 3c:
  
5. Forms and supporting documents required are:
  - a. Copy of the completed "Consent For Release of Medical Information By Spouse / Parents / All Children / Siblings" (D-MRO-FM-010). The form is to be filled by all living spouse(s) / parents / children / siblings of the deceased patient, if the applicant is not the only living spouse / parent / child / sibling.
  - b. Scanned copies / photocopies of the patient's and applicant(s)' NRIC (or appropriate identification documents), both front and back views.
  - c. If the patient is deceased, a scanned copy / photocopy of the death certificate.

In addition, for a minor, deceased or patient who lacks mental capacity, and for whom the applicant is the Next-of-Kin:

- d. Scanned copies / photocopies of the relevant verification documents, e.g. marriage certificate, birth certificate, Grant of Probate, Letter of Administration, Lasting Power of Attorney, Order of the Court (Appointment of Deputy) are to be provided by each declarant (i.e. spouse / parent / child / sibling) as proof of relationship to the patient.

### 6. Contact & 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"> <li>• Payment to be made at the Medical Reports Unit Counter (Level 4)</li> </ul> <p>Cheque</p> <ul style="list-style-type: none"> <li>• Cheque should be crossed and made payable to National Heart Centre of Singapore Pte Ltd</li> <li>• Write the patient's full name and NRIC No. at the back of the cheque</li> </ul>
<p>Contact Details:</p> <p>Tel: 6704 2322 Fax: 6844 9055 Email: <a href="mailto:medicalreport@nhcs.com.sg">medicalreport@nhcs.com.sg</a></p> <div style="text-align: center;">  </div> <p>QR code:</p>	<p>Operation Hours:</p> <p>8.00am to 5.00pm – Monday to Friday 8.30am to 12pm – Saturday* Closed on Sunday and Public Holidays</p> <p><i>*Due to the enhanced COVID-19 national measures, our Medical Reports Unit will be temporarily closed on Saturdays.</i></p>

7. National Heart Centre Singapore can only process your application upon fulfilling the verification and receipt of all necessary forms, supporting documents and payment.
8. 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.
9. 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.
10. The release of the medical information is subjected to the official approval by National Heart Centre Singapore.
11. A refund of the payment will be made in the event that the medical information cannot be released.