



From Ng Teng Fong General Hospital
 Jurong Community Hospital
 Jurong Medical Centre

Application & Consent for Release of Medical Information (Form A)

Brief Notes (Refer to the attached **Notes on Application for the Release of Medical Information** for full details.):

- As a general rule, application for release of medical information can only be made by the Patient, except in exceptional circumstances. (Please refer to Note 1-6 for details related to the circumstances when the application is made by an Applicant, instead of the Patient.)
- If the application is made by the Applicant, scanned copies / photocopies of the Patient's and Applicant's NRIC and all relevant documents (e.g. birth certificate, marriage certificate, grant of probate, lasting power of attorney) as proof of the Applicant's relationship to Patient are required. (Please refer to note 7 and 8 for details)
- The release of medical information is subject to official approval by the Institution of the National University Health System Pte. Ltd. Group ("NUHS Group.") requested to release the information.

I (the "patient"), (patient's name) _____, (patient's NRIC) _____, hereby consent and authorise the above mentioned Institution(s) of **National University Health Services Group Pte. Ltd. ("NUHSG")**, formerly known as Jurong Health Services Pte. Ltd., to furnish and release the medical information in the format selected below –

Please select	Format of report	Service code	Fee (in S\$, inclusive of GST)	Attendance / Admission date	Medical specialty
<input type="checkbox"/>	Ordinary Medical Report	MS0004	\$88.00		
<input type="checkbox"/>	Specialist Medical Report	MS0005	\$176.00		
<input type="checkbox"/>	Second Opinion Report	MS0008	\$413.00		
<input type="checkbox"/>	Lasting Power of Attorney Report	MS2031	\$235.00		PSY only
<input type="checkbox"/>	Psychiatric Insurance Form / Report (Refer to Note 2)	MS2032	\$436.00		PSY only
<input type="checkbox"/>	Court Appointment for Deputy Report	MS2033	\$528.00		
<input type="checkbox"/>	Insurance Form or Other Forms (Refer to Note 6)	MS0003	\$88.00		
<input type="checkbox"/>	Workmen Compensation Form	MS0006	\$88.00		
<input type="checkbox"/>	Workmen Compensation Objection Form	MS0007	\$357.00		
<input type="checkbox"/>	Duplication of Medical Certificate/ Investigation Results	MS0011	\$11.00 per request		
<input type="checkbox"/>	Duplication of Discharge Summary	MS0022	\$11.00 per copy		
<input type="checkbox"/>	Others (Please Specify):				

Details:

This is for the purpose of Continuity of care
 Insurance claims
 Legal proceedings
 Others (please specify) _____

Contact Number: (home) _____ (mobile) _____

In addition to the medical report fees, I undertake to pay any additional charges, such as X-ray or laboratory charges, that may be incurred in the preparation of the report. **If the patient is not the applicant, please fill in the following:**

Applicant's name: _____ Applicant's NRIC: _____

Applicant's relationship to patient: (Please refer to notes 1-6 for details and definitions)

- | | |
|---|---|
| <input type="checkbox"/> Parent / Legal Guardian, if patient is a minor | <input type="checkbox"/> Employer
(Applicable for Workmen Compensation related reports and foreign workers who have left Singapore (complete Form E) only) |
| <input type="checkbox"/> Nearest Relative, if patient is deceased and did not have a Legally Appointed Representative (Please complete Form C) | <input type="checkbox"/> Legally Appointed Representative, if patient is deceased / lacks mental capacity |
| <input type="checkbox"/> Main Caregiver, if patient lacks mental capacity and does not have a Legally Appointed Representative (Please complete Form D) | <input type="checkbox"/> Others (Please specify): |

(Applicable for insurance form completion only)



Collection Mode

Self-collect:

I will personally collect the report once it is ready. **I am aware that I will need to furnish my NRIC (or other forms of identification) upon collection and that the medical report cannot be released if I am unable to do so.**

Collected by Representative:

The report(s) will be collected by my representative. *(Please complete Form B)*

Mail:

Send to the address of Patient/ Applicant* *(Delete accordingly)* as indicated by Normal / Local Registered mail / Overseas registered mail* *(Delete accordingly)* A fee of **S\$11.00** applies for Overseas postage

Address:

Email Address:

I confirm that the report will be emailed to me, and the original hardcopy of the report will not be provided thereafter.

I consent to the Institution of NUHSG releasing the medical information requested. I confirm that I have read and understood the **"Notes on Application for the Release of Medical Information"** and have provide true copies of the relevant verification documents required for the release of the medical information. I agree that the Institution releasing the medical information shall not be liable for any omissions, false or incorrect information given under this application and I will indemnify the Institution for any claims arising under this application. I confirm that the address I have provided is correct. I acknowledge and further agree that if I have requested for the medical information to be delivered by post, the Institution will not be responsible for any loss, non-delivery, inadvertent disclosure to wrong recipients, unauthorised access or use of my medical information during delivery caused by a third party.

Patient / Applicant's signature & date: _____



- These notes are to be retained by the Applicant -

NOTES ON APPLICATION FOR THE RELEASE OF MEDICAL INFORMATION

- 1) In accordance with 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 workmen compensation.
 - i) Workmen 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 by the patient's parent or legal guardian. 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 a Legally Appointed Representative of the Estate. This is either an executor of the deceased' "Will" who has been granted probate, or a person who has been appointed as an administrator of the deceased' Estate by the Singapore Court.
 - b) In circumstances where the deceased has no 'Will' and no person has been appointed as the Legally Appointed Representative of the Estate, then the application can be made by the deceased' nearest relative (who is living and has the mental capacity to do) as prioritised below. The nearest relative is the individual listed below, and is the elder or eldest of two or more such individuals:

First priority:	Spouse.
Second priority:	Child (includes legally adopted child).
Third priority:	Parent.
Fourth priority:	Sibling.
Fifth priority:	Other relation.
- 4) If the patient lacks mental capacity, and 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 patient does not have a Legally Appointed Representative, then the application is to be made by the patient's Main Caregiver.
- 5) Psychiatric medical reports cannot be addressed or released to the patient or his / her family members.
- 6) Application that has a blank insurance form to be completed by doctor can be submitted by the patient or a representative on behalf, provided that the blank insurance form is signed by the patient.
- 7) Forms and supporting documents required are:
 - a) Copy of the completed "Application & Consent for Release of Medical Information" (i.e. "Form A").
 - 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.
 - d) Scanned copies / photocopies of all relevant documents (e.g. Birth Certificate, Marriage Certificate, Grant of Probate, Letter of Administration, Lasting Power of Attorney, Order of the Court (Appointment of Deputy) as proof of the applicant's relationship to patient, if the applicant is not the patient.
 - e) For deceased patient, scanned copy / photocopy of the death certificate and relevant verification documents, e.g. Grant of Probate, Letter of Administration, or any other legal document that certifies the applicant is the Legally Appointed Representative. Please note the Will itself shall not suffice as verification documentation.
 - f) For deceased patient, where the applicant is the nearest relative the following documents are required:
 - (i) Scanned copy / photocopy of the death certificate; and
 - (ii) Copy of the completed "Additional Consent & Declaration for Release of Medical Information for Deceased Patient" (i.e. "Form C"). Section 1 must be completed by the applicant. Section 2 must be completed by all living spouse(s) / children / parent / siblings of the deceased patient (other than the applicant), if the applicant is not the only living spouse / child / parent / sibling. Scanned copies / photocopies of the relevant verification documents (e.g., marriage certificates, birth certificates) are to be provided by each declarant (i.e. spouse / child / parent / sibling) as proof of relationship to the deceased patient.
 - g) For patient who lacks mental capacity, and for whom the applicant is the Main Caregiver:
 - (i) Copy of the completed "Additional Declaration for Release of Medical Information for Patient who lacks Mental Capacity" (i.e. Form D). This is to be completed by the Main Caregiver.



- (ii) If there is more than one Main Caregiver, the declaration has to be made by each and every Main Caregiver, by signing this Additional Declaration For Release Of Medical Information for Patient who Lacks Mental Capacity" (i.e. Form D) separately.
- h) For patient who is a foreign worker that has left Singapore, and for whom the applicant is the Employer:
- (i) Copy of the completed "Indemnity Form" (i.e. Form E) by the Employer.
 - (ii) Scanned copies/ photocopies of MOM's letter to verify that patient has left Singapore.
- 8) NUHSG can only process your application upon fulfilling the verifications and receipt of all necessary forms, supporting documents and payment.

Payment Method:

- Cash, NETS, Credit Card (if application is made in person)
 - Payment to be made at Medical Report Counter
 - Cheque (if application is sent via mail)
 - Cheque should be crossed and made payable to **NUHSG Pte. Ltd**
 - PayNow / Interbank GIRO (details to be provided via email)
- 9) As a general guide, the time required for processing medical reports is about **six** weeks, from the date of receiving the completed forms, or the date of medical appointment for assessment, whichever comes later. Duplicate copies of investigation results or medical certificate can be collected on the spot if the request is made in person at the respective application locations.
- 10) Administrative charges of one-third of the payment made will be imposed if a cancellation request is made while the medical report is being processed.
- 11) The release of the medical information is subjected to the official approval by NUHSG Pte. Ltd.
- 12) A refund of the payment will be made in the event that the medical information cannot be released.
- 13) Application Method:

(a) Application in Person

Ng Teng Fong General Hospital
Medical Report Counter
Tower B, Admissions Office (Level 2)

Operating Hours:

Monday – Friday : 9:00am – 5:00pm
Saturday : 9:00am – 12:00pm
Sunday & Public Holiday : Closed

(b) Application via mail:

Ng Teng Fong General Hospital
1 Jurong East Street 21
Singapore 609606
Attention: Medical Records Office

(c) Application via email or phone call:

Email: JHC_Medical_Records@nuhs.edu.sg
Tel: 6716 6750