



FORM A - APPLICATION & CONSENT FOR RELEASE OF MEDICAL INFORMATION

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

1. This form must be **fully completed and signed** by the patient or other relevant requestor.
2. **Scanned copies / photocopies of patient'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 6 for further details).
3. This application is subject to Singapore General Hospital Pte Ltd's approval.

PATIENT'S PARTICULARS

Name: _____
NRIC / HRN: _____ Contact No: _____

AUTHORISATION

I, _____ of NRIC No: _____, hereby authorise SINGAPORE GENERAL HOSPITAL to furnish and release the requested medical information below to:

Myself My Authorised Representative (Please specify relationship) _____

TO: Name of Recipient: _____ Contact No: _____
Address of Recipient _____

PREFERRED MODE OF DELIVERY (✓ tick accordingly)

- Local Mail** (No Charge)
 Email: I would like the report to be emailed to me and I understand the original hardcopy **will not** be provided thereafter.

Email Address: _____

TYPE OF REQUEST (✓ tick accordingly)

Admission/Visit Date: _____ Clinical Department: _____

Attending Doctor: _____

Format of Report	Fee*	Tick ✓
Ordinary Medical Report	\$120	
Ordinary Medical Report [Psychiatric]	\$260	
Completion of Insurance Form <i>(please attach forms)</i>	\$120	
Completion of Insurance Form [Psychiatric] <i>(please attach forms)</i>	\$260	
Specialist Medical Report	\$220	
Specialist Medical Report [Psychiatric]	\$480	
Permanent Disability Form <i>(please attach forms)</i>	\$220	
Permanent Disability Form [Psychiatric] <i>(please attach forms)</i>	\$480	

Format of Report	Fee*	Tick ✓
MOM Work Injury Compensation Form <i>(please attach forms)</i>	\$120	
Duplication of Medical Certificate	\$12	
Duplication of GP/Polyclinic Referral Letter	\$12	
Discharge Summary (Inpatient / Day Surgery / A&E)* <i>*(delete where appropriate)</i>	\$12	
Investigation/Lab Results	\$12	
Radiological Images In CD Format [General] • X-Ray <i>(for subsidised patients)</i>	\$54.44	
Radiological Images In CD Format [Specialised] • MRI/CT Scan/Ultrasound etc. <i>(for subsidised patients)</i>	\$78.20	
Others <i>(please specify):</i>		

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

REQUEST PURPOSE & DECLARATION (✓ tick accordingly)

- Third Party Claim
 Continuation of Care
 Insurance Claims / Proposal
 Legal Proceedings **(please state details)**
 Others **(please state details)**

Details:

I hereby declare and confirm that I am competent to give the above consent and that the information given above is accurate and true to the best of my knowledge, and that the requisite information is required for the sole purpose stated above. I understand that I may be liable for prosecution for making any false declaration herein. Further, I confirm that I shall not hold Singapore General Hospital Pte Ltd or any of its employees, servants or agents responsible in any way whatsoever for the release of the said medical information to any party by me in the event of any loss or damage arising directly or indirectly, as a result of or in connection with the release of such confidential information. By reason of the aforesaid, I undertake full responsibility and liability arising from the release of the requisite information. By providing the information set out in this form and submitting the same to you, I confirm that I have read, understood and consent to the SingHealth Data Protection Policy, a copy of which is available at <http://www.singhealth.com.sg/AboutSingHealth/Personal-Data-Protection-Act-PDPA/Pages/Home.aspx>

Signature of Patient & Date

Signature of Applicant & Date

Relationship to Patient

– These notes are to be retained by the Applicant –

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, except if the patient is:
 - a. A Minor (see Point 2 for details)
 - b. Deceased (see Point 3 for details)
 - c. Mentally incapacitated (see Point 4 for details)
 - d. Applying for Work Injury Compensation (see Point 5 for details)
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 widow/widower.
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).
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. Where no Donee or Deputy as mentioned in 4(a) exists, the application may be made by made by all the patient's Next-of-Kin (who is living and has the mental capacity to do).
5. Work Injury Compensation reports can be applied by either the patient of the patient's employer. Completed reports will be submitted directly to the Ministry of Manpower.
6. 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, where the application is made by the Executor / Administrator of the Deceased's Estate, the following documents are required:
 - i. Scanned copy / photocopy of the death certificate.
 - ii. Copy of the completed "Application & Consent for Release of Medical Information".
 - iii. Copy of the complete "Letter of Undertaking" (i.e. "Form B").
 - iv. Scanned copies / photocopies of the 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 application is made by the Next-of-Kin, the following documents are required:
 - i. Scanned copy / photocopy of the death certificate.
 - ii. Copy of the completed "Application & Consent for Release of Medical Information".
 - iii. Copy of the complete "Letter of Undertaking" (i.e. "Form B").
 - iv. Scanned copies / photocopies of the relevant verification documents (e.g., marriage certificates, birth certificates) are to be provided by each declarant (i.e. spouses / children / siblings) as proof of relationship to the deceased patient.
 - g. For patient who does not have the requisite mental capacity, where the application is made by the Donee or Court Appointed Deputy, the following documents are required:
 - i. Copy of the completed "Application & Consent for Release of Medical Information".
 - ii. Copy of the complete "Letter of Undertaking" (i.e. "Form B").
 - iii. Scanned copies / photocopies of the relevant verification documents, e.g. Order of the Court (Appointment of Deputy).

- h. For patient who does not have the requisite mental capacity, where the application is made by the Next-of-Kin, the following documents are required:
- i. Copy of the completed “Application & Consent for Release of Medical Information”.
 - ii. Copy of the complete “Letter of Undertaking” (i.e. “Form B”).
 - iii. Scanned copies / photocopies of the relevant verification documents (e.g., marriage certificates, birth certificates) are to be provided by each declarant (i.e. spouses / children / siblings) as proof of relationship to the patient.
7. Singapore General Hospital can only process your application upon fulfilling the verifications and receipt of all necessary forms, supporting documents and payment.
8. Specialist consultation charges will be borne by the patient separately for medical reports that require an assessment and a review of the patient at the Specialist Outpatient Clinic. 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.
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. Specialist medical reports and workmen compensation reports require a longer processing time as a review at the Specialist Outpatient Clinic may be required after the patient has been discharged or given an open date for clinic review.
10. The release of the medical information is subjected to the official approval by Singapore General Hospital.
11. A refund of the payment will be made in the event that the medical information cannot be released.
12. Contact & Application Information

Online & Email Application	Apply and make payment online at www.sgh.com.sg/mro . Once applied, scan and submit your forms and supporting documents* to medicalreport@sgh.com.sg
Dropbox Application	Drop your forms and supporting documents* into the Dropbox at our Medical Report Self-Help Lobby. <u>Medical Report Dropbox</u> Medical Report Self-Help Lobby Block 3, Level 1 Singapore General Hospital <u>Operating Hours</u> Mon – Fri : 8.30 am – 5.30 pm Sat, Sun and PH : Closed
Contact Details	Tel : 6372 4696 Fax : 6223 8805 Email : medicalreport@sgh.com.sg
Mode of Payment	Form C – Credit Card Authorisation Form - Email us the scanned credit card authorisation form PayNow - UEN - 198703907ZBIL - Please enter Medical Report Reference “HIMS MR” followed by the patient NRIC in the reference field and notify us once payment is made. Eg “HIMS MR S7654321X” Cheque (if application is sent via mail) - Cheque should be crossed and made payable to Singapore General Hospital - Write the patient’s full name and NRIC at the back of the cheque - Send it to SGH Outram Road 169608 Medical Report Office GIRO / Bank Transfer - DBS BANK LTD PLAZA SINGAPURA BRANCH 68 ORCHARD ROAD #B1-25 PLAZA SINGAPURA SINGAPORE 238839 - BANK CODE: 7171 BRANCH CODE: 032 ACCOUNT NO: 032-001600-6 SWIFT CODE: DBSSSGSGXXX

*refer to Note 6 for further details