



CONSENT FOR RELEASE OF MEDICAL INFORMATION

Instructions:

- 1 This form must be fully completed and should be signed by the patient. If patient is below the age of 21 years old, the form should be signed by patient's parent or legal guardian.
- 2 If patient is deceased or mentally incapacitated, the form must be signed by patient's parent or guardian.
- 3 A copy of patient's identification document (front & back view) is required for application via mail or email.
- 4 The request will be processed upon receipt of completed form, required supporting document with full payment of the fee.
- 5 The release of medical information is subject to official approval by National Skin Centre. Kindly note that National Skin Centre is under obligation to give full and frank disclosure of all facts relating to your medical conditions, including but not limited to Human Immunodeficiency Virus (HIV) and any other infectious diseases required to be notified to the Ministry of Health, the Health Science Authority and any other relevant authorities.

PATIENT'S PARTICULARS

Given Name (As in NRIC / Birth Certificate / Passport): _____
 NRIC / BC / Passport No.: _____ Contact No.: _____

REQUESTER OTHER THAN PATIENT

I, _____ NRIC No.: _____
 hereby request National Skin Centre to furnish and release the type of medical document as stated below
 Name of Requester _____ Relationship to Patient: _____
 Address of Requester _____

PURPOSE OF REQUEST

- Continuity of care Insurance claims Legal proceedings
 Second Opinion Insurance Application Others (Please Specify): _____

MODE OF COLLECTION

- Email the report to (Email address): _____
 By registered mail (an additional S\$3.00 mailing fee applies):
 Recipient / Company Name: _____
 Mailing Addressing: _____
 Self Collection / Collected by my representative. I am aware that a letter of authorization (Form B) with the representative's name & NRIC No. and a copy of my NRIC must be furnished during collection.

Type of Medical Report:

- | | |
|--|---|
| <input type="checkbox"/> Medical Report (S\$91.65) | <input type="checkbox"/> Laboratory result - 1st time request (No charges) |
| <input type="checkbox"/> Specialist Medical Report (S\$183.35) | <input type="checkbox"/> Referral letter (No charges) |
| <input type="checkbox"/> Simple Insurance Form (3 pages & below) (S\$26.45) | <input type="checkbox"/> Last visit - Consultation summary sheet (No charges) |
| <input type="checkbox"/> Insurance Form (4 pages & above) (S\$91.65) | <input type="checkbox"/> Prescription / Invoice (within 1 year: No charge;
> 1 year: 1st copy - \$3.05, Subsequent copies - \$1/ each) |
| <input type="checkbox"/> Second Opinion Specialist Report for non-patient (S\$305.60) | |
| <input type="checkbox"/> MOM Workmen's compensation objection form (S\$367.00) | |
| <input type="checkbox"/> Memo/Excuse Letter/Reprinting of MC, Lab results & invoice/Consultation Summary (\$12.00) | |

Estimated time required for processing is 30 working days from the date of receiving the completed consent form and payment.

I (requestor), _____ NRIC No.: _____
 hereby declare and confirm that the information given above is accurate and true to the best of my knowledge, and that the requisite information, Medical Report or Medical Information is required for the purpose stated above.
 I understand that I may be liable for prosecution for making a false declaration.
 Further, I confirm that I shall not hold National Skin Centre or any of its employees, servants or agents responsible in any way whatsoever for the release of Medical Report or Medical Information to any party by me in the event of any loss of 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.
 Besides the Medical Report or Medical Information fee, I undertake to pay any additional charges such as x-ray and laboratory investigation charges which may be incurred in the preparation of the request.

 Signature of Patient / Requester

 Date

RESTRICTED

Annex 3 - OPG-SUP-MRC2-1002