

## CONSENT FOR RELEASE OF MEDICAL INFORMATION – FORM A

**Instructions:**

1. This form must be fully completed and signed by the patient.  
If the patient is below 21 years old, the form must be signed by the patient's parent or guardian.
2. If the patient is mentally incapacitated or deceased, applicant will also need to submit Form B.
3. For application via mail or email, a copy of patient's identification document (front & back view) is required.
4. Request will be process upon receipt of completed form(s) and the required supporting document(s) with full payment of the fee.
5. The release of the medical information is subject to official approval.
6. Please note that Yishun Health, which comprises of Khoo Teck Hospital, Yishun Community Hospital and Admiralty Medical Centre, is obligated to give full and honest 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.
7. Please refer to the annexes for details.

PATIENT'S PARTICULARS	
Given Name (As in NRIC/Passport):	
NRIC/HRN:	Contact No:

VISIT DETAILS	
Institution: Khoo Teck Puat Hospital / Yishun Community Hospital / Admiralty Medical Centre ( <i>*delete accordingly</i> )	
Admission/Visit Date:	Clinical Department:

PURPOSE OF REQUEST ( <i>Please tick accordingly</i> )			
<input type="checkbox"/> Continuity of Care	<input type="checkbox"/> Insurance Application	<input type="checkbox"/> Insurance Claims	<input type="checkbox"/> Legal Proceedings
<input type="checkbox"/> Second opinion	<input type="checkbox"/> Others (please specify):		

TYPE OF REQUEST ( <i>Please tick accordingly</i> )		
Report Type	Fees\$ (9% GST Incl)	Code
Ordinary Medical Report / Insurance Form by Doctor (Ordinary)*	101.70	MN0045
CPF – Medical Assessment Report *	101.70	MN0045
CPF – Medical Assessment Report W14A*	196.20	MN0046
LPA (Lasting Power of Attorney) Form*	230.10	MN0225
Specialist Medical Report / Permanent Disability Claim Form*	196.20	MN0046
Mental Capacity Act Medical Report*	549.80	MN0223
Pre-Work Injury Compensation Medical Report*	101.70	MN0045
Work Injury Compensation Initial Assessment / Reassessment Report *	101.70	MN0047
Work Injury Compensation Medical Board Report*	381.50	MN0048
Second Opinion Report	327.00	MN0049
Therapy Report	101.70	MN0226
Duplication of Investigation Result	9.70 / copy	MN0059
Medical Certificate (Duplicated-Certified True Copy)	13.30 / copy	MN0052
Discharge Summary	No Charge	-
<b>Brief Medical Report</b>		
IRAS Tax Relief Form*	44.80	MN0212
<b>Reports by Psychiatrist (Type of Report will be advised by Psychiatrist)</b>		
Specialist Medical Report (Simple)	256.70	MN0149
Specialist Medical Report (Complex)	459.00	MN0150
Work Injury Compensation Initial Assessment Report*	204.70	MN0151
Medico-Legal Medical Report (Simple)	714.50	MN0307
Medico-Legal Medical Report (Complex)	1090.00	MN0308
Forensic Report (Simple)	1226.80	MN0152
Forensic Report (Complex)	2725.00	MN0154
<b>Memorandum-Only the following criteria will be accepted</b>		
(i) Certification of diagnosis.	10.90	MN0350
(ii) (A) Fit to work (B) Fit to drive (C) Fit for flight travel		
(iii) Referrals to: (A) KTPH specialties (B) Laboratory/Radiology procedures		
(iv) Memo for purchasing medical devices		
(v) Very brief medical condition (eg. BP reading/height/weight)		

*'Note: Fees are non-refundable upon application. Please confirm your intent before submission.*

*\*Relevant form(s) must be submitted upon application.*

<b>TO BE DONE AND COLLECT AT CLINIC/WARD</b>		
Report Type	Fees\$ (9% GST Incl)	Code
Functional Assessment Report	44.80	MN0212
Disability & Mobility Report – Car-park Label for the Handicapped	44.80	MN0212

<sup>2</sup> **Note: Functional Assessment report/ Disability & Mobility report are handled by clinic/ward. Full payment must be made before the medical report will be released to the patient/requester.**

**PREFERRED MODE OF DISPATCH (Please tick 1 option only)**

- By Email (Email Address): \_\_\_\_\_  
*\*Medical reports requested by CPF (with patient consent) will be emailed directly to the relevant organization. Requester can opt for a copy by filling up his/her email address above. Original hardcopy will not be provided thereafter*
- By Courier (Postal Address): \_\_\_\_\_  
*\*Postage fee of \$21.80 (Code: MN0135) applies and medical report will be collected by any occupant at the stated address  
 \*\*Do note additional charge of \$21.80 applies for re-delivery of failed postage*

<b>CONSENT / AUTHORIZATION</b>		
<p>I (requestor), _____ NRIC/Passport: _____ hereby authorise YISHUN HEALTH to furnish and release the above medical information of stated report.</p> <p>I hereby declare and confirm 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 as stated. I understand that I may be liable for prosecution for making any false declaration herein.</p> <p>I confirm that I have read and understand the notes on consent for the release of medical information and have provided true copies of supporting documents required for the release of the medical information. I confirm that I shall not hold Yishun Health or any of its employees, servants, or agents liable 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.</p> <p>I also confirm that if I request for the report to be posted to me, the address/ particulars I provide to Yishun Health are correct. I further accept the risks of using third-party postal services, and I shall not hold Yishun Health liable if the report/post should be lost, not delivered by the postal service in a timely fashion and /opened by another person(s) or if Yishun Health did not receive my consent form with supporting documents. By reason of the foresaid, I undertake full responsibility and liability for the release of the requisite information.</p> <p>In addition to the above medical report fees, I undertake to pay any additional charges such as consultation/assessment fees, radiological procedures and laboratory investigation charges that may be incurred in the preparation of the medical report. I understand and agree that there will be no refund should I decide to cancel this request upon this submission.</p>		
_____ Patient's/Applicant's Signature	_____ Relationship to Patient (if applicable)	_____ Date

Additional documents issued / acknowledgments:	Signature:

<b>FOR OFFICIAL USE</b>	
_____ Verified by (Name and Signature of Staff)	_____ Date

### **Annex A: Terms and Conditions**

1. In accordance with the *Personal Data Protection Act 2012*
  - a) The application can only be made by the patient, except if the patient is:
    - i. A minor - below 21 years old, who is not an active National Serviceman, and who is not married or widow/widower
    - ii. Deceased
    - iii. Mentally incapacitated
    - iv. Applying for Work Injury Compensation
  - b) Yishun Health can only process your application upon fulfilling the verification and receipt of all necessary forms, supporting documents and payment.
2. Full payment must be made before the medical report will be released to the patient/requester.
3. Consultation/assessment/radiological/laboratory investigation/procedure(s) charges will be borne by the patient separately for medical reports that requires a new review/assessment of the patient's condition at the Specialist Outpatient Clinic.
4. A top-up to the medical report fee will be required for any shortfall.
5. Yishun Health reserves the right to offset any outstanding bills by the patient before the refund is given. Any refunds will be processed by the hospital's Finance Department and made to the payer within 2 months via Giro/PayNow. There will be no refund or cancellation once the medical report or memo is being processed.
6. The time required for ordinary medical reports processing is estimated at six weeks, from the date of receipt of full payment/ required forms or from the date of medical assessment appointment; whichever comes later.
7. Specialist / Workmen Compensation medical reports will require a longer processing time as a review at the Specialist Outpatient Clinic may be required after the patient has completed treatment.
8. Medical reports requested by insurers/MOM/CPF/ other organisations will be emailed directly to the requesting organization.
9. The medical report will be sent to the applicant via email (with password protection) as stated in the Patient Consent Form. If printed copy is required, please inform our Medical Records Office to courier to the mailing address as stated in the Patient Consent Form.
10. If the delivery is unsuccessful, the medical report will return to Yishun Health Medical Records Office. There will be an additional courier fee for re-delivery of the medical report.

**Annex B: Application documents required for minor/deceased/mentally incapacitated/work injury/employer**

- 1) Forms and supporting documents required:
  - a) If applicant is the patient:
    - i. Completed Consent for Release of Medical Information Form A
    - ii. Scanned copy of patient's front and back view of NRIC (or equivalent identification document)
  - b) If patient is a minor:
    - i. Application is to be made and signed by either patient's parents/legal guardian
    - ii. Completed Consent for Release of Medical Information Form A
    - iii. Scanned copy of applicant/patient's front and back view of NRIC (e.g NRIC, birth certificates)
    - iv. Legal testimonial document copy for guardianship (wherever applicable)
  - c) If the patient is deceased with a Legally Appointed Representative(s) of the Estate:
    - i. The application is to be made by the legally appointed representative(s) of the estate. This is either executor(s) of the deceased's "Will" who has been granted probate, or person(s) who has appointed as administrator(s) of the deceased's estate by the Singapore Court.
    - ii. Completed "Application & Consent for Release of Medical Information" (Form A). If more than 1 legally appointed representative, completed Additional Consent for Release of Medical Information (Form B).
    - iii. Scanned copy of the applicant's front and back view of NRIC (or equivalent identification documents)
    - iv. Scanned copy 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)
  - d) If the patient is deceased and without a Legally Appointed Representative of the Estate:
    - i. The application is to be made by all the deceased's Next-of-Kins (who is living and has the mental capacity to do)
    - ii. Completed Additional Consent for Release of Medical Information Form B, Section 1 must be completed by the
    - iii. 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.
    - v. Completed Consent for Release of Medical Information Form A by the applicant
    - vi. Scanned copy of the applicant's front and back view of NRIC (or equivalent identification documents)
    - vii. Scanned copy of the death certificate
    - viii. Scanned copy of the relevant 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
  - e) If the patient lacks mental capacity with a LPA Donee or court appointed Deputy:
    - i. The application is to be made by legally appointed representative, lasting power of attorney (LPA), donee or court appointed deputy for the patient
    - ii. Completed Consent for Release of Medical Information Form A by applicant
    - iii. If more than 1 legally appointed Representative or LPA donee, completed Additional Consent for Release of Medical Information Form B-Section 1 must be completed by the applicant
      - Section 2 must be completed by all legally appointed representatives or LPA donees (other than the applicant)
    - iv. Scanned copy of the applicant's front and back view of NRIC (or equivalent identification documents)
    - v. Scanned copy of the relevant legal verification documents (e.g. Order of the Court-Appointment of Deputy or Lasing Power of Attorney)
  - f) If the patient lacks mental capacity and without a LPA Donee or court appointed Deputy:
    - i. The application may be made by all the patient's Next-of-Kin(s) (who is living and has the mental capacity to do)
    - ii. Completed Additional Consent for Release of Medical Information Form B;
      - Section 1 must be completed by the applicant
      - Section 2 must be completed by all living spouse(s)/children/parent/siblings of the patient (other than the applicant) if the applicant is not the only living spouse/child/parent/sibling
    - iii. Completed Application & Consent for Release of Medical Information Form A by the applicant
    - iv. Scanned copy of the applicant's front and back view of NRIC (or equivalent identification documents)
    - v. Scanned copy 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
  - g) Work Injury Compensation reports
    - i. The application may be made by either the patient or his/her employer. Completed reports will be submitted directly to the appointed Insurance Company and/or Ministry of Manpower
  - h) For employer requesting for former employee medical record
    - i. Application is only for foreign worker patient who has left Singapore and not contactable by the employer and for insurance claim purpose only
    - ii. Completed "Release of Medical Information of Foreign Workers to Employers (Indemnity) - Form C"
    - iii. Completed "Application & Consent For Release of Medical Information - Form A"
    - iv. Scanned copies/photocopies of Cancellation of Work Permit letter from the Ministry of Manpower
    - v. Departure Air ticket copy to verify that patient has left Singapore and/or police report for missing worker(s)

*\*2e/2f in accordance with the Mental capacity Act (Cap 177A)*