

## 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 National Cancer Centre Singapore approval

### PATIENT'S PARTICULARS

Name: \_\_\_\_\_ NRIC / HRN: \_\_\_\_\_  
 Attending Doctor: \_\_\_\_\_ Contact No: \_\_\_\_\_

### AUTHORISATION

I, \_\_\_\_\_ of NRIC No: \_\_\_\_\_, hereby authorise  
 NATIONAL CANCER CENTRE 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:

- Collection at NCC HIMS  
 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 ✓	Format of Report	Fee	Admission / Visit Date	Department
	Ordinary Medical Report	\$110		
	Completion of Insurance Form	\$110		
	Specialist Medical Report / Permanent Disability Form	\$210		
	Admin Fee for Duplication of Medical Certificate / Referral Letter	\$10.70		
	Admin Fee for Duplication of Inpatient Discharge Summary / Investigation Results	\$10.70		
	Others (please specify)			

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.

### FOR THE PURPOSE OF:

- 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 National Cancer Centre Singapore 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

\_\_\_\_\_  
Official Request No

\_\_\_\_\_  
Received By & Date

\_\_\_\_\_  
Registered By & Date