

- Admiralty Medical Centre
- Khoo Teck Puat Hospital
- Yishun Community Hospital

APPLICATION & CONSENT FOR RELEASE OF MEDICAL INFORMATION – FORM A

Important Instructions:

1. This form must be fully completed and signed by the patient. If the patient is below 21 years old, the form should be signed by the patient's parent / guardian.
2. If patient is deceased / mentally incompetent, consent is required from the appointed representatives. Appointed representatives are to provide photocopy of their NRIC or passport, Court Orders, Lasting Power of Attorney and / or other legal documents (where applicable). If there is no appointed representative, the **"Additional Consent for Release of Medical Information by all children / siblings (Form B)"** form must be completed. A copy of patient's death certificate is required.
3. Photocopies of relevant documents (e.g. birth certificate, marriage certificate and letters of administration) are to be attached as proof of relationship to patient if applicable.
4. Patient to enclose a photocopy of own NRIC (front & back view) if submitting via mail, email or fax.
5. Completed form must be submitted with appropriate fee.
6. The release of the medical information is subject to official approval.
7. Kindly note that Yishun Health, which comprises of Admiralty Medical Centre, Khoo Teck Puat Hospital and Yishun Community Hospital, 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 Sciences Authority and any other relevant authorities and any past medical history.

Note: For payment by cheque, it should be crossed and made payable to respective institution (refer to attached Notes on Application for the Release of Medical Information for full details).

| PATIENT'S PARTICULARS | |
|---|--------------------------|
| Patient's Name: _____ | NRIC / HRN: _____ |
| Address: _____ | Contact No: _____ |
| _____ | Email: _____ |
| Period of Clinic Visits / Admission : _____ | Medical Specialty: _____ |

| IF PATIENT IS NOT THE APPLICANT, PLEASE COMPLETE THIS SECTION | |
|---|---|
| Applicant's name: _____ | Applicant's NRIC / FIN: _____ |
| Address: _____ | Contact No: _____ |
| _____ | Email: _____ |
| Applicant's relationship to Patient | |
| <input type="checkbox"/> Parent / Legal Guardian, if patient is a minor (< 21 years old) | <input type="checkbox"/> Employer (For foreign workers who have left Singapore) (Complete Form C) |
| <input type="checkbox"/> Legally Appointed Representative, if patient is deceased or lacks mental capacity | <input type="checkbox"/> Others (Please specify): _____ |
| <input type="checkbox"/> Nearest Relative / Caregiver, if patient is deceased and did not have a Legally Appointed Representative (Complete Form B) | |

| PURPOSE OF REQUEST (PLEASE SELECT) | |
|--|---|
| <input type="checkbox"/> Insurance claim <input type="checkbox"/> New insurance application <input type="checkbox"/> Legal proceedings | <input type="checkbox"/> Continuity of care <input type="checkbox"/> Second opinion <input type="checkbox"/> Others (Please specify): _____ |

| TYPES OF REPORT (PLEASE SELECT) | |
|---|---|
| <p>Report Type</p> <p><input type="checkbox"/> Mental Capacity Act Medical Report * - \$430.00 (MN0223)</p> <p><input type="checkbox"/> CPF – Medical Certification * – \$90.00 (MN0224)</p> <p><input type="checkbox"/> Disability & Mobility Report – Car-park Label for the Handicapped *- \$21.40 (MN0228)</p> <p><input type="checkbox"/> LPA (Lasting Power of Attorney) Form * - \$200.00 (MN0225)</p> <p><input type="checkbox"/> Functional Assessment Report * - \$37.45 (MN0212)</p> <p><input type="checkbox"/> Therapy Report - \$90.00 (MN0226)</p> <p><input type="checkbox"/> Insurance Form by Medical Records Office * - \$20.35 (MN0043)</p> <p><input type="checkbox"/> Insurance Form by Doctor (Ordinary) * - \$90.00 (MN0044)</p> <p><input type="checkbox"/> Insurance Form by Doctor (Comprehensive) * - \$140.00 (MN0256)</p> <p><input type="checkbox"/> Permanent Disability Claim Form * - \$180.00 (MN0222)</p> <p><input type="checkbox"/> Ordinary Medical Report - \$90.00 (MN0045)</p> <p><input type="checkbox"/> Specialist Medical Report - \$180.00 (MN0046)</p> <p><input type="checkbox"/> Pre-Work Injury Compensation Medical Report * - \$90.00 (MN0060)</p> <p><input type="checkbox"/> Work Injury Compensation Initial Assessment Report * - \$90.00 (MN0047)</p> <p><input type="checkbox"/> Work Injury Compensation Reassessment Report * - \$90.00 (MN0056)</p> <p><input type="checkbox"/> Work Injury Compensation Medical Board Report * - \$357.00 (MN0048)</p> | <p>Report Type</p> <p><input type="checkbox"/> Second Opinion Report - \$300.00 (MN0049)</p> <p>Reports by Psychiatrist (Type of Report will be advised by Psychiatrist)</p> <p><input type="checkbox"/> Permanent Disability Claim Form * - \$200.00 (MN0146)</p> <p><input type="checkbox"/> Specialist Medical Report (Simple) - \$200.00 (MN0149)</p> <p><input type="checkbox"/> Specialist Medical Report (Complex) - \$450.00 (MN0150)</p> <p><input type="checkbox"/> Work Injury Compensation Initial Assessment Report * - \$200.00 (MN0151)</p> <p>Others</p> <p><input type="checkbox"/> Discharge Summary (No charge)</p> <p><input type="checkbox"/> Duplication of Investigation Result - \$6.00 per copy (MN0059)</p> <p><input type="checkbox"/> Medical Certificate (Duplicated) - \$12.00 (MN0052)</p> <p><input type="checkbox"/> Others (please specify): _____</p> <p><i>Note: * Requestor to provide forms</i></p> |

| PREFERRED MODE OF DELIVERY (PLEASE SELECT) |
|--|
| <p><input type="checkbox"/> Self-collect. I will collect the report personally. My Contact no:_____. I am aware that I will need to furnish my NRIC upon collection and that the medical report cannot be released if I am unable to do so.</p> <p><input type="checkbox"/> Mail: <input type="checkbox"/> by Normal Post <input type="checkbox"/> by Registered Post - a fee of \$10.00 is applicable (MN0135).</p> <p>Address: _____</p> <p><input type="checkbox"/> Collection by Representative. An authorisation letter with the representative's name & NRIC and a copy of my NRIC has to be furnished upon collection.</p> |

| CONSENT |
|--|
| <p>I hereby declare and confirm that I have understood the Notes on Application for the Release of Medical Information, 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.</p> <p>Further, 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. 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, and that I shall not hold Yishun Health liable if the post should be lost, not delivered by the postal service in a timely fashion or inadvertently opened by other person(s). By reason of the foresaid, I undertake full responsibility and liability for the release of the requisite information.</p> <p>_____</p> <p>Patient / Applicant's Signature _____ Date</p> |

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

NOTES ON APPLICATION FOR THE RELEASE OF MEDICAL INFORMATION

What is required during application?

1. Patient's **signed consent** to allow the hospital to release his / her medical information for a stated purpose. Please complete the '**Application & Consent for Release of Medical Information – Form A**'
2. A copy of patient's NRIC / Identification documents (both front and back views)
3. Questionnaire form from insurance company or any organisations, if applicable.
4. A payment for the medical information / services.

Where do I submit my application?

Application must be submitted to / at the respective institution's Patient Service Centre / Patient Registration Counter.

| Khoo Teck Puat Hospital | Yishun Community Hospital | Admiralty Medical Centre |
|--|--|---|
| Application in person a) Patient Services Centre Tower A, Level One <u>Operation Hours:</u> Monday – Friday: 8.30am – 5.30pm Saturday: 8.30am – 12.30pm Sunday & Public Holiday: Closed b) Any Outpatient Clinic Counters <u>Operation Hours:</u> Monday – Friday: 8.30am – 5.30pm Saturday: Closed Sunday & Public Holiday: Closed | Application in person Patient Service Centre Tower D, Level One <u>Operation Hours:</u> Monday – Friday: 8.30am – 5.30pm Saturday: Closed Sunday & Public Holiday: Closed | Application in person Patient Registration Counter Level 3 or 4 of Kampung Admiralty <u>Operation Hours:</u> Monday – Friday: 8.30am – 5.00pm Saturday: 8.30am – 11.00am Sunday & Public Holiday: Closed |
| Application by post: Khoo Teck Puat Hospital 90 Yishun Central Singapore 768828 Attn: Medical Records Office | Application by post: Yishun Community Hospital 2 Yishun Central 2 Singapore 768024 Attn: Medical Records Office | Application by post: Admiralty Medical Centre Block 676 Woodlands Drive 71 #03-01 Kampung Admiralty Singapore 730676 Attn: Medical Records Office |

Note: An administrative charge of one-third of the payment made will be imposed if a cancellation request is made while the medical report is being processed.

Cancellation is not allowed if doctor has already prepared the report.

How should the cheque be issued?

| Khoo Teck Puat Hospital | Yishun Community Hospital | Admiralty Medical Centre |
|--|---|--|
| Should be crossed and made payable to: "Alexandra Health Pte Ltd" | Should be crossed and made payable to: "Yishun Community Hospital Pte Ltd" | Should be crossed and made payable to: "Admiralty Medical Centre Pte Ltd" |

Kindly indicate name, NRIC/ Fin number and contact number at the back of the cheque.

When will the requested medical report / duplicated documents be ready?

We can only process your application upon fulfilling the verifications and receipt of all necessary forms, supporting documents and payment.

| | |
|--|---|
| Application for | As a general rule, processing time is |
| Medical Report | At least 3 weeks, from the date of receiving the completed forms. It may take longer if: <ul style="list-style-type: none"> • Patient has upcoming clinic appointments • Patient has been hospitalised • Multiple reports are required from several clinical departments • Doctor is away on leave |
| Specialist Medical Report, Mental Capacity Act Medical Report and Other report applications which required patient to undergo assessment. | Require more processing time as a review at the Specialist Outpatient Clinic may be required. At least 3 weeks, from the date of assessment appointment. |
| Work Injury Medical Report | Require more processing time as a review at the Specialist Outpatient Clinic may be required after the patient has been discharged or given open date from clinic review. At least 3 weeks, from the date of assessment appointment. The completed report will be delivered directly to the Ministry of Manpower. |
| Duplication of: <ul style="list-style-type: none"> • Discharge summary, • Patient Report, • Visit Summary, • Investigation results, • Medical certificate | At least 5 days, from the date of receiving the completed forms via post or email. These may be collected on the spot if the request is made in person at the respective institution's Patient Service Centre / Patient Registered Counter. Note: You may also access your Inpatient Discharge Summary and test results via HealthHub portal. |

How do I receive the medical report / duplicated copies of discharge summary, investigation results?

| | |
|---|--|
| You may | You need to |
| Collect personally | Bring along your NRIC |
| Have the document sent to you by post Note: Psychiatric medical reports <u>cannot</u> be mailed. It must be self-collection. | Inform mailing address at the point of application. Pay an administrative fee of \$10.00, if registered post / overseas posting is required, at the point of application. |
| Authorise a representative to collect the document | Sign an Authorisation Letter ** Inform representative to produce a copy of his/ her NRIC and applicant's NRIC or Identification document for our retention. ** Please complete the Authorisation Letter |

Ways to contact Medical Records Office

| Kho Teck Puat Hospital | Yishun Community Hospital | Admiralty Medical Centre |
|---|---|--|
| Tel: 6602-2477 Fax:6602-3786 Email: ktph.mro.enquiry@ktph.com.sg | Tel: 6807-8695 Fax:6807-8519 Email: yhc.mro.enquiry@yishunhospital.com.sg | Tel: 6807-8328 Email: admcmro.enquiry@ktph.com.sg |