NUHS
National University Health System

Application & Consent for Release of Medical Information (Form A)

This application for release of medical information is made to the institution of the National University Health System Pte. Ltd ("**NUHS**") group indicated below (the "**Institution**").

☐ Alexandra Hospital ☐ National University Hospital ☐ Ng Teng Fong General Hospital
☐ Jurong Medical Centre ☐ Jurong Community Hospital

The medical information released will only be for the Institution indicated, and the release of the medical information is subject to the approval of the Institution.

** Kindly read the "**Notes on Application & Consent for Release of Medical Information"** before applying. **

Patient's Particulars

Name (as per ID): _____ ID No.: _____

Contact No.: _____ Medical Specialty: _____

Admission Period: _____ Attending Doctor: _____

Select	Report Type	Fees S$ (GST Incl.)
☐	Ordinary Medical Report	120.00
☐	Specialist Medical Report *(excludes consultation charges)*	220.00
☐	Specialist Psychiatrist Report	489.00
☐	Second Opinion Report *(non-NUHS Patient)*	363.70
☐	Simple Form	40.70
☐	Insurance Form (Ordinary)	120.00
☐	Insurance Form (Specialist/ Disability Claim)	220.00
☐	Work Injury Compensation (Initial Assessment)	101.90
☐	Work Injury Compensation Medical Board Assessment	363.70
☐	Lasting Power of Attorney Report	203.70
☐	Court Appointment for Deputy Report	489.00
☐	Duplication of Discharge Summary / Day Surgery (per copy)	11.20
☐	Duplication of Investigation Results (per visit)	11.20
☐	Certified True Copy of Medical Report/ Memo/ Medical Certificate (per copy)	11.20
☐	Memo	20.40
☐	Others (pls specify):	

In addition to the medical report fees, I undertake to pay any additional charges, such as X-ray or laboratory charges, that may be incurred in the preparation of the report. **** I am agreeable/ not agreeable to the release of HIV results** *(delete accordingly, if applicable)*
If the patient is not the applicant, please fill in the following information and complete the relevant form *(Please refer to Note 7).*

Applicant's Name : _____ Applicant's NRIC: _____

Purpose of Report:

☐ Continuity of Care ☐ Insurance claims ☐ Employment ☐ Legal Proceedings [**Against NUHS** ☐ Yes ☐ No]
☐ Others _____

Preferred Mode of Delivery *(select one only)*

☐ Email: Send to the email address as indicated. No hardcopy report will be provided.

Email Address: _____

☐ **Mail:** Send to the address of Patient/ Applicant* (*Delete accordingly*) as indicated by Local Registered mail / Overseas registered mail* (*Delete accordingly*) A fee of **S$12.20** applies for Overseas postage

Mailing Address: _____

I consent to the Institution releasing the medical information requested. I confirm that I have read and understood the "Notes on Application & Consent for the Release of Medical Information" and have provide true copies of the relevant verification documents required for the release of the medical information. I agree that the Institution releasing the medical information shall not be liable for any omissions, false or incorrect information given under this application, and I will indemnify the Institution for any claims arising under this application. I confirm that the address I have provided is correct. I acknowledge and further agree that if I have requested for the medical information to be delivered by post, the Institution will not be responsible for any loss, non-delivery, inadvertent disclosure to wrong recipients, unauthorised access or use of my medical information during delivery caused by a third party.

Signature of Patient Date:	Signature of Applicant *(if applicable)* Date:	Relationship to Patient *(if applicable)* *(Refer to Note nos. 1-7)*

Types of Medical Information / Services

Completion of Detailed Insurance Form (Ordinary)
A detailed insurance claim form to be completed by the doctor. The form will require information such as: diagnosis, details of injuries suffered, treatment given.

Completion of Insurance Form (Specialist or Disability Claim)
A detailed insurance claim form provided by the insurance company for the doctor to assess the patient's *disability status*. The form will require information such as: prognosis, diagnosis, details of injuries suffered, treatment given. *Consultation fees will be charged separately by the clinic on the day of the assessment.*

Simple Form
A simple form usually requested by insurance company. The form will require information such as: Diagnosis, Diagnosis code, Procedure, Procedure code, Referring doctor. This can also apply to Disability Verification Form, Carpark Label Form.

Ordinary Medical Report
A report put up by the doctor based on patient's medical records. It is a factual record of the patient's medical conditions.

Specialist Medical Report
A detailed medical report that usually highlights the history of a medical complaint or injury. The doctor will include findings of the assessment as well as their opinion and prognosis of the patient. For Orthopaedic cases, an appointment will be arranged for the patient to be reviewed by the doctor. For other disciplines, an appointment would only be arranged if the doctor requests on a needs basis. *Consultation fees will be charged separately by the clinic on the day of the assessment.*

Specialist Psychiatrist Report
This report is prepared by a patient's psychiatrist in response to a request that requires a professional opinion with regards to the patient's prognosis and disabilities. It is based on an actual assessment of the patient and may involve a review at the Psychological Medicine Specialist Outpatient Clinic. Consultation fees will be charged separately by the clinic on the day of the assessment.

Work Injury Compensation (Initial Assessment)
This is an assessment to determine work-related injuries, the degree and period of disability for workmen's compensation purpose under the Workmen's Compensation Act. Scope of the report is as per "Medical Report on Traumatic Injuries for Workmen's Compensation" form prescribed by the Ministry of Manpower.

Work Injury Compensation Medical Board Assessment
This is a referral from the Ministry of Manpower to assess and re-determine work-related injuries, the degree and period of disability when any of the parties (insurer, employer, or injured worker) object to the results of the initial workmen's compensation assessment. Scope of the report is as per "Referral of Objection to Permanent Incapacity Under Compensation (Medical Board) Regulations 2005 - Medical Report on Traumatic Injuries for Workmen's Compensation" form prescribed by the Ministry of Manpower.

Court Appointment for Deputy (Mental Capacity Act)
This report is prepared by the patient's psychiatrist in response to requests that require a professional opinion with regards to the patient's prognosis and disabilities. It is based on an actual assessment of the patient and may involve a review at the Psychological Medicine Specialist Outpatient Clinic. Applicant has to make an appointment with the clinic for the Affidavit to be signed together with the Commissioner of Oath.

LPA (Lasting Power of Attorney) Report
Issuance of LPA Certificate. LPA report fees do not include the consultation fees, if patient has to be assessed by a specialist first for the purpose of providing these reports. Consultation fees will be charged separately by the clinic on the day of the assessment.

Second Opinion Report (non-NUHS patient only)
A medical report requested by a non-NUHS patient seeking second opinion from an NUHS specialist. An appointment will be arranged for Consultant to assess the patient. Patients may be required to provide the attending specialist with their previous medical report or investigation results.

Investigation Results/ Inpatient Discharge Summary / Day Surgery Report
Duplication of *investigation results* such as X-ray reports, CT scan reports, blood test results, ECG reports, Histopathology reports, Cytogenetic reports, Bone Density Report and Urine Test Result. *Inpatient Discharge Summary* is a document that provides the patient's diagnosis, procedure and medication given during a specific hospitalisation episode. It does not contain detailed explanation of the medical condition. *Day Surgery Report* is a duplicate copy of the Day Surgery Discharge Summary. It will provide brief information of the surgery, diagnosis and procedure.

Duplication of Medical Certificate / Medical Report
It is an application for a certified true copy of medical certificate for hospitalization/outpatient medical leave issued by doctors or a duplicate copy of medical report that was previously issued.

Referral Letter
A duplicate copy of patient's referral letter from Polyclinic and/or General Practitioners.

Memo
Memo is a statement from a doctor to state patient's diagnosis with no explanation of medical condition.

Clarification of Medical Report
A one-time clarification is permissible with each report / insurance form made within 3 months from completion date, beyond which a fee will be imposed. Processing time is within 6 weeks from the date of request.

Please note that investigation results, discharge summaries, referral letters and memorandums are not entitled to this concession.

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- These notes are to be retained by the Applicant –

NOTES ON APPLICATION & CONSENT FOR RELEASE OF MEDICAL INFORMATION

1) In accordance with the Personal Data Protection Act (No.26 of 2012) and because of medical confidentiality, the application can only be made by the patient,

   a) except if the patient is
      i) a minor.
      ii) deceased.
      iii) mentally incapacitated.

   b) or if the report is for workmen compensation.
      i) Workmen Compensation reports can be applied by the patient or his / her employer. The completed report will be given directly to the Ministry of Manpower.

2) If the patient is a minor, the application is to be made by either of the patient's parents or legal guardian. A minor is someone who is below 21 years old, who is not an active National Serviceman, and who is not married or a widower or widow.

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) In circumstances where the deceased has no Will and no person has been appointed as the Legally Appointed Representative of the Estate, and the application is not related to contentious court proceedings, then the application can be made by the deceased's Closest Relative (who is living and has the mental capacity to do) as defined and prioritised below. The Closest Relative is the individual listed below, and is the elder or eldest of two or more such individuals:
      i) First priority: Spouse.
      ii) Second priority: Child (includes legally adopted child).
      iii) Third priority: Parent.
      iv) Fourth priority: Sibling.
      v) Fifth priority: Other relation

4) If the patient lacks mental capacity, and in accordance with 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) If the patient does not have a Legally Appointed Representative, then the application is to be made by the patient's Closest Relative (see 3(b) above) or if there are no living relatives, a person named by the patient as someone to be consulted on the matters relating to this application (an "Interested Person".

5) Psychiatric medical reports cannot be addressed or released to the patient's family members unless authorisation by patient is given (i.e. Form B)

6) Application that has a blank insurance form to be completed by doctor can be submitted by the patient or a representative on patient's behalf, provided that the patient has authorised and consented to the disclosure of the required information.

7) Forms and supporting documents required are:

   a) For all medical report requests and verification of authenticity of medical documents:

      i) Copy of the completed "Application & Consent for Release of Medical Information" (i.e. "Form A").

      ii) If applicant is patient: Scanned copies / photocopies of the Patient's NRIC (or appropriate identification documents), both front and back views.

      iii) If applicant is not patient: Scanned copies / photocopies of the Applicant's NRIC (or appropriate identification documents), both front and back views and 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.

   b) For deceased patient,

      i) If applicant is Legally Appointed Representative: Scanned copy / photocopy 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. Please note the Will itself shall not suffice as verification documentation.

      ii) If applicant is Closest Relative: Scanned copy / photocopy of the death certificate and copy of the completed "Additional Consent & Declaration for Release of Medical Information for Deceased Patient" (i.e. "Form C"). Section 1 must be completed by the 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. Scanned copies / photocopies of the relevant verification documents (e.g., marriage certificates, birth certificates) are to be provided by each declarant (i.e. spouse / child / parent / sibling) as proof of relationship to the deceased patient.

   c) For patient who lacks mental capacity,

      i) If applicant is the Court Appointed Deputy, Scanned copy / photocopy of the approved finalized Court Order appointing Deputyship

      ii) If applicant is the LPA Donee, Scanned copy / photocopy of activated completed LPA and completed LPA activation form

      iii) If applicant is Closest Relative: Scanned copy / photocopy of and copy of the completed "Additional Declaration for Release of Medical Information for Patient with Mental Incapacity (i.e. "Form D"). Section 1 must be completed by the 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. Scanned copies / photocopies of the relevant verification documents (e.g., marriage certificates, birth certificates) are to be provided by each declarant (i.e. spouse / child / parent / sibling) as proof of relationship to the patient who lacks mental capacity.

   d) If the patient is a foreign worker who has left Singapore or has gone missing, and for whom the applicant is the Employer:
      i) Copy of the completed "Indemnity Form for Workmen Compensation" (i.e. Form E) by the Employer.

8) Scanned copies/ photocopies of Cancellation of Work Permit letter from MOM to verify that patient has left Singapore and/or police report for missing worker(s). The Institution can only process your application upon fulfilling the verifications and receipt of all necessary forms, supporting documents and payment.

9) As a general guide the time required for processing is about 6 weeks, from the date of receiving the completed forms, or the date of medical appointment for assessment, whichever comes later. Duplicate copies of investigation results, discharge summaries or medical certificates can be processed within 7 working days from the date of receiving the completed forms and documents required for verification.

10) There will be no refund provided upon cancellation of memorandums, investigation results, medical report certification, duplication of medical certificate and discharge summary. For cancellation of all other reports, you are required to notify us no later than 1 calendar day upon successful payment, otherwise an administrative fee of $30 will be levied.

11) A refund of the payment will be made in the event that the medical information cannot be released.

12) The release of the medical information is subjected to the official approval by the Institution.

Medical Reports Application Methods

a) Online: via the NUHS App
https://for.sg/NUHS-app

National University Hospital For Enquiries, please send in via FormSG:	**Operating Hours:** Monday - Friday: 8.30am - 5.00pm Weekend & Public Holiday: Closed **Payment method:** • Online payment to be made via NUHS App • PayNow
Ng Teng Fong General Hospital Jurong Community Hospital **Jurong Medical Centre** By Email: JHC_Medical_Records@nuhs.edu.sg For Enquiries, please send in via FormSG:	**Operating Hours:** Monday - Friday: 8.30am - 5.00pm Weekend & Public Holiday: Closed **Payment method:** • Online payment to be made via NUHS App • PayNow
Alexandra Hospital By Email: AH_Medical_Records@nuhs.edu.sg For Enquiries, please send in via FormSG:	**Operating Hours:** Monday - Friday: 8.30am – 5.00pm Weekend & Public Holiday: Closed **Payment method:** • Online payment to be made via NUHS App • PayNow