Indemnity Form For Releasing Medical Information Of Foreign Workers To Employers (Form E)

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**"). Please choose only one institution.

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

Notes:

- This Form must be completed and signed by an authorised representative of the Patient's Employer.
- The Patient must be a foreign worker and has left Singapore or has gone missing. For missing workers, please provide a copy of the Police Report.
- The Employer must provide a copy of MOM's letter and a copy of Work Permit to verify the Patient's identity.

Release of Medical Information of Foreign Workers to Employers

I, _____ NRIC No._____ am the authorised representative of the patient's employer (the "Employer"), and hereby declare that the patient, _____ NRIC/FIN/HRN No. _____ (the "Patient"), who was formerly under our employment, is currently not in Singapore, and despite our numerous and extensive attempts to contact the Patient, the Patient remains uncontactable, and thus the Patient is unavailable to provide consent to the Institution for the release of his/her medical information to the Employer.

I declare that the purpose of the Employer seeking release of the Patient's medical information to the Employer is solely to enable the Employer to pay the Patient's outstanding bill(s) to the Institution.

I attach our supporting documentation as follows:

☐ Workmen compensation *(kindly provide MOM letter)*

☐ Insurance claims *(kindly provide copy of insurance letter/form)*

For requests for information disclosure for a purpose different from the above-stated purpose, then please note that Form A (Application & Consent for Release of Medical Information) must be duly completed and signed by the Patient. Requests that do or did not comply with this requirement will not be accepted.

I declare that the Employer has made numerous and extensive efforts to contact the Patient via available means (including telephone and/or email) to obtain consent but has been unable to do so.

I further declare that the Employer undertakes to fully indemnify, defend and hold harmless the Institution against all claims by the Patient or any third party against the Institution, which includes all costs and expenses (including legal and other professional costs) incurred by the Institution in preserving and/or enforcing any of the rights under this indemnity arising from the release of the medical information for the above-stated purpose.

The Employer acknowledges that any misuse or unauthorised disclosure for fraudulently procuring Patient's medical information may constitute a breach of the Personal Data Protection Act 2012. The Employer undertakes that it shall bear full responsibility for any breaches or non-compliances with laws and regulations, and shall indemnify, defend, and hold the Institution harmless from any liability whatsoever.

_____

Signature of Employer's Authorised Representative

Date:

_____

Name of Employer & Company Stamp

For missing foreign workers:

☐ I have enclosed a copy of the Police Report/Notice for Cancellation of Work Permit (MOM) for the missing foreign worker