

## 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: \_\_\_\_\_ ID No.: \_\_\_\_\_  
 Contact No.: \_\_\_\_\_ Medical Specialty: \_\_\_\_\_  
 Admission Period: \_\_\_\_\_ Attending Doctor: \_\_\_\_\_

Select	Report Type	Fees S\$ (GST Incl.)
<input type="checkbox"/>	Ordinary Medical Report	100.90
<input type="checkbox"/>	Specialist Medical Report <i>(excludes consultation charges)</i>	201.90
<input type="checkbox"/>	Specialist Psychiatrist Report	484.50
<input type="checkbox"/>	Second Opinion Report <i>(non-NUHS Patient)</i>	360.30
<input type="checkbox"/>	Simple Insurance Form	40.40
<input type="checkbox"/>	Completion of Insurance Form (Ordinary)	100.90
<input type="checkbox"/>	Completion of Insurance Form (Specialist/ Disability Claim)	201.90
<input type="checkbox"/>	Work Injury Compensation Assessment Form	100.90
<input type="checkbox"/>	Work Injury Compensation Medical Board Report	360.30
<input type="checkbox"/>	Lasting Power of Attorney Report	201.90
<input type="checkbox"/>	Court Appointment for Deputy Report	484.50
<input type="checkbox"/>	Duplication of Investigation Results / Day Surgery / Discharge Summary (per copy)	11.10
<input type="checkbox"/>	Certified True Copy of Medical Report/ Medical Certificate (per copy)	11.10
<input type="checkbox"/>	Memo	20.20
<input type="checkbox"/>	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     Others: \_\_\_\_\_

### Preferred Mode of Delivery

- Self-collect:** I will personally collect the report once it is ready. **I am aware that I will need to furnish my NRIC (or other forms of identification) upon collection and that the medical report cannot be released if I am unable to do so.**  
 **Collected by Representative:** The report(s) will be collected by my representative. *(Please complete Form B)*  
 **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\$12.10** applies for Overseas postage  
**Address:** \_\_\_\_\_  
 I would like the report to be emailed to me, and I understand the original hardcopy of the report will not be provided thereafter.

**Email 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 insurance form (Outpatient Only)

A simple insurance form usually requested by insurance company of a *Group Department*. The form will require information such as: Diagnosis, Diagnosis code, Procedure, Procedure code, Referring doctor.

### 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 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.

### 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-NUH patient seeking second opinion from an NUH 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 a summary of the patient's medical condition, diagnosis, procedure and medication given during a specific hospitalization episode. *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.

**- 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". Please refer to 7(f) across for more information).
  - 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) Copy of the completed "Application & Consent for Release of Medical Information" (i.e. "Form A").
    - b) If patient is applicant: Scanned copies / photocopies of the Patient's NRIC (or appropriate identification documents), both front and back views.
    - c) If applicant is not patient: Scanned copies / photocopies of the Applicant's NRIC (or appropriate identification documents), both front and back views and a copy of completed "Authorisation for Application of Medical Report (i.e. "Form B").
      - i) In addition, 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.
  - d) For deceased patient, 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.
  - e) For deceased patient, where the applicant is the Closest Relative the following documents are required:
    - i) Scanned copy / photocopy of the death certificate; and
    - ii) 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.
  - f) For patient who lacks mental capacity, and for whom the applicant is a Closest Relative:
    - i) Copy of the completed "Additional Declaration for Release of Medical Information for Patient with Mental Incapacity" (i.e. Form D). This is to be completed by the applicant and, where applicable, the other living spouse(s)/children/siblings/other relations
  - g) If 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.
    - ii) Scanned copies/ photocopies of MOM's letter to verify that patient has left Singapore and/or police report for missing worker(s).
- 8) 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 **six** 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 collected on the spot if the request is made in person at the respective application locations.
  - 10) Administrative charges of one-third of the payment made will be imposed if a cancellation request is made while the medical report is being processed.
  - 11) The release of the medical information is subjected to the official approval by the Institution.
  - 12) A refund of the payment will be made in the event that the medical information cannot be released.

### Medical Reports Application Methods

- a) Online: via the oneNUHS App
  - i) Download on Google Play (Android): <https://bit.ly/3m9LI3n>
  - ii) Download on App Store (iOS): <https://apple.co/3oF6HHx>
- b) Email: Please refer to the table below for our email address
- c) Walk-in: Please refer to the table below for our location

### Location and Operating Hours of NUHS Group Institutions

All clinics and offices are closed on Sundays and Public Holidays.

<p><b>National University Hospital</b></p> <p><u>By Post/Walk-in Request:</u> Medical Records Office Zone C, Kent Ridge Wing (Level 1) 5 Lower Kent Ridge Road Singapore 119074</p> <p><u>By Email:</u> <a href="mailto:NUH_Medical_Records@nuhs.edu.sg">NUH_Medical_Records@nuhs.edu.sg</a> Tel: (65) 6772 5163</p>	<p>Operating Hours: Monday - Friday: 8.30am - 5.00pm Weekend &amp; Public Holiday: Closed</p> <p><b>Payment method:</b></p> <ul style="list-style-type: none"> <li>• NETS, Credit Card, Internet and Mobile Payment.</li> <li>• Payment can also be made at Medical Report Counter or any Patient Service Centres: Kent Ridge Wing Level 3, Main Building Level 4, Main Building Level 5.</li> <li>• Cheque payment by post only and should be crossed and made payable to <b>National University Hospital (Singapore) Pte. Ltd.</b></li> <li>• Online payment to be made via OneNUHS App.</li> </ul>
<p><b>Ng Teng Fong General Hospital Jurong Community Hospital Jurong Medical Centre</b></p> <p><u>By Post:</u> Ng Teng Fong General Hospital 1 Jurong East Street 21 Singapore 609606 Attention: Medical Records Office</p> <p><u>By Email:</u> <a href="mailto:JHC_Medical_Records@nuhs.edu.sg">JHC_Medical_Records@nuhs.edu.sg</a> Tel: (65) 6716 6750</p> <p><u>Walk-in Request:</u> Medical Records Office Ng Teng Fong General Hospital Tower B Level 2 Admissions Office 1 Jurong East Street 21 Singapore 609606</p>	<p>Operating Hours: Monday - Friday: 8.30am - 5.00pm Weekend &amp; Public Holiday: Closed</p> <p><b>Payment method:</b></p> <ul style="list-style-type: none"> <li>• Cash, NETS, Credit Card, Internet and Mobile Payment.</li> <li>• Payment to be made at Medical Report Counter 8 at Admission Office.</li> <li>• Cheque should be crossed and made payable to <b>NUHSG Pte. Ltd.</b></li> <li>• Online payment to be made via OneNUHS App</li> </ul>
<p><b>Alexandra Hospital</b></p> <p><u>By Post:</u> Medical Records and Health Information Alexandra Hospital 378 Alexandra Road Zone A, A01-02 Singapore 159964</p> <p><u>By Email:</u> <a href="mailto:AH_Medical_Records@nuhs.edu.sg">AH_Medical_Records@nuhs.edu.sg</a> Tel: (65) 6379 3380</p>	<p>Operating Hours: Monday - Friday: 8.30am – 5.00pm Weekend &amp; Public Holiday: Closed</p> <p><b>Payment method:</b></p> <ul style="list-style-type: none"> <li>• NETS, Debit Card, Credit Card, Internet and Mobile Payment.</li> <li>• Cheque payment by post only and should be crossed and made payable to <b>Alexandra Hospital.</b></li> <li>• Online payment to be made via OneNUHS App</li> </ul>