

## Application and Consent for Verification of Medical Documents (Form F)

This application for verification of medical documents 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 release of the information is subject to the approval of the Institution.

**Note:**

- Kindly read the “**Notes on Application & Consent for Verification of Medical Documents**” before applying (Refer to Page 2).
- This form must be fully completed and signed by the patient or patient’s representative. If patient is below 21 years of age, the form should be signed by the patient’s parent or legal guardian (Refer to Note 2).
- The completed form is to be submitted with copies of the medical documents for verification and all supporting documents referred to under Note 5.
- A maximum of 5 medical documents may be submitted for verification with each application.
- There will be no charges for application using this form.

**Patient’s Particulars**

Name: \_\_\_\_\_ NRIC / FIN / ID No: \_\_\_\_\_  
 Contact No: \_\_\_\_\_ Medical Specialty: \_\_\_\_\_ (if applicable)  
 Visit Date: \_\_\_\_\_ Attending Doctor: \_\_\_\_\_ (if applicable)

Select	Medical Document Type	Quantity
<input type="checkbox"/>	Medical Certificate (Ref No: _____)	
<input type="checkbox"/>	Discharge Summary	
<input type="checkbox"/>	Memo / Ordinary Medical Report/ Specialist Medical Report/ Insurance Forms	
<input type="checkbox"/>	Others (Please specify) :	

**Applicant’s Particulars**

Applicant’s Name: \_\_\_\_\_ Applicant’s NRIC / FIN / ID No: \_\_\_\_\_  
 Applicant’s Signature and Date: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

I acknowledge to be notified of the outcome of the verification via the above email address. I have attached the relevant medical document(s) to this form to be reviewed by the Institution.

**Patient’s Consent**

I, the patient consent to the Institution verifying the document(s) submitted in this application and releasing information to the applicant with respect to the outcome of the verification. I confirm that I have read and understood this application and agree that true copies of the relevant documents have been provided for verification. I agree that the Institution 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.

\_\_\_\_\_  
 Signature of Patient/Patient’s Representative  
*\*Delete as appropriate*  
 Date: \_\_\_\_\_

**Outcome of Verification (For Official Use Only)**

Received by: _____	The documents have been verified as issued by NUHS (indicate reference number):	
Our Ref No: _____		
Date of Notification to the applicant: _____	The documents have been verified as <b>not</b> issued by NUHS (indicate reference number):	




**- These notes are to be retained by the Applicant -**

**NOTES ON APPLICATION & CONSENT FOR VERIFICATION OF MEDICAL DOCUMENTS**

- 1) In accordance with the Personal Data Protection Act (No.26 of 2012) and due to 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.
 the application can be made by “patient’s representatives” as provided under Note (2), (3) and (4) below; or
  - (b) by interested person (e.g. employer)
  
- 2) If the patient is a minor, the application is to be made either by the patient’s parents or legal guardian. A minor is someone who is below 21 years old, who is not married or a widower or widow, and who is not an active National Serviceman. A National Serviceman will not be considered a minor.
  
- 3) If the patient is deceased:
  - (a) the application is to be made by the legally appointed representative of the deceased’ estate. This is either an executor of the deceased’ Will who has been granted probate, or a person who has been appointed as an administrator of the deceased’ 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” “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 Note 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, i.e. an interested person.
  
- 5) Forms and supporting documents required are:
  - (a) The completed of this Form F - “Consent for Verification of Medical Documents”.
  - (b) Copies of the relevant medical documents for verification.
  - (c) Applicants:
    - i) If patient is the applicant: Scanned copies / photocopies of the patient’s NRIC (or appropriate identification documents), both front and back views.
    - ii) If patient’s representative is the applicant:
      - Scanned copies / photocopies of the applicant’s NRIC (or appropriate identification documents), both front and back views.
      - 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.
      - For patient who lacks mental capacity, a copy of completed “Additional Declaration for Release if Medical Information for Patient with Mental Incapacity” (i.e. Form D) is to be completed by the applicant and, where applicable, the other living spouse(s)/ children / siblings / other relations.
    - iii) If interested person is the applicant: Scanned copies / photocopies of the applicant’s NRIC (or appropriate identification documents) both front and back views.
  
- 6) **The Institution can only process your application upon obtaining patient’s consent and receipt of all necessary forms and supporting documents.**
  
- 7) As a general guide the time required for processing is about **7 working days**, from the date of receiving the completed forms and document required for verification.
  
- 8) There are no charges for requests for verification of medical documents.
  
- 9) The release of the information is subjected to the official approval by the Institution.

**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:</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></p> <p><u>For Enquiries, please send in via FormSG:</u></p> 	<p><b>Operating Hours:</b>                  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</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 NUHS 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></p> <p><u>For Enquiries, please send in via FormSG:</u></p> 	<p><b>Operating Hours:</b>                  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</li> <li>• Cheque payment by post only and should be crossed and made payable to <b>NUHSG Pte. Ltd.</b></li> <li>• Online payment to be made via NUHS App</li> </ul>
<p><b>Alexandra Hospital</b></p> <p><u>By Post:</u>                  Alexandra Hospital                  378 Alexandra Road                  Singapore 159964                  Attention: Medical Records Office</p> <p><u>By Email:</u>  <a href="mailto:AH_Medical_Records@nuhs.edu.sg">AH_Medical_Records@nuhs.edu.sg</a></p> <p><u>For Enquiries, please send in via FormSG:</u></p> 	<p><b>Operating Hours:</b>                  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>• 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 NUHS App</li> </ul>