

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

Brief Notes (Refer to the attached **NOTES** for full details):

- As a general rule, application can only be made by the Patient. (*Please refer to Note nos. 1-6 for exceptions and details*). This is in accordance with the Personal Data Protection Act (No.26 of 2012) in the absence of a Legally Appointed Representative.
- Scanned copies / photocopies of Patient's and Applicant's NRIC and all relevant documents (e.g. birth certificate, marriage certificate, grant of probate, lasting power of attorney) as proof of the Applicant's relationship to Patient are required. (*Please refer to Note no.8 for details*)
- The release of Medical Information is subject to official approval by National University Hospital (Singapore) Pte. Ltd. ("NUH(S) Pte. Ltd.")

Patient's Particulars

Patient's Name: _____ ID/ HRN No.: _____
 Contact No.: _____ Mobile No.: _____
 Mailing Address: _____ Postal Code: ()
 Admission Period : _____ Attending Doctor: _____

Select	Report Type	Fees S\$ (GST Incl.)	Service Code
<input type="checkbox"/>	Ordinary Medical Report	80.25	950003
<input type="checkbox"/>	Specialist Medical Report (<i>excludes clinic consultation charges</i>)	180.20	950006
<input type="checkbox"/>	Specialist Medical Report (<i>Psychiatric</i>)	180.20	950006
<input type="checkbox"/>	Second Opinion (<i>non-NUH Patient</i>)	267.50	950010
<input type="checkbox"/>	Simple Insurance form (<i>Diagnosis & Surgical code only</i>)	21.40	950002
<input type="checkbox"/>	Completion of Insurance Form (Ordinary)	80.25	950001
<input type="checkbox"/>	Completion of Insurance Form (Specialist/Disability Claim)	180.20	950006
<input type="checkbox"/>	Workmen Compensation Form	80.25	950004
<input type="checkbox"/>	Workmen Compensation Objection Form	357.00	950011
<input type="checkbox"/>	Lasting Power of Attorney Report	180.20	950006
<input type="checkbox"/>	Mental Capacity Medical Report / Specialist Psychiatric Complex Report	438.70	950015
<input type="checkbox"/>	Therapy Report	80.25	950003
<input type="checkbox"/>	Duplication of Investigation Results / Inpatient Day Surgery or Discharge Summary (per copy)	5.35	950008
<input type="checkbox"/>	Certified True Copy of Medical Report/ Medical Certificate (Per copy)	10.70	950007
<input type="checkbox"/>	Duplication of Referral Letter (from GP/Polyclinic) / Others:	0.00	-

In addition to the medical report fees, I undertake to pay any additional charges, such as X-ray or laboratory charges, that maybe 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:

Applicant's name: _____ Applicant's NRIC: _____

Purpose of Report:

- Continuity of Care Insurance claims Personal Employment Second Opinion Legal Proceedings

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 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. **I am aware that I have to produce both mine and patient's NRIC for verification purposes and Form B on the day of collection** and that the medical report cannot be released if I am unable to do so. (*Please complete Form B*)
- Mail:** Send to the address of Patient/ Applicant* (*Delete accordingly*) as indicated by Normal / Local registered mail* (*Delete accordingly*)
- Email** to this email account: _____

Pls note: no hardcopy will be mailed out, subsequent request for hardcopy will be charged as duplication cost

Consent: I consent to the Institution of NUHS Group 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*)

For official use only:

Date received:

Payment posted by/ Date:

MR No.:

RESTRICTED, SENSITIVE (Normal)

Types of Medical Information / Services

Completion of Detailed Insurance Form (Ordinary)

It is 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)

It is a detailed insurance claim form provided by the insurance company for the doctor to assess the patient's *disability status* or for *critical illness* claims. 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 (Diagnosis & Surgical Code only)

It is 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

It is a factual report put up by the doctor based on patient's medical records.

Specialist Medical Report

This is a detailed medical report that usually highlights the history of medical complaint or injury. The doctor will include findings of the assessment as well as their opinion and prognosis of the patient. For Orthopaedics' 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 request 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 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. Consultation fees will be charged separately by the clinic on the day of the assessment.

Workmen 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.

Workmen Compensation Objection Report

This is a referral from 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.

Mental Capacity Act Report

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. Medical 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-NUH patient only)

A medical report requested by non-NUH patient seeking second opinion from 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. *(*Not to be used for Court purposes)*

Investigation Results / Inpatient Discharge Summary/ Day Surgery Report

Photocopy 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, investigations done and medication given during a specific hospitalization episode. *Memo* is a one or two statement from doctor to state patient's diagnosis with no explanation of 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 applied before.

Therapy Report

It is a report put up by either Physiotherapist, Occupational Therapist, Speech therapist or Podiatrist on patient's medical records. It is a factual record of the patient's medical problem such as diagnosis, treatment given and performance of the patient based on last therapy visit.

Referral Letter

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

NOTES ON APPLICATION & CONSENT FOR RELEASE OF MEDICAL INFORMATION

- 1) In accordance to the Personal Data Protection Act (No.26 of 2012), 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, then the application can be made by the deceased' Main Caregiver (who is living and has the mental capacity to do) as prioritised below:
 - i) First priority: Spouse.
 - ii) Second priority: Child.
 - iii) Third priority: Parent.
 - iv) Fourth priority: Sibling.
 - v) Fifth priority: Main Caregiver.
- 4) If the patient lacks mental capacity, and in accordance to 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 Main Caregiver.
- 5) Psychiatric medical reports cannot be addressed or released to the patient's family members unless authorisation is given (i.e. Form B)
- 6) Insurance forms to be completed by doctor must be submitted with patient's particulars filled and signed.
- 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: Patient's NRIC will be sighted for verification purposes at point of application. A phone call will be made by MRO staff to verify patient's identity if application is sent via email. Unverified identity will not be processed.
 - c) If applicant is third party: Both Applicant and patient's NRIC will be sighted and verified by MRO staff. A phone call will be made by MRO staff to verify patient's identity if application is sent via email. Unverified identity will not be processed.
 - d) 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.
 - e) 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.
 - f) For deceased patient, where the applicant is the nearest 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.
- 8) **NUH(S) Pte. Ltd. can only process your application upon fulfilling the verifications and receipt of all necessary forms, supporting documents and payment.**
- 9) Application method:
 - a) Online: www.healthhub.sg via SingPass
 - b) Email: nuh_medical_records@nuhs.edu.sg or phone call at Tel: (65) 6772 5163
 - c) In person:

Medical Records Office
5 Lower Kent Ridge Road, Kent Ridge Wing 2, Level 1
Singapore 119074

Operating Hours:
Monday - Friday: 8.30am - 5.00pm
Saturday, Sunday & Public Holiday: Closed
- 10) Mode of Payment:
 - a) NETS (Preferred), Credit Card (if application is made in person, no cash payment allowed)
 - b) Cheque (*if application is sent via mail*) should be crossed and made payable to **National University Hospital (Singapore) Pte. Ltd.**
- 11) As a general guide, the time required for processing medical reports is about **eight** 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 or medical certificate can be collected on the same day if the request is made in person at the respective application location.
- 12) Administrative charges of one-third of the payment made will be imposed if a cancellation request is made after 3 working days.
- 13) The release of the medical information is subjected to the official approval by NUH(S) Pte. Ltd.
- 14) A refund of the payment will be made in the event that the medical information cannot be release.