



Patient's MRN _____
Cluster _____

KEMPAS MEDICAL CENTRE

Application Form for Release of Medical Information

A. Particulars of Patient

Name _____ Contact Number _____

NRIC/Passport No _____ Insurance Company _____

Attending Doctors _____ Date _____

Type of documents requested

- Medical Report
- Laboratory Report (Please Specify): _____
- Claim Form (Please Specify): _____
- Radiology Report (Please Specify): _____
- Others: _____

Preferred Method of Collection

- Self-collection by requestor or patient (Letter of authorization is required if collected by third party)
- Email (Please State): _____
- Courier (Address): _____

B. Representative's Details (To be filled only if the authorized person is not applicant)

Name _____ Contact Number _____

NRIC/Passport No _____ Email address _____

Relationship to Patient:

- Next of Kin / Legal representative
(Relationship): _____
- Insurance Agent
- Others (Please state): _____

Required Documents:

- Copy of Patient's IC / Passport
- Copy of Representative's IC / Passport
- Letter of Authorization
- Payment Invoice

Signature of Representative

Date

C. Declaration

I, above named applicant / next of kin / legal representative of the above named applicant hereby declare that the information provided above is true and correct to the best of my knowledge and where applicable.

In line with the "PERSONAL DATA PROTECTION ACT 2010", this indicates the requestor has consented for the disclosure of the information and will not hold Kempas Medical Centre responsible for the release of personal data.

I have read and agree that my personal information set out in this letter will be collected and processed in accordance to Kempas Medical Centre's Privacy Policy which is accessible at <https://www.kempasmedical.com/privacy-note.html>.

Signature of Patient/Legal

Representative

Date

FOR OFFICE RECORD ONLY

Verified by

Signature of Staff

Name

Date

*Note: The letter of consent is to signed by the Parents / Legal Representative of the patient if the patient is a Minor (below 18 years old) or does not possess a full mental capability to consent for the release of information, or deceased.