

DECLARATION & AUTHORISATION LETTER TO RELEASE PATIENT INFORMATION FOR MEDICAL REPORT(S)

I confirm the following:

I, the above-named patient/next of kin/relative/Insurance Agent of the above-named patient, declare that the information provided above is true and correct to the best of my knowledge. Where applicable, I hereby expressly authorise Northern Heart Hospital Penang to release the patient's Medical Report(s) as well as any and all information pertaining to diagnosis and/or treatment given and/or received at Northern Heart Hospital to the requestor stated above through the preferred method of release I have chosen. In the event I choose a method of release other than self-collection, I accept the following terms:

- a) I acknowledge that Northern Heart Hospital Penang advises me to collect the Medical Report(s) in person but I choose to have the Medical Report(s) sent/released by the method selected above.
- b) I understand and accept the risk of my personal and confidential information being delivered to unintended recipients.
- c) I shall not hold Northern Heart Hospital Penang responsible for consequential losses, damages, loss of reputation, or any other types of losses resulting from my choice of delivery/release of Medical Report(s).

I have read and agree that my personal information set out in this form will be collected and processed in accordance with Northern Heart Hospital Penang's policies. I also agree to cover all costs and expenses related to the matter and hereby release Northern Heart Hospital Penang and its employees from any liabilities arising from it.

Signature of Patient/Insurance Agent/Law Firm/Next of Kin

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Name :

NRIC/Passport No :

Date :