

CONSENT FORM TO RELEASE PATIENT INFORMATION FOR MEDICAL REPORT(S)

REQUESTOR'S DETAILS

Name :
NRIC/Passport No :
Contact No. :
MRN :

RELATIONSHIP TO PATIENT

I am the patient
 Next of Kin/Relative Name :
 Insurance Agent Company Name:
 Legal Firm Company Name:
 Employer Company Name:

TYPE OF MEDICAL REPORT REQUESTED

Insurance Claim EPF SOCSO Discharge summary
 Medical Certificate Written medical report Hospitalisation report
 Investigation report (Lab results, X-Ray etc.) Others.....

METHOD OF RELEASE

Self-Collection (Authorization letter and copy of NRIC by requestor is required if collection on behalf)
 Email to:
 I would like to nominate my relative/Insurance Agent to collect my report on my behalf
 Courier to the following address (fees apply)
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.....
.....

PATIENT'S PARTICULARS *(Omit if the patient submits the application on their own)*

Name :

NRIC/Passport No :

Contact No. :

MRN :

CHARGES : RM

- SIMPLE
- COMPLEX
- FOC

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 :