NORTHERN
HEART HOSPITAL PENANG

APPLICATION AND CONSENT FOR RELEASE OF MEDICAL INFORMATION

1 This form must be fully completed and signed by the patient or an authorised applicant (e.g. parent, legal guardian or person authorised by the patient).

2 For patients below 18 years of age, this form must be signed by the patient's parent or legal guardian. All names must be written in full as per NRIC / Passport.

3 A copy of the patient's and the relevant requester's NRIC or Passport must be attached for identity verification.

4 All requests are subject to verification and approval by Northern Heart Hospital Penang. The hospital reserves the right to request additional supporting documents where necessary.

5 In accordance with the Personal Data Protection Act 2010 (PDPA), by signing this form, the patient or authorised applicant consents to the collection, use, processing, and disclosure of the patient's personal data and medical information solely for the purpose of processing this request. Northern Heart Hospital Penang shall handle all personal data in accordance with applicable laws and the Hospital's Privacy Policy.

6 By signing this form, I hereby declare that all information provided in this application is true and accurate to the best of my knowledge. I understand that any false declaration may result in legal action. I further agree to pay all applicable fees and charges related to this request and hereby release and discharge Northern Heart Hospital Penang, including its employees, servants, and agents, from any liability, claim, loss, or damage arising directly or indirectly from the release of the requested medical information in accordance with this authorisation.

PATIENT DETAILS

Name: _____ NRIC/Passport No.: _____

MRN: _____ Contact No.: _____

Address: _____

Patient Category:

☐ Inpatient (Admission Date: _____) ☐ Outpatient (Visit Date: _____)

AUTHORISED REPRESENTATIVE (If Applicable)

I hereby authorise Northern Heart Hospital Penang to release my medical information to:

Name: _____ NRIC/Passport No.: _____

Relationship: _____ Contact No.: _____

DELIVERY METHOD (✓ Choose ONE)

☐ Self Collection ☐ Email *(Original hardcopy will not be issued once sent via email.)*

☐ Local Mail *(Postage charges may apply.)* Email: _____

Mailing Address: _____

INFORMATION REQUESTED (✓ Tick all applicable)

☐ Insurance Claim ☐ Written Medical Report ☐ Discharge Summary ☐ EPF ☐ SOCSO

☐ Investigation Report: _____ ☐ Others: _____

DECLARATION

I certify that the information provided is true and complete. I authorise Northern Heart Hospital Penang to release the medical information requested above and consent to the collection, use, processing and disclosure of my personal data for the purpose of processing this request.

Signature: _____ Relationship (if not patient): _____

Name: _____ NRIC/Passport No.: _____

Date: _____