KPJ KAJANG SPECIALIST HOSPITAL

CONSENT FOR RELEASE OF MEDICAL INFORMATION (MEDICAL REPORT)

Notes :

1. This form must be fully completed and signed by the patient. If the patient is below 18 years old, the form should be signed by patient's parent or legal guardian.
2. If the patient is deceased or unable to give consent, consent is required from the appointed executer of the estate. The consent form must be completely filled up and a copy of patient's death certificate is required.
3. Photocopies of relevant documents (e.g. birth certificate, marriage certificate and letters of administrations) are to be attached as proof of relationship to patient if applicable.
4. Patient has to enclose a photocopy of own NRIC (front & back view) if submitting via mail, fax or E-mail.
5. The release of the medical information is subject to official approval.

PATIENT'S PARTICULARS

Given Name (As in NRIC/Passport) : _____

NRIC / Passport : _____ Contact No. : _____

Mailing Address : _____

_____

REQUEST

I, _____ of NRIC No. : _____

hereby authorize KPJ KAJANG SPECIALIST HOSPITAL to furnish and release the medical report for the person as stated below:

For ☐ Myself ☐ My dependent (Please specify Relationship) : _____

To : Name of Company or Person : _____

Address of Company ☐ or Person ☐ or via E-mail ☐

_____

_____

Purpose ☐ Continue of Care ☐ Legal Proceedings ☐ Second Opinion

☐ Insurance Claim ☐ Others (Please specify) : _____

Remarks : _____

Besides the medical report fee, I undertake to pay any additional charges that may be incurred in the preparation of the report. I am also aware that there will be a cancellation charge should I decide to cancel this request.

SIGNED CONSENT

I hereby declare and confirm that the information given above is accurate and true to the best of my knowledge and belief, and that the requisite information / Medical Report is required for the purpose stated above. I understand that I may be liable for prosecution for making a false declaration. Further, I confirmed that I shall not hold the Hospital or any of its employee, servants or agents responsible in any way whatsoever for the release the said Information/Medical Report to any party by me in the event of any loss or damage arising directly or indirectly, as a resulf or in connection with the release of such confidentially information/medical report. By reason of aforesaid, I undertake full responsibility and liability arising from the release of the requisite information/medical report.

Signature of Patient/Parent/Next of Kin

Name : _____

NRIC : _____

Relation to patient : _____

Signature of Witness

Name : _____

NRIC : _____

Relation to patient : _____