

FORM A – APPLICATION & CONSENT FOR RELEASE OF MEDICAL INFORMATION

INSTRUCTIONS

Brief Notes (Refer to the attached Notes on Application for the Release of Medical Information for full details)

1. This form must be fully completed and signed by the patient and/or other authorised representative.
2. Scanned copies / photocopies of patient's NRIC and all relevant documents (e.g. Birth Certificate, Marriage Certificate, Grant of Probate, Lasting Power of Attorney) as proof of the applicant's relationship to patient are required (Please refer to Note 6 for further details).
3. All completed documents will be encrypted in PDF and sent to the recipient email indicated below. Hardcopies will only be provided upon request. (Please indicate under 'Remarks').
4. This application is subject to Singapore National Eye Centre's approval.

PATIENT'S PARTICULARS

Name : _____ NRIC / FIN / HRN : _____
 Address : _____ Postal Code : _____
 Email : _____ Contact No. : _____

AUTHORISATION

I, _____ of NRIC No.: _____, hereby authorise SINGAPORE NATIONAL EYE CENTRE to furnish and release the requested medical information below to:

- Myself
- My Authorised Representative (Please specify relationship): _____
 Name of Recipient: _____
 Email of Recipient: _____ Contact No.: _____

TYPE OF REQUEST:

Tick ✓	Format of Report	Fee	Surgery / Visit Date
	Ordinary Medical Report	\$110	
	Specialist Medical Report / Completion of Permanent Disability Form	\$210	
	Neuro-Ophthalmology Medical Report	*\$155.79 / \$278.25	
	Completion of Insurance Claim Form	\$110	
	Completion of Pre-Surgery Insurance Approval Form	\$55	
	Work Injury Compensation Form (Initial Assessment)	\$110	
	Work Injury Compensation Medical Board Assessment	\$357	
	Doctor's Memo	\$10.70	
	Day Surgery Discharge Summary	\$10.70	
	Investigation / Lab Results (<i>please state type of investigation in 'Remarks'</i>)	*\$10.70 - \$21.40	
	Duplicate Copy of Referral Letter	\$10.70	
	Eye Assessment Forms	*\$10.70 - \$110	

FOR THE PURPOSE OF:

*Fees will be advised accordingly

- Continuation of Care
 Insurance Claims / Proposal
 Second Opinion / Referral
 Legal Proceedings (*please state in 'Remarks'*)
 Fitness for Work / Drive / Activity
 Exemptions / Special Arrangements
 Others (*please state in 'Remarks'*)

Remarks:

In addition to the medical report fee, I undertake to pay any additional charges such as consultation fees, radiological procedures and laboratory investigation charges that may be incurred in the preparation of the report.

I hereby declare and confirm that I am competent to give the above consent and that the information given above is accurate and true to the best of my knowledge, and that the requisite information is required for the sole purpose stated above. I understand that I may be liable for prosecution for making any false declaration herein. Further, I confirm that I shall not hold Singapore National Eye Centre Pte Ltd or any of its employees, servants or agents responsible in any way whatsoever for the release of the said medical information to any party by me in the event of any loss or damage arising directly or indirectly, as a result of or in connection with the release of such confidential information. By reason of the aforesaid, I undertake full responsibility and liability arising from the release of the requisite information. By providing the information set out in this form and submitting the same to you, I confirm that I have read, understood and consent to the SingHealth Data Protection Policy, a copy of which is available at <http://www.singhealth.com.sg/AboutSingHealth/Personal-Data-Protection-Act-PDPA/Pages/Home.aspx>

Signature of Patient & Date

Signature of Authorised Representative & Date

Relationship to Patient

TO BE COMPLETED BY STAFF OF MEDICAL REGISTRY & REPORTS

MRR Reference No.

Receipt No.

Processed By & Date





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NOTES ON APPLICATION FOR THE RELEASE OF MEDICAL INFORMATION

1. In accordance to the Personal Data Protection Act (*No.26 of 2012*), the application can only be made with the patient's consent except if the patient is
 - a. A minor (see Point 2 for details)
 - b. Deceased (see Point 3 for details)
 - c. Mentally incapacitated (see Point 4 for details)
2. If the patient is a minor, the application is to be made and signed by the patient's parent or legal guardian. A copy of the patient's birth certificate is required. A minor is someone who is below 21 years old, who is not an active National Serviceman, and who is not married or a widower or widow.
3. If the patient is deceased,
 - a. the application is to be made by the Legally Appointed Representative of the Estate. This is either an executor of the deceased's "Will" who has been granted probate, or a person who has been appointed as an administrator of the deceased's estate by the Singapore Court.
 - b. if the deceased does not have a Legally Appointed Representative of the Estate, then the application is to be made by all the deceased's Next-of-Kin (*who is living and has the mental capacity to do*).
4. If the patient lacks mental capacity, and in accordance to the Mental Capacity Act (Cap 177A),
 - a. the application is to be made by the Legally Appointed Representative, who is a Donee of a Lasting Power of Attorney granted by the patient, or by a Deputy appointed for the patient by the court.
 - b. where no Donee or Deputy as mentioned in 4(a) exists, the application may be made by all the patient's Next-of-Kin (*who is living and has the mental capacity to do*).
5. Work Injury Compensation reports can be applied by either the patient or the patient's employer. Completed reports will be submitted directly to the Ministry of Manpower.
6. Forms and supporting documents required are:
 - a. Copy of the completed "Application & Consent for Release of Medical Information" (*i.e. "Form A"*).
 - b. Scanned copies / photocopies of the patient's NRIC (*or appropriate identification documents*), both front and back views.
 - c. Scanned copies / photocopies of the applicant's NRIC (*or appropriate identification documents*), both front and back views.
 - d. Scanned copies / photocopies of all relevant documents [*e.g. Birth Certificate, Marriage Certificate, Grant of Probate, Letter of Administration, Lasting Power of Attorney, Order of the Court (Appointment of Deputy)*] as proof of the applicant's relationship to patient, if the applicant is not the patient.
 - e. For deceased patient, where the application is made by the Executor / Administrator of the Deceased's Estate, the following documents are required:
 - I. Scanned copy / photocopy of the death certificate.
 - II. Copy of the completed "Application & Consent for Release of Medical Information".
 - III. Copy of the completed "Letter of Undertaking" (*i.e. "Form B"*).
 - IV. Scanned copies / photocopies of the relevant verification documents, e.g. Grant of Probate, Letter of Administration, or any other legal document that certifies the applicant is the Legally Appointed Representative. Please note the Will itself shall not suffice as verification documentation.
 - f. For deceased patient, where the application is made by the Next-of-Kin, the following documents are required:
 - I. Scanned copy / photocopy of the death certificate.
 - II. Copy of the completed "Application & Consent for Release of Medical Information".
 - III. Copy of the completed "Letter of Undertaking" (*i.e. "Form B"*).
 - IV. Scanned copies / photocopies of the relevant verification documents (e.g., marriage certificates, birth certificates) are to be provided by each declarant (*i.e. spouses / children / siblings*) as proof of relationship to the deceased patient.
 - g. For patient who does not have the requisite mental capacity, where the application is made by the Donee or Court Appointed Deputy, the following documents are required:
 - I. Copy of the completed "Application & Consent for Release of Medical Information".
 - II. Copy of the completed "Letter of Undertaking" (*i.e. "Form B"*).
 - III. Scanned copies / photocopies of the relevant verification documents, e.g. Order of the Court (Appointment of Deputy).
 - h. For patient who does not have the requisite mental capacity, where the application is made by the Next-of-Kin, the following documents are required:
 - I. Copy of the completed "Application & Consent for Release of Medical Information".
 - II. Copy of the completed "Letter of Undertaking" (*i.e. "Form B"*).
 - III. Scanned copies / photocopies of the relevant verification documents (e.g., marriage certificates, birth certificates) are to be provided by each declarant (*i.e. spouses / children / siblings*) as proof of relationship to the patient.
7. Singapore National Eye Centre can only process your application upon fulfilling the verifications and receipt of all necessary forms, supporting documents and payment.
8. Specialist consultation charges will be borne by the patient separately for medical reports that require an assessment and a review of the patient at the Specialist Outpatient Clinic. This is in addition to further tests such as radiological images or laboratory investigation procedures that are required for the completion of the medical report.

9. As a general guide, the time required for processing medical reports is about 4 weeks, from the date of receiving the completed forms and payment, or the date of medical appointment for assessment, whichever comes later.
10. The release of the medical information is subjected to the official approval by Singapore National Eye Centre.
11. A refund of the payment will be made in the event that the medical information cannot be released.

12. Contact & Application Information

e-Form Application	Submit your request via FormSG: 				
Mail Application	Mail your forms and supporting documents* to: Health Information Management Services Medical Registry & Reports Singapore National Eye Centre 11 Third Hospital Avenue Singapore 168751				
Contact Details	Tel No: 6322 9499 Email: medicalreports@sneec.com.sg				
Operating Hours	Monday to Friday : 8.30 am - 5.30 pm Saturday : 8.30 am - 12.30 pm Sunday & Public Holidays: : Closed				
Payment Mode	Credit Card <ul style="list-style-type: none"> ➤ For e-Form Applications, please enter your card details on FormSG ➤ For Mail Applications, please submit the Mail Order Form Paynow <table border="1" data-bbox="424 1115 979 1402"> <thead> <tr> <th>UEN No.</th> <th>QR Code</th> </tr> </thead> <tbody> <tr> <td>198900840WBIL</td> <td>  SNEC SCAN TO PAY </td> </tr> </tbody> </table>	UEN No.	QR Code	198900840WBIL	 SNEC SCAN TO PAY
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*refer to Note 6 for further details