

FORM B – Letter of Undertaking Form Patient’s Next-of-Kin

INSTRUCTIONS

- Form B must be completed in conjunction with Form A.
- In the absence of an authorised representative that is legally-appointed, all immediate Next-of-kin (NOK) shall authorise by completing this form and provide the relevant documents to prove relationship to patient.
- It is necessary to prove higher-level NOK relationships are no longer/not relevant, and any immediate NOK who is unable to consent by submitting relevant documents, such as a divorce certificate or death certificate.

PATIENT’S PARTICULARS

Name : _____ NRIC / FIN / HRN : _____

Marital Status *Please Tick (✓) only ONE option:* Single Married Widowed Divorced

DECLARATION OF NEXT-OF-KIN *(Please submit a copy of NRIC (front and back) and relevant documents).*

As the immediate NOK of the above-named patient, we declare that there is no legally-appointed representative for the patient. Therefore, we are applying on behalf of the patient as his / her NOK specifically (please tick ✓):

Level / NOK Relationship <i>Please Tick (✓)</i>	Description	Relevant Documents
<input type="checkbox"/> 1 st Level: Spouse	If patient is married, then only his/her spouse shall authorize as the immediate NOK.	Marriage certificate
<input type="checkbox"/> 2 nd Level: Children / Adopted Children	If patient does not have surviving spouse, is divorced or is a single parent, then only all of patient’s children aged 21 years and older shall authorize.	-Birth certificates of all children -Death certificate of patient’s spouse, <i>if applicable</i>
<input type="checkbox"/> 3 rd Level: Parents	If patient is single or does not have surviving spouse and child, then both parent shall authorize.	-Birth certificate of patient -Death certificate of patient’s spouse, <i>if applicable</i> -Death certificate of patient’s child/children, <i>if applicable</i>
<input type="checkbox"/> 4 th Level: Siblings	If patient is single or does not have surviving spouse, child and parent, then only all siblings shall authorize.	-Birth certificates of patient and all siblings -Death certificate of patient’s spouse, <i>if applicable</i> -Death certificate of patient’s child/children, <i>if applicable</i> -Death certificate of patient’s parents
<input type="checkbox"/> 5 th Level: Grandparents	If patient is single or does not have surviving spouse, child, parent and sibling, then only all grandparents (maternal and paternal) shall authorize.	-Death certificate of patient’s spouse, <i>if applicable</i> -Death certificate of patient’s child/children, <i>if applicable</i> -Death certificate of patient’s parents -Death certificate of patient’s sibling(s), <i>if applicable</i>
<input type="checkbox"/> Last Level: Relatives (Uncle/Aunt)	If patient is single or does not have surviving spouse, child, parent, sibling and grandparents, then only all uncles and aunts shall authorize.	Relevant birth certificates to prove relative relationships -Death certificate of patient’s spouse, <i>if applicable</i> -Death certificate of patient’s child/children, <i>if applicable</i> -Death certificate of patient’s parents -Death certificate of patient’s sibling(s), <i>if applicable</i> -Death certificate of patient’s grandparents

AUTHORISATION

We consent to Singapore National Eye Centre releasing the medical information required. In addition to the medical report fee, we 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.

We hereby declare and confirm that we are competent to give the above consent and that the information given above is accurate and true to the best of our knowledge, and that the requisite information is required for the sole purpose stated above. We understand that we may be liable for prosecution for making any false declaration herein. Further, we confirm that we 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 us 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/we 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 /we confirm that /we 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>

No.	Name of Immediate NOK	NRIC/FIN	Signature & Date	Reason for inability to Consent
1				
2				
3				
4				
5				
6				
7				
8				