

Application & Consent for Release of Medical Information

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. If the patient is below 21 years’ old, the form should be signed by the patient’s parent/legal guardian.
2. If the patient is deceased/unable to give consent (due to lack of mental capacity), the application is to be made by a legally appointed representative, who is the donee of a lasting power of attorney granted by the patient, or a court-appointed deputy for the patient. If there are no legally appointed representatives, the “**FORM-HIS-002 Letter of Undertaking for Patient’s Next-of-Kin (For Patient who is Unable to Give Consent/Deceased Patient)**” form must be filled up. For deceased, a copy of the patient’s death certificate is required.
3. Photocopies of relevant documents (e.g. birth certificate, marriage certificate, grant of probate, letters of administration, lasting power of attorney, order of court (appointment of deputy)), are required as proof of the representative’s relationship to the patient.
4. Patient must enclose a photocopy of own NRIC (front & back view) if submitting via mail and email.
5. All medical reports will only be processed after payment is received.
6. The release of the medical information is subject to official approval.

Kindly note that Woodlands Health is under obligation to give full and frank disclosure of all material facts relating to your medical condition, including but not limited to, the Human Immunodeficiency Virus (HIV) and any other infectious diseases, which are required to be notified to the Ministry of Health, the Health Science Authority and/or any other relevant authorities.

1. PATIENT’S PARTICULARS

Name (As in *NRIC/FIN/Birth Certification/Passport) _____

Identification No. _____ Contact No. _____ Email _____

Mailing Address _____

2. REQUEST

Type of Request (Please tick accordingly):

Select	Report Type	Fees	Date of Visit/ Attendance period	Medical Specialty/Condition/ Attending Doctor
	1. Insurance Form (Simple) or Other Forms	\$29.54		
	2. Insurance Form (Complex)	\$115.43		
	3. Ordinary Medical Report	\$119.90		
	4. Specialist Medical Report	\$218.00		
	5. Second Opinion Report	\$356.65		
	6. Workmen Compensation Form	\$107.91		
	7. Workmen Compensation Objection Form	\$388.59		
	8. Lasting Power of Attorney	\$232.72		
	9. Psychiatric Medical Report - Complex E.g. CAD (Court Appointed Deputyship)	\$544.46		
	10. CPF Medical Certification	\$107.91		
	11. CPF W14A Form	\$218.00		
	12. Functional Assessment Report	\$45.78		
	13. Memo	\$16.35		
	14. Duplication of Investigation Results (per encounter per type)	\$13.30		
	15. Duplication of Inpatient Discharge Summary/ After Visit Summary/ Medical Certificate	No charge		
	16. Others (Please Specify):			

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Purpose of Request (Please tick accordingly):

☐	Continuity of Care	☐	Insurance Claims	☐	Legal Proceedings
☐	Second Opinion	☐	Insurance Application	☐	Others (Please Specify):

Remarks: _____

(To fill up if the medical information is to be sent to the requestor directly)

To: Name of Company and/or Person: _____

Address of Company and/or Person: _____

3. APPLICANT'S PARTICULARS (IF APPLICABLE)

Applicant's name (As in *NRIC/Birth Cert/Passport) _____

Applicant's Identification No. _____ Applicant's Contact No. _____

Applicant's Email _____ Applicant's Mailing Address _____

Applicant's relationship to patient (Please tick accordingly):

☐	Parent / Legal Guardian (if patient is a minor)
☐	Next-of-Kin/Main caregiver (if patient is deceased/lacks mental capacity and does not have a legally appointed representative (please complete "FORM-HIS-002 Letter of Undertaking for Patient's Next-of-Kin (For Patient who is Unable to Give Consent/Deceased Patient)")
☐	Legally Appointed Representative (if patient is deceased / lacks mental capacity)
☐	Employer for application of workmen compensation related reports ONLY (Please complete "FORM-HIS-003 Indemnity Form for Workmen Compensation" if apply for foreign worker who has left Singapore / has gone missing)
☐	Others (please specify):

4. PREFERRED MODE OF COLLECTION

☐ **Self-Collect:** I will personally collect the report once it is ready. I am aware that I will need to furnish my NRIC upon collection and that the medical report cannot be released if I am unable to do so.

☐ **Email:** _____

(Please note that no hardcopy will be mailed out)

☐ **Mail:** *mailing address / the address of the company or person as stated above. (Delete where applicable)

☐ Local Ordinary Mail ☐ Registered Mail (Postage fee of \$10 is applicable)

☐ **Collection by Representative:** The report(s) will be collected by my representative. I am aware that the authorised representative will need to produce their NRIC, applicant/patient's NRIC and **"FORM-HIS-004 Authorisation for Collection of Medical Report"** form for verification purposes and that the medical report cannot be released if I am unable to do so.

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5. CONSENT

I hereby declare and confirm that:

- I have read and fully understood the contents of this form, including the “Notes on Application & Consent for the Release of Medical Information”
- I have provided true copies of the relevant verification documents required for the release of the medical information.
- The information given above is accurate and true to best of my knowledge
- The requested report and information are required for the sole purpose stated above

I understand that I may be liable for prosecution for making a false declaration. Further, I confirm that I shall not hold Woodlands Health 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 or in connection with the release of such confidential information. I also confirm that the address/particulars provided are correct, and that if I have requested for the medical information to be delivered by post, I shall not hold Woodlands Health liable for any loss, non-delivery, delay in delivery, inadvertent disclosure and/or unauthorised access or use of my medical information during delivery caused by a third party. By the reason of the aforesaid, I undertake full responsibility and liability arising from the release of the requisite information.

Signature of Patient:
Date:

Signature of Applicant (*if applicable*):
Date:

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Types of Medical Report / Information

Insurance Form (Simple) is normally requested by insurance companies for the purpose of medical insurance claims and contains the following information:

- Diagnosis,
- Source of referral (if known),
- Date of first consultation for the condition,
- Type of surgery/procedure/investigation performed (if applicable)
- Date of surgery performed (if applicable).

Insurance Form (Complex) is normally requested by insurance company for the purpose of making medical insurance claims and contain the following information:

- Diagnoses,
- Source of referral (if known),
- Date of 1st consultation for the condition,
- Details of diseases/injuries suffered
- Treatment rendered

Ordinary Medical Report is a report prepared by a doctor, nurse or allied health professional and contains factual description of an encounter with a patient. It includes the following information:

- Summary of the patient's history of complaint
- Findings and observations at the time of examination
- Treatment rendered

Specialist Medical Report is a report prepared by a doctor or allied health professional and includes information found in an ordinary medical report and the following additional information:

- Opinion/prognosis based on the medical facts of the case
- Specialist certification on functional or mental impairment including degree of disability

Second Opinion Report (non-WH patient only) is a report requested by non-WH patient seeking second opinion from WH specialist. An appointment will be arranged for consultant to assess the patient. Patients may be required to provide the attending specialist their previous medical report or investigation results. (Not to be used for Court purposes)

Workmen Compensation Form is an assessment form issued by MOM for the purpose of determine work-related injuries and the degree and period of disability resulted from the work injury. An appointment may be arranged for the patient to be assessed by the doctor, if necessary. The form will be sent to MOM directly

Workmen Compensation Objection Report is an assessment form issued by MOM for the purpose of re-determining work-related injuries and the degree and period of disability when the patient or patient's employer or insurance provider disagrees with the results of the work injury compensation assessment report (initial) and raise an objection with MOM. The work injury compensation objection report is done by two senior consultants of the same discipline. Appointment may be arranged for the patient to be assessed by the doctor.

Lasting Power of Attorney (LPA) Report is a legal document that allows a person who is 21 years of age or older (donor), and who has mental capacity, to voluntarily appoint one or more persons (donee(s)), to make decisions and act on his behalf about his personal welfare, property & affairs matters or both matters when he lacks mental capacity to make those decisions in the future.

Psychiatric Medical Report (Complex) is a report prepared by the assigned psychiatrist in response to requests that require detailed professional opinion, with regards to patient's assessment or condition, which may extend to domains of prognosis and disability. It is based on an actual assessment of the patient and may involve a review at the psychological medicine specialist outpatient.

Functional Assessment Report is a report assesses a person need for assistance with the Activities of Daily Living ("ADLs") and is only for the purpose of application for specific government schemes administered by

- I. The Agency for Integrated Care (the Pioneer Generation Disability Assistance Scheme, Home Caregiving Grant and Foreign Domestic Worker Levy Concession for Persons with Disabilities)
- II. SG Enable (Public Transport Concession for Persons with Disabilities)
- III. The Special Needs Trust Company (Special Needs Savings Scheme)
- IV. The Housing & Development Board (Enhancement for Active Seniors) (collectively, "Long-Term Care Schemes")

Duplication of Inpatient Discharge Summary / Day Surgery Report / Investigation Results. Inpatient Discharge Summary is a document that provides a summary of the patient's medical condition, investigations done, and medications given during a specific hospitalization episode. Day Surgery report is a duplicate copy of the day surgery discharge summary which provide a brief information of the surgery, diagnosis, and procedure. Investigation Results include blood test results, urine test result, histopathology reports etc.

Duplication of Medical Certificate (Certified True Copy) is an application for a certified true copy of medical certificate for hospitalization/outpatient medical leave issued by doctors or a duplicate copy of medical report that was previously applied before.

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Notes on Application & Consent for Release of Medical Information

1. A patient's written consent for release of medical information is required for WH to process an application for the issuance of a medical report.
2. For patients below twenty-one (21) years of age, the consent of the patient's parent or legal guardian is required.
3. For patients lacking mental capacity
 - a) Consent for the release of medical information, the application is to be made in accordance with the Mental Capacity Act 2008 by a legally appointed representative, who is the donee of a lasting power of attorney (LPA) granted by the patient, or a court-appointed deputy for the patient.
 - b) If the patient does not have a legally appointed representative, the application has to be made by the patient's main caregiver or a family member in accordance with the Mental Capacity Act 2008 and Rules 176A & 179 of the Family Justice Rules 2014.
4. For deceased patients,
 - a) Consent from the court-appointed representative of the estate is required.
5. Forms and supporting documents required are
 - a) Completed "Application & Consent for Release of Medical Information"
 - b) **If patient is applicant:** Patient's NRIC will be sighted for verification purposes at point of application. HIS staff will contact patient for verification purposes if the application sent in via mail/email. Unverified identity will not be processed.
 - c) **If patient is less than 21 years old:** Parent/legal guardian's NRIC and patient's NRIC/birth certificate will be sighted for verification purposes at point of application. HIS staff will contact parent/legal guardian for verification purposes if the application sent in via mail/email. Unverified identity will not be processed. Scanned copies/photocopies of all supporting documents such as birth certificate, marriage certificate, lasting power of attorney, order of the court (appointment of deputy) is required as proof of the applicant's relationship to patient.
 - d) **If patient is third party:** Applicant's NRIC and patient's NRIC/birth certificate will be sighted for verification purposes at point of application. HIS staff will contact requestor for verification purposes if the application sent in via mail/email. Unverified identity will not be processed. Scanned copies/photocopies of all supporting documents such as birth certificate, marriage certificate, grant of probate, letter of administration, lasting power of attorney, order of the court (appointment of deputy) is required as proof of the applicant's relationship to patient.
 - e) **For deceased patient:** Scanned copies/photocopies of the death certificate and relevant supporting documents such as legal document that certifies the applicant is the legally appointed representative is required.
 - f) **For patient who lacks mental capacity:** Scanned copies/photocopies of the relevant supporting documents such as legal document that certifies the applicant is the legally appointed representative is required.
 - g) If patient is a deceased/unable to give consent due to lack of mental capacity and there is no legally appointed representative, applicant will require to fill up "**FORM-HIS-002 Letter of Undertaking for Patient's Next-of-Kin (For Patient who is Unable to Give Consent/Deceased Patient)**" as additional declaration/consent form.
 - h) If patient is a foreign worker who has left Singapore or has gone missing, and for whom the applicant is the employer. A copy of the completed "**FORM-HIS-003 Indemnity Form for Workmen Compensation**" and scanned copies/photocopies of MOM's letter to verify that patient has left Singapore and/or police report for missing worker(s)
6. 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 (MOM).
7. Medical report will only be processed upon the receipt of supporting documents, relevant consent forms and full payment.
8. As a general guide, the time required for processing medical reports is about 6 weeks, from the date of receiving the completed forms with full payment, or the date of medical appointment for assessment, whichever comes later.
9. Application methods:
 - I. via email: wh.his@nhghealth.com.sg
 - II. via post to
Woodlandshealth Pte Ltd
17 Woodlands Drive 17
Health information Services
Singapore 737628
 - III. via application in person at Patient Service Centre (Basement 1). Please visit www.nhghealth.com.sg/wh for Patient Service Centre's Operating hours
10. Mode of payment:
 - I. NETS
 - II. Credit Card
 - III. Debit Card
 - IV. Paynow to **UEN: 198702955E400 (only for email/mail-in application)**
11. Mode of collection
 - I. Collection in person at Patient Service Centre (Basement 1). Please visit www.nhghealth.com.sg/wh for Patient Service Centre's Operating hours
 - II. Email
 - III. Mail
12. A non-refundable administration charge is applicable for all request of medical information if a cancellation request is made. An administration charge of one-third of the payment made will be imposed if a cancellation request is made while the medical report is being processed.
13. The release of the medical information is subjected to the official approval by Woodlands Health.
14. A refund of the payment will be made if the medical information cannot be released.