Health Information Management Services
Sengkang General Hospital
110 Sengkang East Way
Singapore 544886
Tel: 6930 6003
medicalreports@skh.com.sg

APPLICATION & CONSENT FOR RELEASE OF MEDICAL INFORMATION (FORM A)

INSTRUCTIONS

1. As a general rule, application can only be made by the patient. (Please refer to notes 1-5 for exceptions and details). This is in accordance to the Personal Data Protection Act (No.26 of 2012) in the absence of a legally Appointed Representative.
2. Scanned copies / photocopies of patient's and applicant's NRIC and all relevant documents (e.g. birth certificate, marriage certificate, grant of probate, lasting attorney) as proof of the applicant's relationship to patient are required. (Please refer to note 6 for details)
3. For deceased patient, scanned copy / photocopy of the death certificate is required.
4. The release of the medical information is subject to official approval by Sengkang General Hospital (SKH).
5. Refer to the attached Notes on Application for the Release of Medical Information for full details.

PATIENT'S PARTICULARS

Name: _____ NRIC / HRN : _____

Address: _____ Postal Code: _____ Contact No.: _____

Date of Hospital Attendance: _____ Clinical Department: _____

DECLARATION

I, _____ of NRIC No.: _____, hereby authorise Sengkang General Hospital (SKH) to furnish and release the requested medical information and/or report(s):

ON: ☐ Myself ☐ Others (Please specify relationship): _____

*(*Please refer to the Notes for details and definitions. If patient is deceased or lacks mental capacity, please complete Form C.)*

TO: Recipient's Name: _____

Recipient's Mailing Address: _____

Recipient's Email Address: _____ Contact No: _____

Note: All Medical Reports and/or requested document(s) will be sent by Registered Mail to the mailing address as stated above.

TICK	REPORT TYPE	FEE (Incl. GST)	TICK	REPORT TYPE	FEE (Incl. GST)
☐	Ordinary Medical Report	S$120.00	☐	X-Ray CD – General (Max up to 3 Studies)	S$50.00
☐	Ordinary Medical Report – Psychiatric	S$226.80	☐	X-Ray CD – Specialist (Max up to 3 Studies)	S$73.76
☐	Completion of Insurance Form	S$120.00	☐	Memo	S$12.00
☐	Completion of Insurance Form – Psychiatric	S$226.80	☐	Investigation Results	S$12.00
☐	MOM Work Injury Compensation Form	S$120.00	☐	*Duplication of Inpatient Discharge Summary / Medical Certificate	S$12.00
☐	*Specialist Medical Report / Permanent Disability Form	S$220.00	☐	*Referral Letter / Day Surgery Memo / A&E Discharge Summary	S$0.00
☐	Specialist Medical Report – Psychiatric	S$478.22			
☐	Others (Please specify):				
Details:					

Besides 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.

Delete where appropriate

FOR THE PURPOSE OF: ☐ Third Party Claim ☐ Continuation of Care ☐ Insurance Claims ☐ Second Opinion

☐ Legal Proceedings (Please specify) _____

☐ Others (Please specify) _____

By signing on the consent below, I acknowledge that I have read and understood the Notes on application for the Release of Medical Information. I agree that Sengkang General Hospital (SKH) shall not be liable for any omission, false or incorrect information provided by me under this application and I will indemnity SKH for any claims arising from this application.

_____ **Signature of Patient**

_____ **Signature of Applicant**

_____ **Date**

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TYPES OF MEDICAL REPORT INFORMATION

Completion of Insurance Form:
It is a detailed insurance claim form to be completed by the doctor. The form will require information such as: diagnosis, details of injuries suffered, treatment given.

Completion of Insurance Form (Disability Claim):
It is a detailed insurance claim form provided by the insurance company for the doctor to assess the patient's *disability status***.** The form will require information such as: prognosis, diagnosis, details of injuries suffered, treatment given. *Consultation fees may be charged separately by the clinic on the day of the assessment.*

Ordinary Medical Report:
It is a report put up by the doctor based on patient's medical records. It is a factual record of the patient's medical problem.

Specialist Medical Report:
This is a detailed medical report that usually highlights the history of medical complaint or injury. The doctor will include findings of the assessment as well as their opinion and prognosis of the patient. For Orthopaedics' cases, an appointment will be arranged for the patient to be reviewed by the doctor. For other disciplines, an appointment would only be arranged if the doctor request on a needs basis. *Consultation fees may be charged separately by the clinic on the day of the assessment.*

Specialist Psychiatrist Report:
This report is prepared by the patient's psychiatrist in response to requests that require a professional opinion with regards to the patient's prognosis and disabilities. It is based on an actual assessment of the patient and may involve a review at the Psychiatry Specialist Outpatient Clinic. Consultation fees will be charged separately by the clinic on the day of the assessment.

Work Injury Compensation Form:
This is an assessment to determine work-related injuries, the degree and period of disability for workmen's compensation purpose under the Workmen's Compensation Act. Scope of the report is as per "Medical Report on Traumatic Injuries for Workmen's Compensation" form prescribed by the Ministry of Manpower.

Investigation Results / Inpatient Discharge Summary/ Memo/ Day Surgery Memo:
Printout of *investigation results* such as X-ray reports, CT scan reports, blood test results, ECG reports, Histopathology reports, Cytogenetic reports, Bone Density Report and Urine Test Result.
Inpatient Discharge Summary is a document that provides a summary of the patient's medical condition, investigations done and medication given during a specific hospitalization episode.
Memo is a one or two statement from doctor to state patient's diagnosis with no explanation of medical condition.
Day Surgery Memo is a memo that provide brief information of the surgery and procedure.

Duplication of Medical Certificate:
It 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.

Referral Letter:
A duplicate copy of patient's referral letter from Polyclinic and/or General Practitioners.

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- ***These notes are to be retained by the Applicant***-

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 by the patient,
    a. exception if the patient is
        i. a minor.
        ii. deceased.
        iii. mentally incapacitated
    b. Or if the report is for workmen compensation.
        i. Workmen Compensation reports can be applied by the patient or his / her employer. The completed report will be given directly to the Ministry of Manpower.

2. If the patient is a minor, the application is to be made by both of the patient's parents 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 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 decease's Next-of-Kin (who is living and has the mental capacity to do).
    c. The nearest relative is the individual first listed below:
        i. Spouse.
        ii. Child.
        iii. Parent.
        iv. Sibling.
        v. Other relation

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. If the deceased does not have a Legally Appointed Representative of the Estate, then the application is to be made by all the decease's Next-of-Kin (who is living and has the mental capacity to do).
    c. The nearest relative is the individual first listed below:
        i. Spouse.
        ii. Child.
        iii. Parent.
        iv. Sibling.
        v. Other relation

5. An application that has a blank insurance form to be completed by doctor can be submitted by the patient or a representative on behalf, provided that the "Application & Consent for Release of Medical Information" (i.e. "Form A") is signed by the patient.

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, scanned copy / photocopy of the death certificate. In addition for deceased or patient who lacks mental capacity, and for whom the applicant is the Next-of-kin:
    f. Copy of the "Letter of Undertaking" (i.e. "Form C"). The form is to be filled by all living spouse(s) / children / siblings of the deceased patient, (other than the Applicant), if the Applicant is not the only living spouse(s) / children / siblings. Scanned copies / photocopies of the relevant verification documents (e.g. marriage proof of relationship to the deceased patient.
    g. Scanned copies / photocopies of the relevant verification documents (e.g. marriage certificates, birth certificates) are to be provided by each declaration (i.e. spouses/ children/ siblings) as proof of relationship to the deceased patient.

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7. Contact & Application Information

Application by HealthHub You may apply your application via HealthHub website for below requests using SingPass: 1) Ordinary Medical Report / Ordinary Medical Report (PSY) 2) Completion of Insurance form / Completion of Insurance form (PSY) 3) Completion of Workman Compensation 4) Duplication of Investigation Results / Medical Certificate / Inpatient discharge summary
Application by Mail Send your completed consent form and Cheque to: Health Information Management Services Sengkang General Hospital 110 Sengkang East Way Singapore 544886
Contact Details Tel: 6930 6003 Email: medicalreports@skh.com.sg
Mode of Payment 1) PayNow 2) Cheque - Cheque should be crossed and made payable to Sengkang General Hospital Pte Ltd

8. Sengkang General Hospital can only process your application upon fulfilling the verification and receipt of all necessary forms, supporting documents and payment.

9. As a general guide, the time required for processing medical reports is about 4-6 weeks, from the date of receiving the completed forms, or the date of medical appointment for assessment, whichever comes later. However, the processing time will be delayed due to the following reasons:

    - Patient has been admitted to the ward
    - An assessment is needed before report can be done by our doctor
    - Doctor is away on leave

10. Requests for medical report/completion of form/copies of lab results are chargeable as the regular consultation and hospitalization fees paid do not include cost for medical report. A fee has to be levied for this additional service of providing medical reports to cover the hospital's administrative costs and the doctor's professional inputs. This is a standard practice across all Public Healthcare Institutions.

11. The release of the medical information is subjected to the official approval by Sengkang General Hospital.

12. A refund of the payment will be made in the event that the medical information cannot be released.