

Authorization to Release Patient Medical Report

Patient's Particulars

Patient Name

Address

.....

Contact No MRN No

NRIC No/Birth Certificate No/Passport No

Authorization (Please check as appropriate)

- I, the above-named patient; or
- I, (NRIC No/Passport No),
the next-of-kin of the above-named patient; or
- I, (NRIC No/Passport No),
the legal representative of the above-named patient,

do hereby expressly authorize Sunway Medical Centre Velocity Sdn Bhd (210146-H) ("SMCV") to release the patient's medical report(s) as well as any/all information pertaining to diagnosis and/or treatment given and/or received at SunMed to:

.....

 (Name and address of an individual, company or organization)

I further undertake to settle all costs and expenses incurred therein and release SMCV and its employees from any liabilities howsoever arising thereto.

Explicit Consent Clause

I have read the Personal Data Protection Notice provided by Sunway Medical Centre Sdn Bhd pursuant to Section 7 of the Personal Data Protection Act 2010 (www.sunwaymedical.com), which includes purposes for which my personal data and sensitive personal data are collected / processed and classes of third parties to whom Sunway Medical Centre Velocity will / may disclose my personal data and sensitive personal data to.

I hereby give consent to Sunway Medical Centre Velocity to process my personal data and sensitive personal data in accordance with the Personal Data Protection Notice.

.....
 Signature/Right thumb-print
 of Patient

.....
 Signature of Next of Kin OR
 Signature of Legal Representative

Date :

Relationship to Patient

NOTE: This form is to be signed by the Parents/Guardian/Next-of-kin of the patient if the patient is a Minor (under 18 years of age) or is physically or mentally incompetent to consent for the release of information.