

APPLICATION FOR MEDICAL REPORT AND CONSENT FOR RELEASE OF INFORMATION

1. I, _____ NRIC/Passport No: _____
wish to apply for a medical report / copies of investigation report.

2. Details of the visit are as follows:

- I. Patient Name : _____ (if differs from applicant)
II. Medical Record Number : _____
III. Visit Date : _____
IV. Name of attending doctor : _____

3. Relationship of applicant to patient : _____

4. Type of Information / Report Requested:

- Hospitalization & Insurance Claim Form Discharge Summary EPF SOCSO
 Investigation Report Written Medical Report Critical Illness
 Others (*please specify*): _____
(*Supporting document/s applicable*)

5. I hereby acknowledge I am aware that my personal data as defined under the Personal Data Protection Act 2010 (PDPA) is managed under CMC Group's Privacy and Personal Data Protection Policy, which is accessible at <https://subangjayamedicalcentre.com/privacy-and-pdpa-policy>.

6. I hereby consent and authorize **Subang Jaya Medical Centre** and its staff to disclose information (in full or in part) concerning the medical condition of myself / my child / parent / spouse to: _____
(*A valid consent is to be duly signed by **patient** / **next of kin**, including in the case of a deceased patient. (A copy of the NRIC front and back of the representative is required / where applicable). * Child refers to below 18 years of age).* *

7. I further authorize **Subang Jaya Medical Centre** and its staff to release this report to:

Mr / Ms : _____ (Relationship): _____

NRIC No : _____ who will receive this report on my behalf.

(*Please attach a copy of the NRIC front and back*) *

8. I agree to indemnify CMC Group and its subsidiary which operates **Subang Jaya Medical Centre** ("collectively, the CMC Entities") against any claims or liabilities which may arise pursuant to release of information under this form. I hereby absolve Subang Jaya Medical Centre from any liabilities henceforth.

Applicant's Signature
Name: _____

Date

Address : _____

Mobile No: _____ House / Office No: _____