

## CONSENT FOR RELEASE INFORMATION

I, \_\_\_\_\_ NRIC / Passport No. \_\_\_\_\_  
wish to apply for a medical report / copies of investigation report.

Details of the visit are as follows :-

- i) Patient Name : \_\_\_\_\_ [ if differ from applicant ]  
ii) Medical Record Number : \_\_\_\_\_  
iii) Visit date : \_\_\_\_\_  
iv) Name of attending doctor : \_\_\_\_\_

Relationship of applicant to patient : \_\_\_\_\_

Type of Information / report requested :-

- Hospitalization & Insurance Claim Form     Discharge Summary     EPF     SOCSO  
 Investigation Report     Written Medical Report     Critical Illness  
 Others : \_\_\_\_\_

I hereby acknowledge I am aware that my personal data (as defined under the Personal Data Protection Act 2010) is managed under Ramsay Sime Darby Health Care Privacy and Personal Data Protection Policy, which is accessible on Ramsay Sime Darby Care Website.

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 : \_\_\_\_\_  
(\* with reference to children below 18 years of age)

I further authorized **Subang Jaya Medical Centre** and its staff to release this report to :-

Mr / Ms : \_\_\_\_\_  
NRIC No. : \_\_\_\_\_ who will receive this report on my behalf  
(to attach a copy of the NRIC)

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Address : \_\_\_\_\_  
\_\_\_\_\_

H/P No : \_\_\_\_\_ House / Office No : \_\_\_\_\_