

## Application and Consent for Verification of Medical Documents (Form F)

This application for verification of medical documents is made to the institution of the National University Health System Pte. Ltd (“**NUHS**”) group indicated below (the “**Institution**”).

- Alexandra Hospital                       National University Hospital                       Ng Teng Fong General Hospital  
 Jurong Medical Centre                       Jurong Community Hospital

The release of the information is subject to the approval of the Institution.

**Note:**

- This form must be fully completed and signed by the patient. If patient is below 18 years of age, the form should be signed by the patient’s parent.
- The completed form is to be submitted with supporting scanned copies of the medical document that requires verification by NUHS. A maximum of 5 documents may be submitted with each application.
- There will be no charges for application using this form.
- Kindly read the “**Notes on Application & Consent for Verification of Medical Documents**” (Refer to Page 2) before applying.

**Patient’s Particulars**

Name: \_\_\_\_\_ NRIC/ FIN/ ID No: \_\_\_\_\_  
 Contact No: \_\_\_\_\_ Medical Specialty: \_\_\_\_\_  
(if applicable)  
 Visit Date: \_\_\_\_\_ Attending Doctor: \_\_\_\_\_  
(if applicable)

| Select                   | Medical Document Type   | Quantity |
|--------------------------|---|----------|
| <input type="checkbox"/> | Medical Certificate (Ref No: _____)                                       |          |
| <input type="checkbox"/> | Discharge Summary   |          |
| <input type="checkbox"/> | Memo/ Ordinary Medical Report/ Specialist Medical Report/ Insurance Forms |          |
| <input type="checkbox"/> | Others (Please specify) :   |          |

I acknowledge to be notified of the outcome of the verification via the below email address. I have attached the relevant medical document(s) to this form to be reviewed by the Institution.

Applicant’s Name: \_\_\_\_\_ Applicant’s NRIC/ FIN/ ID No: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

I consent to the Institution verifying the document/s submitted in this application. I confirm that I have read and understood and have provided true copies of the relevant documents for verification. I agree that the Institution shall not be liable for any omissions, false or incorrect information given under this application, and I will indemnify the Institution for any claims arising under this application.

\_\_\_\_\_

Signature of Patient                      Signature of Applicant                      Relationship to Patient

Date: \_\_\_\_\_                      Date: \_\_\_\_\_                      Date: \_\_\_\_\_

**Outcome of Verification (For Official Use Only)**

Received by: \_\_\_\_\_                      The documents have been verified as issued by NUHS (indicate reference number): \_\_\_\_\_

Our Ref No: \_\_\_\_\_

Date of Notification to the applicant: \_\_\_\_\_                      The documents have been verified as **not** issued by NUHS (indicate reference number): \_\_\_\_\_

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

**NOTES ON APPLICATION & CONSENT FOR VERIFICATION OF MEDICAL DOCUMENTS**

- 1) In accordance with the Personal Data Protection Act (No.26 of 2012) and because of medical confidentiality, the application can only be made by the patient,
  - a) except if the patient is
    - i) a minor.
    - ii) mentally incapacitated.
- 2) If the patient is a minor, the application is to be made by either of the patient's parents or legal guardian. 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 the patient lacks mental capacity, and in accordance with 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 patient does not have a Legally Appointed Representative, then the application is to be made by the patient's Closest Relative (see 3(b) above) or if there are no living relatives, a person named by the patient as someone to be consulted on the matters relating to this application (an "Interested Person". Please refer to 7(f) across for more information).
- 4) Forms and supporting documents required are:
  - a) Copy of the completed "Consent for Verification of Medical Documents (Form F)"
  - b) If patient is applicant: Scanned copies / photocopies of the Patient's NRIC (or appropriate identification documents), both front and back views.
  - c) If applicant is not patient: Scanned copies / photocopies of the Applicant's NRIC (or appropriate identification documents), both front and back views and a copy of completed "Authorisation for Application of Medical Report (i.e. "Form B)".
    - i) In addition, 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.
  - d) For patient who lacks mental capacity, and for whom the applicant is a Closest Relative:
    - i) Copy of the completed "Additional Declaration for Release of Medical Information for Patient with Mental Incapacity" (i.e. Form D). This is to be completed by the applicant and, where applicable, the other living spouse(s)/children/siblings/other relations
  - e) Medical document requiring verification by the applicant.
- 5) **The Institution can only process your application upon fulfilling the verifications and receipt of all necessary forms, supporting documents and payment.**
- 6) As a general guide, the time required for processing is about **7 working days**, from the date of receiving the completed forms and document required for verification.
- 7) There are no charges for requests for verification of medical documents.
- 8) The release of the information is subjected to the official approval by the Institution.

## Location and Operating Hours of NUHS Group Institutions

All clinics and offices are closed on Sundays and Public Holidays.

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| <p><b>National University Hospital</b></p> <p><u>By Post/Walk-in Request:</u><br/>Medical Records Office<br/>Zone C, Kent Ridge Wing (Level 1)<br/>5 Lower Kent Ridge Road<br/>Singapore 119074</p> <p><u>By Email:</u><br/><a href="mailto:NUH_Medical_Records@nuhs.edu.sg">NUH_Medical_Records@nuhs.edu.sg</a><br/>Tel: (65) 6772 5163</p>  | <p>Operating Hours:<br/>Monday - Friday: 8.30am - 5.00pm<br/>Weekend &amp; Public Holiday: Closed</p> <p><b>Payment method:</b></p> <ul style="list-style-type: none"> <li>• Cash, NETS, Credit Card, Internet and Mobile Payment.</li> <li>• Payment can also be made at Medical Report Counter or any Patient Service Centres: Kent Ridge Wing Level 3, Main Building Level 4, Main Building Level 5.</li> <li>• Cheque payment by post only and should be crossed and made payable to <b>National University Hospital (Singapore) Pte. Ltd.</b></li> </ul> |
| <p><b>Ng Teng Fong General Hospital<br/>Jurong Community Hospital<br/>Jurong Medical Centre</b></p> <p><u>By Post:</u><br/>Ng Teng Fong General Hospital<br/>1 Jurong East Street 21<br/>Singapore 609606<br/>Attention: Medical Records Office</p> <p><u>By Email:</u><br/><a href="mailto:JHC_Medical_Records@nuhs.edu.sg">JHC_Medical_Records@nuhs.edu.sg</a><br/>Tel: (65) 6716 6750</p> <p><u>Walk-in Request:</u><br/>Medical Records Office<br/>Ng Teng Fong General Hospital<br/>Tower B Level 2 Admissions Office<br/>1 Jurong East Street 21<br/>Singapore 609606</p> | <p>Operating Hours:<br/>Monday - Friday: 8.30am - 5.00pm<br/>Weekend &amp; Public Holiday: Closed</p> <p><b>Payment method:</b></p> <ul style="list-style-type: none"> <li>• Cash, NETS, Credit Card, Internet and Mobile Payment.</li> <li>• Payment to be made at Medical Report Counter 8 at Admission Office.</li> <li>• Cheque should be crossed and made payable to <b>NUHSG Pte. Ltd.</b></li> </ul>   |
| <p><b>Alexandra Hospital</b></p> <p><u>By Post:</u><br/>Medical Records Office<br/>Alexandra Hospital<br/>378 Alexandra Road<br/>Singapore 159964</p> <p><u>By Email:</u><br/><a href="mailto:AH_Medical_Records@nuhs.edu.sg">AH_Medical_Records@nuhs.edu.sg</a><br/>Tel: (65) 6379 3380</p>  | <p>Operating Hours:<br/>Monday - Friday: 8.30am – 5.00pm<br/>Weekend &amp; Public Holiday: Closed</p> <p><b>Payment method:</b></p> <ul style="list-style-type: none"> <li>• NETS, Debit Card, Credit Card, Internet and Mobile Payment.</li> <li>• Cheque payment by post only and should be crossed and made payable to <b>Alexandra Hospital.</b></li> </ul>   |