KWONG WAI SHIU HOSPITAL
廣惠肇留醫院
Since 1910

FORM A - APPLICATION AND CONSENT FOR RELEASE OF MEDICAL INFORMATION

INSTRUCTIONS

1. This form must be fully completed and signed by the patient.
2. If the patient is deceased or unable to give consent, please complete the "Form B - Application and Consent for Release of Medical Information/Report by Next-of-Kin"
3. Provide scanned or photocopied copies of the patient's NRIC (front and back) for verification.
4. Submit the completed form with a fee of $163.50 (including GST).
5. KWSH can only process your application upon verification and receipt of all necessary forms, supporting documents and payment.
6. The processing time for medical information is approximately three weeks from the date of receiving the completed forms and payment.
7. The release of the medical information is subject to official approval by KWSH.
8. A refund will be issued if the medical information cannot be released by KWSH.
9. No refund will be provided upon cancellation of the application.

PATIENT'S PARTICULARS

Given Name (As in *NRIC/Passport): _____ NRIC No.: _____

Contact Number: _____ Service Type: ☐ Nursing Home ☐ TCM ☐ SCC

☐	I undertake to pay the amount of $163.50 to KWSH for the medical information.

PREFERRED MODE OF COLLECTION

Once the medical information is ready,

☐	I would like the information/report to be emailed to my email address at _____
☐	I will personally collect the information/report once it is ready. I am aware that I will need to furnish my NRIC upon collection and the medical information/report cannot be released if I am unable to do so.
☐	My representative will collect the information/report in person. ***(Please complete Form C – Authorization for Collection of Medical Information/Report).***
☐	I would like the information/report to be mailed to my address at _____ _____

PAYMENT AND SUBMISSION

PAYMENT METHOD:

- Please scan the PayNow QR code provided to make payment of **$163.50** to KWSH.
- Indicate "MRO-[insert surname of applicant]" as your Bill Reference number, e.g., "MRO-Lim".
- Alternatively, PayNow to KWSH UEN 201615448C.

SUBMISSION OF FORMS & SUPPORTING DOCUMENTS:

By Post:
Attention: Medical Record Office
Kwong Wai Shiu Hospital
705 Serangoon Road
Singapore 328127

By Email:
MROAdmin@kwsh.org.sg

CONSENT AND AGREEMENT

I consent to KWSH releasing the requested medical information/report. I confirm that I have read and understood the "Instructions" section in Form A and have provided true copies of the relevant verification documents required for the release of the medical information.

I agree that KWSH shall not be liable for any omissions, false, or incorrect information provided under this application, and I will indemnify KWSH for any claims arising from this application. I confirm that the address I have provided is correct.

I acknowledge and agree that if I have requested the medical information/report to be delivered by post, KWSH will not be responsible for any loss, non-delivery, inadvertent disclosure to wrong recipients, unauthorized access, or use of my medical information during delivery caused by a third party.

_____

Signature of Patient/Applicant

Date: