SUNWAY MEDICAL CENTRE
Sunway City Kuala Lumpur

Release of Patient Medical Report(s)

Type of Information Requested

- ☐ Insurance Form / Socso / EPF
- ☐ Written Medical Report
- ☐ Investigative Reports (Please specify):
  ……
- ☐ Others: .....

Preferred Method of Release

- ☐ Self-collection by requestor or patient (Authorization letter by patient is required if collecting on behalf by third party)
- ☐ Email to: .....
- ☐ Courier to the following address (Fees apply):
  .....
  .....

Requestor's Details

Relationship to patient:

- ☐ Self (Skip the rest of this section, continue to Patient's Particulars)
- ☐ Next of Kin / Legal Representative (Relationship: .....)
- ☐ Insurance Agent
- ☐ Others: .....

Requestor

Name .....

Contact No ..... NRIC No/Birth Certificate No/Passport No .....

Organization (if applicable) .....

..... ……

Signature of Requestor Date

Patient's Particulars

Patient Name ..... MRN .....

Contact No ..... NRIC No/Birth Certificate No/Passport No .....

Email address (if not the same as email provided above for release) .....

Declaration and Authorization

I, the above-named patient / next-of-kin of the above-named patient / legal representative of the above-named patient, declare that the information provided above is true and correct to the best of my knowledge, and, where applicable,

do hereby expressly authorize Sunway Medical Centre Sdn Bhd (Company No. 341855-X) ("SunMed") 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 the requestor stated above, through the preferred method of release I have chosen above. In the event I choose a method of release other than self-collection, I accept the following:-

1) that the hospital has advised me to collect the medical report(s) in person but choose to have the medical report(s) sent/released by the means I have selected above;
2) that I understand and accept that there is a risk of my personal and confidential information being delivered to unintended recipients;
3) that I understand there is a risk of my personal and confidential information being hacked, leaked, lost or destroyed;
4) that I shall not hold SunMed responsible for consequential losses, damages, loss of reputation or any other types of losses as a result of my choice of delivery/release of the medical report(s).

I have read and agree that my personal information set out in this form will be collected and processed in accordance to SunMed's Privacy Policy (https://www.sunwaymedical.com/privacy-policy/). I further undertake to settle all costs and expenses incurred therein and release SunMed and its employees from any liabilities howsoever arising thereto.

..... ……

Signature of Patient / Legal Representative / Next of Kin* Date

Name:

NRIC No / Passport No:

*NOTE: This form is to be signed by the Parents/Guardian/Next-of-kin of the patient if the patient a Minor (under 18 years of age), or has a mental incapacity to consent for the release of information, or is deceased.