



Bagan Specialist Centre

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

Patient's Particulars

Patient Name :

Address :

Contact No. : MRN :

NRIC No. / Birth Certificate / Passport No. :

Authorization (Please check as appropriate)

- I, the above named patient ; or
- I, (NRIC / Passport)
the next of kin of the above named patient ; or,
- I, (NRIC / Passport)
the legal representative of the above named patient,

do hereby expressly authorize Bagan Specialist Centre Sdn. Bhd. (Company No. 049466-V) (BSC) 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 BSC to :

.....

.....

(Name and Address of individual, company or organization)

Type of Data

- Laboratory Result Copy
- Medical Report (Doctor's Name
- Radiology (CD / Film / MRI / Report)
- Immunization Record
- Insurance Claim Form Copy
- Others

I further undertake to settle all costs and expenses incurred therein and release BSC and its employees from any liabilities howsoever arising thereto.

Explicit Consent Clause

I have read the Personal Data Protection Notice provided by Bagan Specialist Centre Sdn. Bhd. pursuant to Section 7 of the Personal Data Protection Act 2010, which includes purposes for which my personal data and sensitive personal data are collected / processed and classes of third parties to whom Bagan Specialist Centre Sdn. Bhd. Will / may disclose my personal data and sensitive personal data to.

I hereby give consent to Bagan Specialist Centre Sdn. Bhd. To process my personal data and sensitive personal data in accordance with the Personal Data Protection Notice.

.....
Signature / Right thumb-print of patient

Date:.....

.....
Signature of Next of Kin OR
Signature of Legal Representative

Relationship to patient :

NOTE : This form is to be signed by the Patients / Guardian / Next of Kin of the patient is a mirror (under 18 years) Or is physically or mentally incompetent to consent for the release of information.