

# Authorization to Release Patient Medical Report

## Patient's Particulars

Patient Name .....

Address .....

.....

.....

Contact No ..... MRN No .....

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

## Authorization (Please check as appropriate)

I, the above-named patient; or

I, ..... (NRIC No/Passport No .....),  
the next-of-kin of the above-named patient; or

I, ..... (NRIC No/Passport No .....),  
the legal representative of the above-named patient,

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:

.....

.....

(Name and address of an individual, company or organization)

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

## Explicit Consent Clause

I have read the Personal Data Protection Notice provided by Sunway Medical Centre Sdn Bhd pursuant to Section 7 of the Personal Data Protection Act 2010 ([www.sunwaymedical.com](http://www.sunwaymedical.com)), which includes purposes for which my personal data and sensitive personal data are collected / processed and classes of third parties to whom Sunway Medical Centre Sdn Bhd will / may disclose my personal data and sensitive personal data to.

I hereby give consent to Sunway Medical 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

.....

Signature of Next of Kin OR  
Signature of Legal Representative

Date : .....

Relationship to Patient .....

NOTE: This form is to be signed by the Parents/Guardian/Next-of-kin of the patient if the patient is a Minor (under 18 years of age) or is physically or mentally incompetent to consent for the release of information.