



MacKay Memorial Hospital/Children's Hospital

Letter of Attorney for Medical Records Release



Purpose (Please check one)		<input type="checkbox"/> To apply for <input type="checkbox"/> To pick-up copy(s) of medical records	
(A) Applicant			
Name		ID/Passport No.:	
Relationship to patient:	<input type="checkbox"/> Patient (self) <input type="checkbox"/> Legal representative <input type="checkbox"/> One with inheritance rights		
(B) Patient whose medical records are to be applied for /picked up			
Name		ID/Passport No.:	
MacKay Patient Chart No.			
(C) Representative to apply for/pick up records			
Name		ID/Passport No.:	
Relationship to Applicant			
(D) Specific content of the medical records to apply for/ to pick up			

Declaration of the Applicant:

I, _____ [Your Name] am unable to apply for / to pick up the medical records myself. Therefore, I authorize _____ [Name of Representative] to apply for/to pick up copy(s) of the medical records of _____ [Patient's Name] on my behalf.

I give full consent to my representative to act on my behalf. I declare that this is my name and signature and the contents of this letter are true and accurate to the best of my knowledge, information, and belief. I am willing to bear all the legal responsibilities arising therefrom. Kindly assist with the request for the medical records.

_____ *Applicant Signature*

_____ *Date (yyyy/mm/dd)*

Declaration of the Representative:

I have been authorized to apply for/pick up the medical records on behalf of the applicant. If there is any fraudulence, I am willing to bear all related legal responsibilities, and also compensate the hospital for any loss that arises from this matter.

_____ *Representative Signature*

_____ *Date (yyyy/mm/dd)*

-This authorization is valid within 3 months from the date of signature-

*To protect patient rights and confidentiality, kindly provide the following documents when you are applying for medical records on the patient's behalf: (1) Letter of Attorney (2) Patient's ID/Passport (3) Representative's ID/Passport