

## LETTER OF AUTHORISATION FOR PROXY COLLECTION

**Instructions:**

1. This form is to be filled and completed by patient/authorised person should they be unable to collect the medical report and would like to send a proxy to collect on their behalf.
2. This form must be duly signed by the patient/authorised person. If patient is below 21 years old, the form should be signed by patient's parent or legal guardian.

### 1. AUTHORISATION TO PROXY

Dear NHG Polyclinics,

I, \_\_\_\_\_ (\*Patient / Authorised Person's Name and NRIC/FIN No),

hereby authorise my \_\_\_\_\_ (Relationship to \*Patient / Authorised Person),

\*Mr / Ms \_\_\_\_\_ (Proxy's Name and NRIC/FIN No.),

to collect my report on my behalf.

### 2. DOCUMENTS TO BRING

I understand that my proxy must produce the following to the Polyclinic for verification and submission, before the report can be released:

- 1) Proxy's physical original ID card
- 2) This original signed and completed letter of authorisation

### 3. DECLARATION

I hereby declare and confirm that the information I have given above is accurate and true to the best of my knowledge, and that the requisite information is required for the sole purpose stated above. I understand that I may be liable for prosecution for making a false declaration. Further, I confirm that I shall not hold NHG Polyclinics or any of its employees, servants or agents responsible in any way whatsoever for the release of the said medical information to any party by me or my proxy in the event of any loss or damage arising directly or indirectly, as a result or in connection with the release of such confidential information. By reason of the aforesaid, I undertake full responsibility and liability arising from the release of the requisite information.

\_\_\_\_\_  
Signature of Patient / Authorised Person

\_\_\_\_\_  
Date

\*Please delete where applicable