INSTITUT JANTUNG NEGARA
National Heart Institute

REQUEST FOR RELEASE OF INFORMATION (CD/FILM)

HIM-PMR-H02

Requester: ☐ Patient ☐ Next of Kin ☐ Doctor

☐ Part A. Requester Detail

Name:	Phone No:
NRIC:	Patient MRN:

☐ Part B. Application Detail

Purpose ☐ Personal ☐ Insurance ☐ Legal ☐ Second Opinion ☐ Transfer to other hospital ☐ Others……..

No	Description	Fee (RM)	Unit	(√)
CD / Film				
1.	Angiogram / MSCT / X-ray	18 per piece		
2.	ECHO	25 per piece		
3.	Film	20 per piece		
Collection/Delivery Preference				
	☐ Self-collect ☐ Post (Peninsular MY) **RM10** ☐ Post (East MY) **RM16** ☐ Post (International) **subject to courier charges**			
			Total	

☐ Part C. Delivery Detail

Mailing Address: ……

……

Postcode …… City ……

State ……

☐ Part D. Consent by Patient/Next of Kin

PERSONAL DATA PROTECTION ACT 2010

The Personal Data Protection Act 2010 (hereinafter referred to as "the Act"), which regulates the processing of personal data in commercial transactions, applies to Institut Jantung Negara Sdn. Bhd. and its subsidiaries (collectively referred to as "our", "us" or "we"). For the purposes of this Notice, the terms "personal data" and "processing" shall have the same meaning as prescribed in the Act.

Notice and Consent Under the PDPA 2010 – Point No. 10

"10. If you give us personal data or information about another person, you must first confirm that he/she has appointed you to act for him / her, to consent to the processing of his/her personal data and to receive on his/her behalf any data protection notices. We may request your assistance to procure the consent of such persons whose personal data is provided by you to us and you agree to do so. You shall indemnify us in the event we suffer any loss or damage as a result of your failure to comply with the same."

1. I hereby declare and confirm that the information given above is accurate and true.
2. I agree that only the representative's name appear in the authorization letter can claim the report on my behalf.
3. I hereby release Institut Jantung Negara (IJN) and its employees from all possible legal responsibilities arising out of this content.

Patient/Next of Kin Signature, Name, Date & Time:	☐ Consent provided/given separately

Consent Verification

☐ Not Applicable ☐ Patient/next of kin matched registry ☐ Called and verified with patient/next of kin	Staff Signature, Name, Date & Time (if applicable):

For Administrative use

Authorized by: (Doctor Signature, Name, Date & Time)	Prepared by: (Imaging/ICL/NCL staff Signature, Name, Date & Time)	Released by: (HIMS/Ward/O&E staff Signature, Name, Date & Time)