



Request Form for Medical Certification/Record of Outpatient

And Consent Form for releasing Medical Information

Maharaj Nakorn Chiang Mai Hospital, Faculty of Medicine, Chiang Mai University

Date.....Month.....Year.....

Name Mr./Mrs./Miss

ID card/ Driving license/ Passport / Others..... No.

Address Tel.

Would like to request the release of medical documentation of Mr./Mrs./Miss

HN..... admitted at the Maharaj Chiang Mai Hospital from to

- Copy of medical record/Laboratory result
Medical certificate
Pathology report
Medical expense statement
X-Ray result (Imaging Data)
Others.....

Requested by

- Patient (Self-request)
Representative / Legal Attorney

Mr./Mrs./Miss..... Relationship.....

ID card/ Driving license/ Passport / Others..... No.

Address Tel.

I understand that a Medical Record is protected private information. Staff at the Maharaj Nakorn Chiang Mai Hospital are responsible for keeping them secret and that such records cannot be released without the explicit permission from the patients or their guardians. It is noted that any such released records will be no longer come under the responsibility for confidentiality of the Maharaj Nakorn Chiang Mai Hospital.

In case I assign another person to submit the request, this documentation will serve as the Power of Attorney in this matter, and allow the appointed person to be the legal attorney for myself.

I will fully take responsibility for the requested released documents from the Maharaj Nakorn Chiang Mai Hospital. If the document is used other than for the reason given on requesting, and if such misuse causes any difficulties to the hospital, I will be fully responsible under the civil law and penal law of Thailand.

Name.....Patient/Representative Name.....Grantee
(.....) (.....)

Reason for Request

- For Insurance Company
For Social Welfare
For Government Office
For applying job
For continuing treatment at
For working place
Others.....

Document Receiving Method

- Self-pick up
Postal Service to address.....
Fax No.....
E-mail Address.....

** HIV and drugs results cannot be sent via Fax or E-mail.

I received all the request documents and signed this application form as evidence.

Name.....Patient/Representative/Grantee/Customer
(.....)

Date.....Month.....Year.....

Note: Representative = Legal Attorney of the minor (younger than 18 years old, and not married), Guardian/Custodian of the incompetent person, Curator of the quasi-incompetent person. (According to Thai Law)

Part 2 For Financial Division (Cashier 1)

to **Financial officer,**

Service fee for Medical Certification/ Record following the announcement of Faculty of Medicine No. ๕.4/2555 amount.....THB (.....)

The Financial Division has received payment of the service fee from..... amount.....THB

Receipt book no.....ticket no.....

Signature.....Financial officer

Date.....

Part 3

to **Head of Medical Records and Statistics Section**

Request to borrow OPD CARD and Medical Record of this patient.

Please send to Hospital Administration on date.....

Part 4

to **Director of the Maharaj Nakorn Chiang Mai Hospital**

Consideration for approval -

APPROVED